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DLN: 93493026011037

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

nterna	al Reven	ue Servic	ce							inspection.		
A F	or the 2	2015 ca	lendar year, or tax ye	ar beginnin	g 07-01-2015 ,and en	ding 06-30-20	016					
3 Che	eck if ap	plicable	C Name of organization Awana Clubs Internation	onal				D Emplo	oyer i	identification number		
_	ddress ch	-						36-2	4286	692		
	ame cha ıtıal retu	-	Doing business as									
L EII		rn						E Teleph	one n			
	termina [*]	ted	Number and street (or 1 East Bode Rd	PO box if m	ail is not delivered to street a	ddress) Room/:	suite	·				
	nended r							(630) 213	3-2000		
Ар	plication	pending	City or town, state or p Streamwood, IL 6010		try, and ZIP or foreign postal	code		C Cross	rocour	ote # 44 446 E22		
					1 66		1			ots \$ 44,446,533		
			F Name and addres Valerie Bell	s of princip	al officer			Is this a group				
			1 East Bode Rd					subordinates?		⊤ Yes √		
. T.			Streamwood,IL 60	107				Are all subord	ınate	es Tyes No		
[la:	x-exemp	ot status	▼ 501(c)(3)	D1(c)() ◀ (ı	nsert no) 4947(a)(1)	or 527		Included?	ما جا	st (see instructions)		
J W	ebsite:	⊳ www	w awana org					Group exemp				
/ Earr	n of ora	nnization	Corporation Trus	st \square Associat	on Other ▶			ar of formation 1		M State of legal domicile IL		
X 1 011	ii oi oige	ariizatiori	♥ Corporation Trus	st Associa	don Other P							
Pa	rt I	Sum	mary				•			<u> </u>		
				n's mission	or most significant activ	rities						
71	L Cn	ristian	Youth Ministry									
ž												
Ē	_											
ACUMUES & GOVERNANCE	2 C	heck th	ıs box ▶ ┌─ ıf the orga	anızatıon dıs	scontinued its operation	s or disposed	d of more	than 25% of it	s net	assets		
5	3 N	umbore	of voting members of t	tho governu	ng body (Part VI, line 1a	`			3	8		
ø Ø			_	-	f the governing body (Pa				4	7		
H			•				•		5	377		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary)								6	1,487		
∢			•		rt VIII, column (C), line				7a			
					m Form 990-T, line 34				7b	-288,728		
								Prior Year		Current Year		
	8	Contri	butions and grants (P	ne 1h)		12,436	,698	12,155,756				
ĕηι	9	Progra	ım service revenue (P	ne 2g)		2,360,628 2,049						
Rəvenuə	10	Invest	ment income (Part V	III, column	(A), lines 3, 4, and 7d)			201,763				
α	11		•		lines 5, 6d, 8c, 9c, 10c,	•		17,270	16,172,092			
	12	Total r 12)	revenue—add lines 8	through 11	(must equal Part VIII, o	olumn (A), lı	ne	32,269	,270	30,440,374		
	13		and similar amounts	naid (Part	IX, column (A), lines 1–	3)		4,176	166	4,144,782		
	14				X, column (A), line 4)			7,170	0			
	15		•	•	e benefits (Part IX, colu							
8		5-10)		, , ,	, ,	. ,,		19,234	19,515,030			
Expenses	1 6 a	Profes	ssional fundraising fee	es (Part IX,	column (A), line 11e)		•		0	C		
3	b	Total fu	ndraısıng expenses (Part I	IX, column (D)	, line 25) ▶ <mark>2,062,264</mark>							
	17			• • • • • • • • • • • • • • • • • • • •	ines 11a-11d, 11f-24e	•		10,465				
	18		•	•	t equal Part IX, column	` '' '		33,876				
· vo	19	Reven	ue less expenses Su	btract line :	18 from line 12	<u> </u>	-	-1,607	,665	-2,765,645		
Net Assets or Fund Balances							Begin	ning of Current	Year	End of Year		
ssel ala	20	Total	assets (Part X, line 16	6)				19,949	,810	17,289,010		
2 Z	21							3,471	,022	3,326,390		
ΣĪ	22	Net as	sets or fund balances	Subtract	line 21 from line 20 .			16,478	,788	13,962,620		
	t II		ature Block									
ny ki	nowled	ge and l	pelief, it is true, corre		mined this return, include plete. Declaration of pre					ents, and to the best of nformation of which		
лера 	irer nas	any kr	nowledge									
		****						2017-01-26				
Sign		Signa	ature of officer					Date				
Here	e		Minta CFO/VP of Operation	ons								
		<u> </u>	or print name and title rint/Type preparer's name		Preparer's signature	Т	Date	1	PTI	N		
Da:-	4		rint/Type preparer's name Jaren Daiga	•	Daren Daiga		Pare	Check If self-employed		.074795		
Paid		<u>,</u> F	ırm's name 🕨 Capın Cro	ouse LLP				Firm's EIN ► 3	1 36-399	 90892		
	pare	「 F	ırm's address ▶ 972 Emer		Ste A			Phone no (31				
use	Only	y	Greenwoo	od, IN 46143								

. ✓Yes No

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 2}$	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? If "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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
С	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 2	11 c		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 2	11 d	Yes	
	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a		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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	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		No
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	
19	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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25a	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?	24 c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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	28 c		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	Yes	

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

34

35a

35b

36

37

38

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Note. All Form 990 filers are required to complete Schedule O

37

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		\			
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	•	 Yes	. ✓ No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	122		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ے ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1 c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and	•		10	103	
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	377			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a	Yes	
b	If "Ye: See in (FBAR	s," enter the name of the foreign country ►BL ,EZ ,GT ,HO ,NU ,PP istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (3)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	elter transaction?	5b		Νo		
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
7		not tax deductible?			6b		
	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots .	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess but g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10 b				
11	Section	on 501(c)(12) organizations. Enter		•			
		Income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

orm	990 (2015)			Page 6
Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
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 1a			
	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 1b 7			
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	Yes	
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			
	The governing body?	8a	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

 ${\tt AK\,,FL\,,HI\,,MD\,,MN\,,MS\,,NH\,,NC\,,PA\,,SC\,,TN\,,UT\,,VA}$, WA , WV , WI , CO , GA , ND

16b

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)
- 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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

organization's exempt status with respect to such arrangements?

State the name, address, and telephone number of the person who possesses the organization's books and records ►Gary Minta 1 East Bode Rd Streamwood, IL 60107 (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 or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and ⊤ıtle	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h a	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoyee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Jack Eggar President/CEO (part year)	40 00	х		х				188,690	0	12,258
(2) David Branton Chairman	1 00	x		х				0	0	0
(3) Christopher Williams Vice Chairman	1 00	x		Х				0	0	0
(4) Bnan Hartsell Treasurer	1 00	x		х				0	0	0
(5) David Swanson	1 00	×		х				0	0	(
Secretary	2 00									
(6) Shawn Thornton Vice Secretary	1 00	×		x				0	0	C
(7) Carolyn Meyers Board Member	1 00	x						0	0	C
(8) Peter Kasırıvu Board Member	1 00	x						0	0	C
(9) Vickı Gillis Board Member	1 00	x						0	0	C
(10) Valene Bell President/CEO	40 00			×				0	0	C
(11) Gary Minta CFO/VP of Operations	40 00			х				111,753	0	26,764
(12) Brian Rhodes VP & Chief Ministry Officer	40 00					х		116,299	0	28,069
(13) Matthew Markins	40 00					х		111,177	0	29,373
VP of Ministry Resources							<u> </u>			
(14) Arthur Rorheim Former Director Emeritus/President Emeritus	20 00						x	55,113	0	C
						_				

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

	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Repo						Repor comper from organiza	table nsation the tion (W-		v-) ated of other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Office	key employee	Highest compensated employee	Former	2/1099	-M15C)	2/1099-MISC		organizat relat organiza	ed
												+		
												+		
												\perp		
												+		
												+		
1b c d	c Total from continuation sheets to Part VII, Section A										96,464			
2	Total number of individuals (ir \$100,000 of reportable comp	ncluding but not	lımıted	to th	ose	liste	d abov	e) w	ho receive	d more	han			
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> s									t compe	nsated employee	3	Yes	No
4	For any individual listed on lin organization and related organ individual	e 1a, is the sum	of reports	rtabl 150,	e co 000 •	mpe ? <i>If</i>	nsatio "Yes," (n an comp	d other con plete Sched	mpensat ule J for	on from the	4		
5	Did any person listed on line 1 services rendered to the organ										n or ındıvıdual for	5		No
	ection B. Independent Co													
1	Complete this table for your fi compensation from the organi												tax year	
Ideat	ion Consultancy Inc	Name and business	address								escription of services development		Compe	
	V 6th Street Ste 350 Pedro, CA 90731										·			·
Dema	andware Inc									Web Stor	e hosting			235,021
	II ST gton, MA 01803 nor Personnel									Temp lab	or			184,350
	ongress Circle lle, IL 60172													
Olive	Technology Inc									Software	development			137,600
Color	N Academy Blvd Ste 202 ado Springs, CO 80918 mers Unanimous									Temp lab	or	_		117,922
	E State St ford, IL 61104													

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \triangleright 6

Form 99		15)						Page 9
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के रह	1a	Federated cam	paigns 1a	48,691				
Grants mounts	ь	Membership du	es 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c	15,200				
Contributions, Gifts, and Other Similar A	d	Related organiz	zations 1d					
im:	е	Government grants	s (contributions) 1e					
tion er S	f	All other contribution	ons, gifts, grants, and 1f	12,091,865	İ			
ib #	g	Noncash contribution	ons included in lines	195,422	i			
ontr nd (h	1a-1f \$ Total. Add lines	s 1a-1f		12,155,756			
ة ت		Total. Add lines		Puginasa Cada				
돌	2a	Registration & Eve	nts	Business Code 900099	1,953,327	1,953,327		
₹ ₹	ь	Other Program Rev	-	900099	96,605	96,605		
n H	с				· .	,		
Ę.	d							
S =	е							
Program Service Revenue	f	All other progra	am service revenue					
<u>&</u>	g	Total. Add lines	s 2a-2f		2,049,932			
	3		ome (including dividend ar amounts)		58,770			58,770
	4		stment of tax-exempt bond p					
	5	Royalties			6,382			6,382
	6a	Gross rents	(ı) Real	(11) Personal				
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	7,004,690	(II) O thei				
	b	Less cost or other basis and sales expenses Gain or (loss)	7,000,866					
	c d		[3,024]		3,824			3,824
Other Revenue	8 a	Gross income f events (not inc	from fundraising luding ,200 s reported on line 1c)					
her			a	1,800				
õ			penses b [(loss) from fundraising e	7,707	-5,907			-5,907
			rom gaming activities		-			
	ь	Less direct ex	penses b					
	С	Net income or (ا loss) from gamıng actı)	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo		22,867,942				
	ь	Less cost of a	oods sold b	6,997,586				
		_	(loss) from sales of inve		15,870,356	15,870,356		
		Miscellaneous	s Revenue	Business Code				
	11a	Fullfillment Ser	vices	493000	301,261		301,261	
	Ь							
	c d	All other reven	ue					
	e	Total. Add lines	L		301,261			
	12	Total revenue.	See Instructions		·	17,920,288	201.261	62.000
	l	_			30,440,374	17,320,208	301,261	63,069

Part IX Statement of Functional Expenses

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1011 50	T(C)(3) and 30T(C)(4) organizations must complete an columns. An other organizations must complete column (A)		
	Check if Schedule O contains a response or note to any line in this Part IX		

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,340,483	1,340,483		
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,200	5,200		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16	2,799,099	2,799,099		
4 5	Compensation of current officers, directors, trustees, and	201.417	212 122	20.142	20.142
6	key employees	391,417 87,955	313,133 70,365	39,142 8,795	39,142 8,795
7	Other salaries and wages	15,159,806	12,243,810	1,923,819	992,177
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,869	57,453	10,755	5,661
9	Other employee benefits	3,054,466	2,375,653	444,725	234,088
10	Payroll taxes				
		747,517	539,051	135,906	72,560
11	Fees for services (non-employees)				
a	Management	135.915	0.000	126 025	
b c	Legal	83,130	9,880	126,035 83,130	
d	Accounting	83,130		63,130	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
	amount, list line 11g expenses on Schedule O)	2,185,266	1,543,050	465,586	176,630
12	Advertising and promotion	675,293	558,365	49,430	67,498
13	Office expenses	1,029,287	779,187	145,241	104,859
14	Information technology	1,323,173	1,041,230	153,330	128,613
15	Royalties				
16	Occupancy	337,674	229,870	96,794	11,010
17 18	Travel	1,550,700	1,385,292	69,585	95,823
19	Conferences, conventions, and meetings	760,498	688,775	35,950	35,773
20	Interest	7007130	333,773	30,300	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	862,629	603,840	172,526	86,263
23	Insurance	475,653	8,524	467,016	113
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)				
а	Equipment	126,989	101,022	22,708	3,259
b					
c					
d	All all and an area				
e 25	All other expenses Total functional expenses Add lines 1 through 346	20.555.5	00.000		0.000.000
25	Total functional expenses. Add lines 1 through 24e	33,206,019	26,693,282	4,450,473	2,062,264
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Dar	. V	Palance Shoot					1 age 11
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any li	ne ın th	us Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			429,321	1	2,169,156
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			315,242	3	328,593
	4	Accounts receivable, net			304,801	4	336,489
	5	Loans and other receivables from current and former off					
ıts		key employees, and highest compensated employees C Schedule L		5			
	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	B), and n 501(c)(9)				
Assets	l _					6	
ď	7	Notes and loans receivable, net				7	0.040.040
	8	Inventories for sale or use			4,412,450		3,348,949
	9	Prepaid expenses and deferred charges		 I	497,541	9	567,758
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,892,111			
	Ь	Less accumulated depreciation	10b	12,151,517	6,023,594	10c	5,740,594
	11	Investments—publicly traded securities	· · ·	5,557,416		2,473,898	
	12	Investments—other securities See Part IV, line 11 .	1,136,907	12	1,094,978		
	13	Investments—program-related See Part IV, line 11 .		.,,	13	-7	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,272,538		1,228,595
	16	Total assets. Add lines 1 through 15 (must equal line 34			19,949,810		17,289,010
	17	Accounts payable and accrued expenses			2,112,994	17	1,937,437
	18	Grants payable			_,,	18	1,001,101
	19	Deferred revenue			904,006		857,156
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV				21	
S	22	Loans and other payables to current and former officers					
bilities		key employees, highest compensated employees, and d					
<u>.</u>		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third	partie	5		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
					454,022	25	531,797
	26	Total liabilities. Add lines 17 through 25			3,471,022	26	3,326,390
ces		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ►	✓ and complete			
<u>lan</u>	27	Unrestricted net assets			12,499,449	27	9,883,578
Ba	28	Temporarily restricted net assets			3,878,589	28	3,978,292
19	29	Permanently restricted net assets			100,750	29	100,750
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere ▶			
Ş	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
Ā	32	Retained earnings, endowment, accumulated income, or				32	
Net	33	Total net assets or fund balances			16,478,788	33	13,962,620
_	34	Total liabilities and net assets/fund balances			19,949,810	34	17,289,010

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Check it schedule o contains a response of note to	ану	IIIIe	2 1111	UIIIS	, r
Total revenue (must equal Part VIII, column (A), line 12)					
Total expenses (must equal Part IX, column (A), line 25)					

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

3 -2,765,645 4 16,478,788 5 247,890 6

1

2

7

8

9

10

Page **12**

30,440,374

33,206,019

1,587

▽

No

Νo

Nο

Form 990 (2015)

13,962,620

Yes

Yes

Yes

2a

2b

2c

3a

3b

efile GRAPHIC print - DO NOT PROCESS SCHEDULE A

hospital's name, city, and state

(i)

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

Total

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

As Filed Data -DLN: 93493026011037 OMB No 1545-004

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.

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

36-2428692

Treasury Internal Revenue Service Name of the organization Awana Clubs International

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) 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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Cat No 11285F

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	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						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
h	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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 organizatio	n rails to qualify	under the test	s listed below,	please comple	te Part II.)	
Se	ction A. Public Support Calendar year						
or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do	11 200 020	11 004 170	11.057.060	12 426 600	12.155.756	E0 034 030
	not include any "unusual `	11,390,038	11,994,479	11,957,968	12,436,698	12,155,756	59,934,939
	grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished	29,883,705	26,820,839	28,486,498	27,108,040	24,917,874	137,216,956
	in any activity that is related to		,,	,,			,,
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513						
	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or						
3	facilities furnished by a						
	governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	41,273,743	38,815,318	40,444,466	39,544,738	37,073,630	197,151,895
	Amounts included on lines 1, 2,	,	,,	,,		2.72.2722	
<i>,</i> a	and 3 received from disqualified	75,290	32,170	44,503	23,255	25,405	200,623
	persons	, , , , , ,	,	, ,		,	,
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						
С	Add lines 7a and 7b	75,290	32,170	44,503	23,255	25,405	200,623
8	Public support. (Subtract line 7c						196,951,272
	from line 6)						190,931,272
Se	ction B. Total Support						
	Calendar year	(-)2011	(h) 2012	(-)2012	(4)2014	(-)201F	(6)Tabal
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6	41,273,743	38,815,318	40,444,466	39,544,738	37,073,630	197,151,895
0a	Gross income from interest,						
	dividends, payments received						
	on securities loans, rents,	199,483	215,967	257,667	211,871	65,152	950,140
	royalties and income from						
	sımılar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	199,483	215,967	257,667	211,871	65,152	950,140
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
L2	Other income Do not include						
	gain or loss from the sale of		3,600	1,645	2,400	1,800	9,445
	capital assets (Explain in Part		<i>'</i>	<i>'</i>	<i>'</i>	,	,
	VI)						
L3	Total support. (Add lines 9,	41,473,226	39,034,885	40,703,778	39,759,009	37,140,582	198,111,480
L4	10c, 11, and 12) First five years. If the Form 990 is	for the organization	on's first seesand	third fourth as fo	fth tay year ac a	coction FO1/c)/2	\ organization
.~	•	ioi tile organizatio	ni a mat, secona,	ama, iourai, or ii	ntin tax year as a	section 301(c)(3	, organization,
_	check this box and stop here	lla Commanda					
Se	ction C. Computation of Pub	one Support Pe	ercentage				
	D	E (1 0 1)	(A) J J. L L	4.5 1 (6) \		1 1	

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99 410 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	99 430 %

16	Public support percentage from 2014 Schedule A, Part III, line 15	16	99 430 %
S	ection D. Computation of Investment Income Percentage		

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

17

18	Investment income percentage from 2014 Schedule A, Part III, line 17	18		0 460
19a	33.1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than	33 1/	/3% and line 13	7 is not

17

0 480 %

^{▶ 🗸} more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2014. 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

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

Facts And Circumstances Test

Return Reference	Explanation

Schedule A, Part III, Line 12, Fundraising income - 2012 Amount \$ 3,600 2013 Amount \$ 1,645 2014 Amount \$ 2,400 2015 efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493026011037

Inspection

Aw a	i me of the organization ana Clubs International				Empi	oyer identification number
						428692
Pa	Organizations Maintaining Dono Complete if the organization answer				unds	or Accounts.
		(a) Donor advised fui	nds	;	(b)	Funds and other accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to				nor advi	sed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					r purpose Yes No
Pa	rt III Conservation Easements. Comp	lete if the organizatio	n a	answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by t	he organization (check a	all t	that apply)		
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	reation or	Г	Preservation of a	n histor	ically important land area
	Protection of natural habitat		Г	Preservation of a	certifie	d historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	/atı	ion contribution in	the form	of a conservation
						Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easem				2b	
с	Number of conservation easements on a certifie			` '	2c	
d	Number of conservation easements included in historic structure listed in the National Register		16,	and not on a	2d	
3	Number of conservation easements modified, tra	ansferred, released, exti	ngı	uished, or terminat	ed by th	e organization during the
	tax year ▶					
1	Number of states where property subject to cons	servation easement is lo	oc a	ted ▶		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	3 .	orii	ng, inspection, han	dling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, year	, inspecting, handling of	VIO	lations, and enforc	ing cons	servation easements during the
	>					
7	A mount of expenses incurred in monitoring, insp	ecting, handling of viola	tıo	ns, and enforcing o	onserva	ation easements during the year
	▶ \$					
3	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy th	ne r	requirements of se	ction 17	0 (h)(4) Yes No
	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e till Organizations Maintaining Colle	t of the footnote to the casements	orga	anızatıon's fınancıa	l statem	nents that describes

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al T	reasures, or (Other Similar As	sets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other rec	ords,ch	ieck a	ny of	the following that	are a significant use	of its
а	Public exhibition		d		Loar	n or exchange prog	jrams	
b	Scholarly research		e	Г	Othe	er		
c	Preservation for future generations							
4	Provide a description of the organization Part XIII	's collections and exp	olaın hov	v they	furthe	er the organizatioi	n's exempt purpose i	n
5	During the year, did the organization sol assets to be sold to raise funds rather th							☐ No
Pai	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form	990, I	Part :	IV, line 9, or re	ported an amount	on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other interi	mediary	for co	ntrıbı	utions or other ass	ets not Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and complete	e the fol	Iowina	table	2	A mo	unt
С	Beginning balance	·		_		10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
	•	on Form OOO Bart V I	ına 31	foros			nt liability? =	
2a	Did the organization include an amount of	JII FOITH 990, Part X, I	me zī,	ioi est	.iow c	or custodial accou	"It liability' Yes	No
b	If "Yes," explain the arrangement in Par							🗆
Pa	rt V Endowment Funds. Comple							/->F
	Bogunning of year halance	(a)Current year 138,885	(b) Pno	or year 144,	_	(c)Two years back 146,203	(d)Three years back 143,612	(e)Four years back 140,822
1a b	Beginning of year balance Contributions	130,003			777	140,203	145,012	140,022
c	Net investment earnings, gains, and losses	3,618		-2,	218	3,510	2,591	2,790
d	Grants or scholarships			3,	874	4,736		
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	142,503		138,	885	144,977	146,203	143,612
2	Provide the estimated percentage of the	current year end bala	nce (lın	e 1g,	colum	nn (a)) held as	·	
а	Board designated or quasi-endowment >	96 030 %						
ь	Permanent endowment ► 3 970 %							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
За	Are there endowment funds not in the po organization by	·	iization	that ar	e hel	d and administere	d for the	Yes No
	(i) unrelated organizations						3a(
	(ii) related organizations						3a(i	ii) No
b	If "Yes" on 3a(II), are the related organiz	zations listed as requi	red on S	Schedi	ıle R?	·	3b	,
4	Describe in Part XIII the intended uses		endowm	ent fur	nds			
Pai	rt VI Land, Buildings, and Equip			00 5.		/ bas 44s Css	5 000 B+-V	lua = 40
	Complete if the organization Description of property	answered 'Yes' to I		90, Pa (a st or ot)	(b)	Accumulated	(d)Book value
	Land			(invest		(other)		1,739,238
	Buildings	-				, , , ,		, , , , , , , , , , , , ,
						10,648,9	998 8,237,361	2,411,637
c	Leasehold improvements		·					
d	Equipment		$\cdot \vdash$			5,503,8	3,914,156	1,589,719
6	Other		- 1			1		1

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

5,740,594

(a) Description of security or categor (including name of security)	Т	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) Investment in Captive Insurance Company		1,058,311	F
(B) Mineral Interests		36,667	F
(b) Time at Time to the		30,007	<u>'</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	1,094,978	
Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,	Part IV, line 11c. See	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of the of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organizat			
(a) Des		om 990, Part IV, line I.	(b) Book value
		om 990, Part IV, iine 1.	(b) Book value 1,032,40
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter		orm 990, Part IV, line 1.	(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global	cription		(b) Book value 1,032,40 114,80
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore	eription		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.	e 15) ganization answered		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.	eription		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.	e 15) ganization answered		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answered (b) Book value		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answered		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve	e 15) ganization answered (b) Book value		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	ganization answered (b) Book value		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59
(1) Beneficial Interest in Trusts (2) Receivable Due from Kidzmatter (3) Receivable Due from ZimZam Global Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Self Insurance Reserve Annuities & Trusts Payable	cription e 15) ganization answered (b) Book value 21,00 205,86		(b) Book value 1,032,40 114,80 81,38 ▶ 1,228,59

Return Reference

Part V, Line 4

Schedule D (Form 990) 2015

1

2

а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	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	1	
c	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
агс	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Keturn.
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per addited infancial statements.		
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	·		
a	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	
a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-	
a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d e a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		

Explanation

The purpose of the endowment is to fund the Awana ministry in certain specific geographic areas

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015		Page !					
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						
		_					

efile GRAPHIC print - DO NOT	PROCESS	As Filed Dat	ta -	DLN:	93493026011037		
	tement of	Activities (Outside the United States				
(Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Department of the Treasury Internal Revenue Service Promotion about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Promotion 1 inspection 1 inspection 2 inspectio							
Name of the organization Awana Clubs International				Employer ider 36-2428692	ntification number		
Part I General Informatio Complete if the organ				14b.			
 For grantmakers. Does the and other assistance, the grants or used to award the grants or For grantmakers. Describe it 	antees' eligibil assistance?	ity for the grar	nts or assistance, and	the selection criteria	√ Yes No nts and other		
assistance outside the Unite Activites per Region (The follow		3 table can be d	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 program service, describe specific type of service(s) in region			
(1) See Add'l Data			,				
(2)							
(3)							
(4)							
(5)							
Sub-total Total from continuation sheets to Part I	6				2,037,480 1,819,930		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instructions			No 50082W Sche	3,857,410 dule F (Form 990) 2015		

Part 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(10)								
2								

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

6

Enter total number of other organizations or entities

29

(17) (18)

Schedule F (Form 990) 2015							Page 3
Part III Grants and Other A				ed States. Complete i	if the organization ar	answered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount 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)
(1) Support ministry work in East Asia Pacifi		1	25,340	Wire			
(2) Support ministry work in Middle the Middle East Africa	:a	3	110,349	Wire			
(3) Support ministry work in South South America		5	80,956				
(4) Support ministry work in South South Asia		4	379,820	Wire			
(5) Support Ministry work in Sub-S Sub-Sahara Africa		7	357,624	Wire			
(6) Support Ministry work in Europ Europe	Эe	1	5,229	Wire			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(40)			. —		·		

(5) Support Ministry work in Sub-Saharan Africa Sub-Sahara Africa	7	357,624	Wire		
(6) Support Ministry work in Europe Europe	1	5,229	Wire		
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					

organization have all ownership interest in a loreign 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)

1 Yes ■ No

2 No

3 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

Page 5

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).

990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Explanation	
Aw ana Clubs International limits the granting of funds outside the United States to our fo reign affiliates. The foreign affiliates have long-term relationships with Aw ana Clubs International and a history of charitable activities carried out in the furtherance of Aw ana Clubs International's purpose. Aw ana Clubs International obtains regular detailed financia. I reports, testimonies and photographs documenting the use of grant funds. In addition, Aw ana Clubs International conducts on site financial conducts.	
	Aw ana Clubs International limits the granting of funds outside the United States to our fo reign affiliates. The foreign affiliates have long-term relationships with Aw ana Clubs International and a history of charitable activities carried out in the furtherance of Aw ana Clubs International's purpose. Aw ana Clubs International obtains regular detailed financia

990 Schedule F. Supplemental Information Return Reference Explanation

Expenditures are accounted for using the accrual basis of accounting

Part I. line 3

Additional Data

Carıbbean

East Asia & Pacific

Software ID: Software Version:

EIN: 36-2428692

Name: Awana Clubs International

335,223

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

3

0

(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
Central America and the Caribbean	0	0	Investments		1,058,311
Central America &	3	4	Grants to recipients		70,935

located in region

located in region

Grants to recipients

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) 25,021 Europe Grants to recipients located in region Middle East & North Africa Grants to recipients 110,349 located in region

Grants to recipients

located in region

98,263

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

North America

(a) Region (b) Number of (c) Number of (d) Activities conducted in region (by

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

South Asia

	offices in the region	employees or agents in region	conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service (s) in region	for region
ssia & Newly Independent ates	1		Grants to recipients located in region		191

			located in the region)	
Russia & Newly Independent States	1	1	Grants to recipients located in region	

Russia & Newly Independent States	1	1	Grants to recipients located in region	191,631
South Amorica		4	Grants to recipients	147 747

States			located in region	
South America	1	4	Grants to recipients	

States located in region	Couth Amorica	 4	Grants to recipients	1477/
	States		located in region	

South America	1	4	Grants to recipients	147,747

Grants to recipients

located in region

(e) If activity listed in

(f) Total expenditures

759,074

outh America	1	4	Grants to recipients	
	_		located in region	

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) Sub-Saharan Africa 1,060,856 Grants to recipients

llocated in region

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

(a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash cash grant cash disbursement (book, FMV, organization and EIN(ıf assistance assistance applicable) appraisal, other) Central America and Leadership 5.380 Wire lthe Caribbean development, lestablishing clubs Central America and I eadership 28 156 Wire

18.926 Wire

(i) Method of

		development, lestablishing clubs	20,130	wiie		
	Central America and the Caribbean	Leadership development.	9,061	Wire		

establishing clubs

Leadership

development, establishing clubs

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Central America and

the Caribbean

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) 141,734 Wire East Asia and the Leadership Pacific development, establishing clubs

(1) Method of

	Pacıfic	Leadership development, establishing clubs	19,914	Wire		
		Leadership	39,557	Wire		

IP acitic Idevelopment, establishing clubs

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(b) IRS code

East Asia and the Leadership 31,210 Wire

Pacific development, lestablishing clubs

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) East Asia and the Leadership 50.931 Wire development, Pacific lestablishing clubs Eact Acia and the Leaderchin 14 011 Wire

40.681 Wire

(I) Method of

	Pacıfic	development, establishing clubs	14,011	Wile		
	Europe	Leadership development.	14,438	Wire		

establishing clubs

Leadership

development, establishing clubs

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Russia & the Newly

Independent States

(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash organization and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) 109,695 Wire Russia & the Newly Leadership Independent States development, laatabliabina aliiba

(a) A mount of non-

(I) Method of

		establishing clubs				
	i i	development,	39,909	Wire		
		establishing clubs				
•	South America	Leadership	5,281	Wire		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

		establishing clubs				
		Leadership development, establishing clubs	5,281	Wire		

	development,				1
	establishing clubs				
	Leadership	8,079	Wire		

		establishing clubs				i .
	South America	Leadership	8,079	Wire		
		development,			, I	ŀ
		establishing clubs				ŀ

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) 28,550 Wire South America Leadership development, lestablishing clubs

(1) Method of

		les cabiliting class				
	South America	Leadership	21,729	Wire		
		development, establishing clubs				
	South Asia	Leadershin	97 325	Wire		

		establishing clubs				
	South Asia	Leadership development,	97,325	Wire		

		les tablishing clubs				
	South Asia	Leadership	97,325	Wire		
		development,				
		lectablishing clubs				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

	South Asia	Leadership	97,325	Wire		
		development,				İ
		establishing clubs				1

	South Acia	Leadership	281 020	Mire		
		establishing clubs				
		development,				

		establishing clubs				
	South Asia	Leadership	281,929	Wire		
		Leadership	281,929	lwire		1

South Asia	Leadership	281,929	Wire		
	development,				
	establishing clubs				

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) 39,098 Wire Sub-Saharan Africa Leadership development, establishing clubs

97,450 Wire

(1) Method of

	Sub-Saharan Africa	Leadership	11,787	Wire		
		development,				
		establishing clubs				
	Sub-Saharan Africa	Leadership	33,803	Wire		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Leadership development, lestablishing clubs

		establishing clubs				
	Sub-Saharan Africa	Leadership	33,803	Wire		
		development,				
		establishing clubs				

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) 21,176 Wire Sub-Saharan Africa Leadership development, establishing clubs

(1) Method of

		Leadership development,	35,733	Wire		
		establishing clubs				
	Sub-Saharan Africa	Leadership	49,971	Wire		

		lestablishing clubs				
	Sub-Saharan Africa	Leadership	49,971	Wire		
		development,				
		lestablishing clubs				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

development, lestablishing clubs

		establishing clubs				
		development,				
	Sub-Saharan Africa	Leadership	49,971	Wire		

	Sub-Saharan Africa	Leadershin	69 000	Wire		
		establishing clubs				
		development,				

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa Leadership 27,360 Wire development, lestablishing clubs Sub-Saharan Africa 47 216 Wire ll eadershin

108,231 Wire

(1) Method of

	Sub Sunurum Ameu	development,	17,210	******		i
		establishing clubs				İ
	Sub-Saharan Africa	Leadership	68,301	Wire		
		development				i

establishing clubs

Leadership development, lestablishing clubs

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

(b) IRS code (I) Method of (q) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region non-cash cash cash disbursement organization and EIN(if cash grant (book, FMV, assistance assistance applicable) appraisal, other) Sub-Saharan Africa Leadership 88,599 Wire development,

14,593 Wire

		establishing clubs				
	North America	Leadership	83,670	Wire		
		development,				
		establishing clubs				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

Leadership Idevelopment. lestablishing clubs efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493026011037

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization						Employer ide	ntification number
wana Clubs International						36-2428692	
Part I Fundraising Ac Form 990-EZ file	·		_	ation answered "Yes" his part.	on Form	990, Part IV	, line 17.
Indicate whether the orga	nızatıon raısed func	ls througl	n any of th	ne following activities C	heck all ti	nat apply	
a Mail solicitations				e Solicitation of n	on-goverr	ment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g Special fundrais	ing event	S	
d In-person solicitation	ıs						
 Did the organization have or key employees listed in services? If "Yes," list the ten high. 	n Form 990, Part Vi	II) or ent	ity in coni es (fundra	nection with professiona	l fundraisi	ng Y	es No undraiser is
to be compensated at lea	ist \$5,000 by the o	rganizatio	on				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
1.0							
otal			•				
3 List all states in which the or registration or licensing	organization is regis	stered or	licensed t	to solicit contributions o	or has bee	n notified it is e	exempt from

	•	
Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a)Event #1 Golf Outings	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
Keverkie	1 Gross receipts	17,000			17,000
*	2 Less Contributions	15,200			15,200
	Gross income (line 1 minus line 2)	1,800			1,800
	4 Cash prizes	1,400			1,400
	5 Noncash prizes				
۸	6 Rent/facility costs	2,182			2,182
2	7 Food and beverages	450			450
CACHINE	8 Entertainment	3,250			3,250
<u> </u>	9 Other direct expenses	425			425
3	10 Direct expense summary Add lines	4 through 9 ın column (d)		7,707
	11 Net income summary Subtract line :	l O from line 3, column (d)		-5,907
ar	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
٠.		(a) Bingo	(b)Pull tabs/Instant	(c) O ther gaming	(d)
everiue		(a)bingo	bingo/progressive bingo	(c)other guilling	Total gaming (add col (a) through col (c))
Keverkie	1 Gross revenue	(a) _D ingo	bingo/progressive bingo	(e) o their guilling	
	1 Gross revenue	(a)sings	bingo/progressive bingo	(e) o their guilling	
		(a)singo	bingo/progressive bingo	(e) o their guilling	
	2 Cash prizes	(a)	bingo/progressive bingo	(e) o their guilling	
	2 Cash prizes	(a)sings	bingo/progressive bingo	(e) o their guilling	
	2 Cash prizes	Yes	bingo/progressive bingo Yes%	Yes%	
	2 Cash prizes		Yes%_ No	Yes%	
	2 Cash prizes	☐ Yes	Yes%_ No No	✓ Yes% No	
ect Experises	2 Cash prizes	☐ Yes	Yes%_ No No	✓ Yes% No	
a Dieci Experses Keverne	2 Cash prizes	Yes	Yes	✓ Yes% No	Total gaming (add col (a) through col (c))
	2 Cash prizes	Yes	Yes%_ No imm (d)	✓ Yes % ✓ No	(a) through col (c))
a a	2 Cash prizes	Yes % No 2 through 5 in column (dact line 7 from line 1, column conducts gaming activities in each	Yes	Yes % No ▶ ▶	(a) through col (c))

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493026011037 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Awana Clubs International 36-2428692 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(f)Description of non-cash assistance

Schedule I (Form 990) 2015

Page **2**

(b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (a) Type of grant or assistance

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) Scholarships - awards paid to schools on behalf of winners of Teen Fine Arts competitions	9	5,200			
l					
Part IV Supplemental Informa	tion. Provide the info	rmation required in Pr	art I, line 2, Part III,	column (b), and any other	additional information.
Peturn Reference Evaluate	tion				

are awarded to persons who meet defined ministry criteria. The scholarships are paid directly to the educational institutions

statements. On a quarterly basis, the ACI Board reviews the financial results and the Board minutes of each organization. The ACI President or Vice President is on the Board of each supporting/affiliate organization to monitor the use of funds for ministry purposes Scholarships for attending college

Return Reference

Explanation

A wana Clubs International (ACI) grants funds to its supporting/affiliate organizations. Use of the funds are subject to the same controls of any other A wana expenditure Auditors have reviewed internal controls pertaining to these organizations as part of their audit of the consolidated financial

Part I, Line 2

Schedule I (Form 990) 2015

Additional Data

432 Val Lane Marion, IN 46952 Awana Lifeline Ministries

1 East Bode Road Streamwood, IL 60107

1 East Bode Road Streamwood, IL 60107

ZımZam Global

Software ID: Software Version:

46-0588427

47-2861115

EIN: 36-2428692

Name: Awana Clubs International

871,115

327,580

Form 990,Schedule I, Pai	rt II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nt
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	ı

501(c)(3)

501(c)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 , ,	(f) Method of valuation (book, FMV, appraisal, other)	
Kıdzmatter	27-3495311	501(c)(3)	141,788			

D	omestic Governme	nts.
-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance

Ministry Support

(h) Purpose of grant

or assistance

Ministry Support

Ministry Support

(c)(3)	141,788		

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DLN: 93493026011037OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015

Department of the Treasury Internal Revenue Serv

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Open to Public Inspection

nterr	nal Revenue Service				קפווד	3910	<u>''</u>
	me of the organization ana Clubs International			Employer identification	on nui	nber	
	and class International			36-2428692			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1 a	Check the appropiate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel		Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)	 	 	
b	If any of the boxes in line 1a are checked, did the orgain reimbursement or provision of all of the expenses desc				1b		
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut				2		
3	Indicate which, if any, of the following the filing organize organization's CEO/Executive Director Check all that used by a related organization to establish compensati	apply	y Do not check any boxes for metho	ds			
	✓ Compensation committee		Written employment contract		ļ	ļ ļ	
	Independent compensation consultant	~	Compensation survey or study		!	!	
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control par	ymen	t?		4a	Yes	
b	Participate in, or receive payment from, a supplementa	l non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mı	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	a, did the organization pay or accrue	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue	any			
а	The organization?				6 a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			on-fixed	7		No
8	Were any amounts reported on Form 990, Part VII, par subject to the initial contract exception described in Re in Part III		·		8		No
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure describ	ed in Regulations	9		No

Schedule J (Form 990) 2015

(A) Name and Title (I		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
_		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Jack Eggar President/CEO (part year)	(i)	124,952	0	63,738	1,341	10,917	200,948	0
		0	0	0	0	0	0	0

|(II)| 2 Arthur Rorheim 55.113 55.113 Former Director Emeritus/President E

Schedule 3 (1 of the 590) 2013								
Part III Supplemental Information								
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								
Return Reference Explanation								

Schodula 1 (Form 990) 2015

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

(Form 990 or 990-EZ)

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.

DLN: 93493026011037 OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Servi		▶Information :		edule L (Form	990 or Form 99 990 or 990-EZ <u>ov /form990</u> .	90-EZ. () and its instru	ıctions	is at			n to P spect	
Name of the orga Awana Clubs Internat	nization						Er	nploye	r identi	fication	n numbe	r
Awaria Clubs Internat	lionai						36	5-242	8692			
)(4), and 501(c					40h	
	of disqualifie					25a or 25b, or ified person and			cription			rected?
1 (,	,		(-,	•	rganızatıon	F	,	•	saction		Yes	No
2 Enter the am	ount of tax in	ocurred by orga	inization m	nanagers or du	s qualified pers	one during the	Vear	under	caction	L		
4958		· · · ·						•	▶ \$			
3 Enter the am	ount of tax, I	f any, on line 2	, above, re	ımbursed by t	he organizatio	on			> \$			
Part II Loai	ns to and/	or From In	terested	l Persons.								
Comp	olete if the or	ganızatıon ans	wered "Ye	s" on Form 99		line 38a, or Fo	rm 99	0, Pai	rt IV, lır	ne 26, c	rıfthe	
orgar	nization repoi	ted an amount	on Form 9	90, Part X, Iir	ne 5, 6, or 22							
	b) Relations l		(d) Loan		(e)O riginal	(f)Balance		In	(h		(i)Wr	
ınterested person	with organization	Purpose of loan	or from t organizat		principal amount	due	defa	ult?	A ppro		agreer	nent?
person	organization	i louii	organizat						commi			_
			То	From			Yes	No	Yes	No	Yes	No
Total		▶ \$										
		stance Bend				rt IV, line 27						
(a) Name of inte		(b) Relationshi			t of assistance			stance	e (e)	Purpos	e of ass	istance
person		nterested pers	on and the						`			
		organıza	tion									
		· · · · · · · · · · · · · · · · · · ·										

Return Reference

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organi:	(e) Sharing of organization' revenues?	
				Yes	No	
(1) Dona Eggar	Family of Officer/Board Member	32,844	Employee compensation		No	

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493026011037

Noncash Contributions

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

2015

OMB No 1545-0047

Open to Public Inspection

Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Department of the

Name of the organization **Employer identification number** Awana Clubs International 36-2428692 Types of Property Part I (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on

noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 5 70,322 Fair market value **10** Securities—Closely held stock Χ 125,100 Fair market value 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

Schedule M (Form 990) (2015)

Cat No 51227J

32a

0

No

Νo

Νo

Yes

Yes

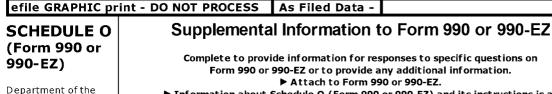
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Return Reference Explanation

The number of contributions represent the number of contributions received, not the number of items

Schedule M (Form 990) (2015)

Part I. Column (b) donated



OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493026011037

Employer identification number

36-2428692

Form 990 or 990-EZ or to provide any additional information. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

The bylaws were amended on March 7, 2016 for the following - Number of voting members of the governing body - Composition of the governing body's voting members (removal of Ex Off

icio Directors and President/CEO as voting members) - Composition of organization's office

990 Schedule O, Supplemental Information

Treasury

Service

Internal Revenue

Name of the organization Awana Clubs International

Return

Reference Form 990, Part VI,

Section A. line 1

Form 990, Part VI,

Section A. line 4

candidates to fill a vacancy in the position of President/CEO

rs (inclusion of President/CEO as corporate officer)

Explanation

The Executive Committee of the board consists of the Chair, Vice Chair, President/CEO, Secretary, Assistant Secretary,

board, except as prohibited by the Illinois General Not for Profit Corporation Act. The Executive Committee shall nominate

Treasurer, and Assistant Treasurer. The Executive Committee has all the power of the board between meetings of the

990 Schedule O, Supplemental Information

Return Reference

ric tarri ric re re rioc	Explanation
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 submitted to the board for review before being filed with the IRS
· ·	Annually employees and members of the board of directors complete surveys regarding any potential conflicts. Surveys are maintained by the legal/risk management department. The Chiller Financial Officer reports any potential conflict of interest to an employee's superviso riand in the case of board members, to the board of directors for monitoring. Should any potential conflicts of interest be disclosed, the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship

Explanation

990 Schedule O, Supplemental Information Return

Return Reference	Explanation
Form 990, Part	All compensation is evaluated annually through analysis of independent benchmarking data obtained from national salary

line 15

VI. Section B.

grades is examined and adjusted annually. Evaluation of executive compensation, including both the President/CEO and the CFO, 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

surveys such as Abbott-Langer, Watson Wyatt, and the US Department of Labor A formal salary structure with defined pay

Form 990, Part

VI. Section C.

line 19

Human Resources Department

The governing documents, conflict of interest policy, and financial statements are availab

le to the public upon requests. All requests should be made to the Chief Financial Officer

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part XI, line 9	Change in value of annuities 5,044 Change in value of trusts -3,457
, ,	The organization's Board assumes responsibility for oversight of the audit of its financia. I statements and selection of its independent accountant. This process has not changed since the prior year.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493026011037 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Awana Clubs International

► Attach to Form 990.

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

Inspection **Employer identification number**

	(b)	(c)	(d)	(e)	/f)		
(a) Name, address, and EIN (If applicable) of disregarded entity	Primary activity	(c) Legal domicile (state or foreign country)	Total income	End-of-year assets	(f) Direct controlling entity		
(1) Awana International LLC 1 E Bode Rd Streamwood, IL 60107 61-1718469	Exercise voting rights Awana International holds in foreign legal entities	IL			Awana Clubs International	_	
Part II Identification of Related Tax-Exempt Organ	izations Complete ıf th	e organization an	swered "Yes" or	Form 990, Pai	rt IV, line 34 because it h	nad one	e
or more related tax-exempt organizations during							
(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	atus Direct controlling (13)) entity	Section (13) co ent	ontrolled tity?
(1)Kıdzmatter 432 Val Lane	Provide innovative tools for children's ministry	IL	501(c)(3)	Line 11a, I	Awana Clubs International	Yes	No
Manon, IN 46952 27-3495311							
(2)Awana Lifeline Ministries 1 E Bode Road	Equipping fathers and mothers to build a legacy of faith in Christ	со	501(c)(3)	Line 11a, I	Awana Clubs International		No
Streamwood, IL 60107 46-0588427							
(3)ZimZam Global 1 E Bode Road Streamwood, IL 60107	To equip global church leaders	IL IL	501(c)(3)	Line 7	Awana Clubs International		No
47-2861115 (4)Youth Missions International	International Missions Team	WA	501(c)(3)	Line 7	Awana Clubs International		No
901 Occidental Ave S 304	& Support						
Seattle, WA 98134 20-8903588						 	_
		I	I	I		1	1

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

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets	(h Disprop alloca	irtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No		
												Ī	
												l	
												<u> </u>	
												l	
												l	
												<u> </u>	
												<u> </u>	
												l	
												l	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Chantable Remainder Trust (1)	Trust	IL	Awana Clubs International	Т				Yes	

Part V Transactions With Related Organizations Complete if the organization a		, , , , , , , , , , , , , , , , , , , ,	· '		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					res	INC
L During the tax year, did the orgranization engage in any of the following transactions with one or r	•			<u> </u>		L.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	.,	No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	L.
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		N
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		N
i Exchange of assets with related organization(s)				1i		N
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		N
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	
$f n$ 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	
P Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s		No
If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this line, including c	overed relationships	and transaction thresholds	5		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount II	nvolved	i
Additional Data Table						
	1	1				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment 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 sections 512- 514)		(e) all partners section 01(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)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	



Software ID: Software Version:

EIN: 36-2428692

Name: Awana Clubs International

Form 990, Schedule R, Part V - Transactions With Related Organizations								
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved				
(1)	KıdzMatter	В						
(1)	KıdzMatter	J						
(2)	KıdzM atter	L						
(3)	KıdzMatter	N						
(4)	KıdzM atter	0						
(5)	KıdzMatter	Р						
(6)	KıdzM atter	Q						
(7)	ZımZam Global	В						
(8)	ZımZam Global	L						
(9)	ZımZam Global	N						
(10)	ZımZam Global	0						
(11)	ZımZam Global	Q						
(12)	A wana Lifeline Ministries	В						
(13)	A wana Lifeline Ministries	L						
(14)	A wana Lifeline Ministries	N						
(15)	A wana Lifeline Ministries	0						
(16)	A wana Lifeline Ministries	Q						
(17)	Youth Missions International	L						
(18)	Youth Missions International	М						
(19)	Youth Missions International	Q						
(20)	Youth Missions International	R						
		•						