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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFARI CLUB INTERNATIONAL Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD _____ City or town, state or country, and ZIP + 4 TUCSON, AZ 85745 F Name and address of principal officer PHILIP DELONE 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	D Employer identification number 86-0974183 E Telephone number (520) 620-1220 G Gross receipts \$ 24,780,555 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 2663
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SCIFIRSTFORHUNTERS.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2000 M State of legal domicile AZ

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		287
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		286
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		138
	6 Total number of volunteers (estimate if necessary)	6		300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		1,805,781
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	1,105,687		948,307
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,619,416		5,587,747
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,394		157,193
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,924,349		8,261,695
		13,934,846		14,954,942
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,763,676		3,960,433
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,019,340		5,519,655
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,350,329			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,580,361		5,457,269
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,363,377		14,937,357
	19 Revenue less expenses Subtract line 18 from line 12	-428,531		17,585
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	12,117,190		12,045,427
	21 Total liabilities (Part X, line 26)	6,029,870		6,167,385
	22 Net assets or fund balances Subtract line 21 from line 20	6,087,320		5,878,042

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-05-13 Date	
	DON MILLS CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ AMY A O'LOUGHLIN	Date	Preparer's taxpayer identification number (see instructions) P00869687
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM LLC 3101 N CENTRAL AVE STE 300 PHOENIX, AZ 85012		EIN ▶ 34-1884125 Phone no ▶ (602) 264-6835

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE (1) PROTECT RIGHTS OF HUNTERS - TO ADVOCATE, PRESERVE AND PROTECT THE RIGHTS OF ALL HUNTERS, (2) PROMOTE HUNTING - TO PROMOTE SAFE, LEGAL AND ETHICAL HUNTING AND RELATED ACTIVITIES, (3) ENGAGE IN ADVOCACY - WITHIN LIMITS IMPOSED BY LAW AND REGULATION, TO MONITOR, SUPPORT, EDUCATE OR OTHERWISE TAKE POSITIONS ON LOCAL, NATIONAL AND INTERNATIONAL LEGISLATIVE, EXECUTIVE, JUDICIAL OR ORGANIZATIONAL ENDEAVORS THAT FOSTER AND SUPPORT THESE OBJECTIVES, (4) EDUCATE PUBLIC REGARDING HUNTING - TO INFORM & EDUCATE THE PUBLIC CONCERNING HUNTING & RELATED ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,661,946 including grants of \$ 374,333) (Revenue \$ 4,037,491)

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 51,000 EXISTING MEMBERS, PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING, PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS, AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

4b (Code) (Expenses \$ 1,963,865 including grants of \$ 40,000) (Revenue \$ 4,543)

HUNTING ADVOCACY THIS CATEGORY REPRESENTS THE ARM OF THE ORGANIZATION THAT ADVOCATES THE PRESERVATION OF THE HUNTING HERITAGE, HUNTERS' RIGHTS AND THE SUSTAINABLE USE OF WILDLIFE SCI IS THE ACTIVE VOICE IN PROMOTING THE ROLE OF HUNTING AS AN EFFECTIVE WILDLIFE MANAGEMENT AND CONSERVATION TOOL AND IN EDUCATING THE PUBLIC AND GOVERNMENT DECISION-MAKERS ON THESE MATTERS SCI'S ADVOCACY EFFORTS IN 2011/2012 INCLUDED SEVERAL PROJECTS IN STATE, NATIONAL AND INTERNATIONAL FORUMS TOWARD DEVELOPMENT OF NEW REGULATIONS, LEGISLATION AND POLICIES TO SUPPORT HUNTING, ACCESS AND/OR SUSTAINABLE USE WILDLIFE MANAGEMENT AND CONSERVATION, LITIGATION TO PROTECT HUNTING RIGHTS AND OPPORTUNITIES, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS THAT REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE, NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS

4c (Code) (Expenses \$ 3,546,100 including grants of \$ 3,546,100) (Revenue \$)

CONSERVATION GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS PROJECTS INCLUDE WILDLIFE POPULATION SURVEYS, COLLARING AND MONITORING, DNA ANALYSES, DISEASE TESTING, AND DEVELOPMENT OF SCIENTIFIC PUBLICATIONS, FIELD MANUALS, REPORTS, AND OTHER RESEARCH-BASED PAPERS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 11,171,911

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Part I</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> <input checked="" type="checkbox"/>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		
20b			

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (287); 1b Enter the number of voting members included in line 1a, above, who are independent (286); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AZ); 18 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; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DON MILLS CFO, 4800 WEST GATES PASS ROAD, TUCSON, AZ 85745, (520) 620-1220.

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,057,456	0	82,809	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INTELTRANS LLC 4314 E GRAYTHORN AVE PHOENIX, AZ 85044	MAILING SERVICES	457,991
SAFARI VIDEO PRODUCTIONS 1880 HARBOR ISLAND DR SAN DIEGO, CA 92101	VIDEO PRODUCTION SVS	296,537
FENNEMORE CRAIG CORP 3003 N CENTRAL AVE PHOENIX, AZ 85012	LEGAL SERVICES	220,387
CROSSROADS STRATEGIES 1156 15TH ST NW WASHINGTON, DC 20005	CONSULTING SERVICES	180,000
THE HERALD GROUP 1120 G ST NW WASHINGTON, DC 20005	CONSULTING SVS	150,136

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 **6**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	948,307				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	948,307				
Program Service Revenue			Business Code				
	2a	DUES AND SUBSCRIPTIONS	900099	2,994,444	2,994,444		
	b	ADVERTISING/SPONSORSHIP	541800	2,224,743	418,962	1,805,781	
	c	MEMBERSHIP SVS SALES	900099	368,560	368,560		
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f		5,587,747				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		163,631		163,631	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss)				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	2,550,819			
		c	Less cost or other basis and sales expenses	2,557,257			
		d	Net gain or (loss)	-6,438			-6,438
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a		14,900,884				
	b	Less direct expenses b	6,908,665				
	c	Net income or (loss) from fundraising events		7,992,219		7,992,219	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a		619,759					
b	Less cost of goods sold b	359,691					
c	Net income or (loss) from sales of inventory		260,068	260,068			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	9,408		9,408		
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		9,408				
12	Total revenue. See Instructions		14,954,942	4,042,034	1,805,781	8,158,820	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States See Part IV, line 21	3,558,100	3,558,100		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	402,333	402,333		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	239,596	54,088	164,107	21,401
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,345,712	2,562,516	722,887	1,060,309
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,163	48,481	14,624	15,058
9	Other employee benefits	544,938	245,121	186,807	113,010
10	Payroll taxes	311,246	174,985	68,526	67,735
11	Fees for services (non-employees)				
a	Management	203,658		203,658	
b	Legal	120,538	16,855	103,683	
c	Accounting	55,432	2,838	52,594	
d	Lobbying	239,500	239,500		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	34,415	34,415		
g	Other	523,862	523,862		
12	Advertising and promotion	489,575	483,671	5,904	
13	Office expenses	483,324	283,417	199,907	
14	Information technology	119,321	25,974	93,347	
15	Royalties				
16	Occupancy	155,050	120,115	34,935	
17	Travel	491,183	321,247	169,936	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	268,638	33,170	175,432	60,036
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	135,492	39,405	83,307	12,780
23	Insurance	225,447	165,317	60,130	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRODUCTION COSTS	1,227,050	1,227,050		
b	POSTAGE AND FREIGHT	237,570	193,178	44,392	
c	PROGRAMS AND PROJECTS	188,803	186,938	1,865	
d	PRINTING	149,066	130,195	18,871	
e					
f	All other expenses	109,345	99,140	10,205	
25	Total functional expenses. Add lines 1 through 24f	14,937,357	11,171,911	2,415,117	1,350,329
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,413,615	1	2,546,536
	2 Savings and temporary cash investments	246,574	2	337,916
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	885,738	4	860,185
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	276,696	8	284,496
	9 Prepaid expenses and deferred charges	730,722	9	601,409
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,024,707		
	b Less accumulated depreciation	1,642,187	10c	382,520
	11 Investments—publicly traded securities	7,233,237	11	7,032,365
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,117,190	16	12,045,427	
Liabilities	17 Accounts payable and accrued expenses	891,674	17	1,354,728
	18 Grants payable		18	
	19 Deferred revenue	5,138,196	19	4,812,657
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,029,870	26	6,167,385
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	6,087,320	32	5,878,042
33 Total net assets or fund balances	6,087,320	33	5,878,042	
34 Total liabilities and net assets/fund balances	12,117,190	34	12,045,427	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,954,942
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,937,357
3	Revenue less expenses Subtract line 2 from line 1	3	17,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,087,320
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-226,863
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,878,042

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		43,466	43,466	0
d Equipment		1,858,984	1,598,721	260,263
e Other		122,257		122,257
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				382,520

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,954,942
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,937,357
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,585
4	Net unrealized gains (losses) on investments	4	-226,863
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-226,863
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-209,278

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	21,996,435
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-226,863
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	7,268,356
e	Add lines 2a through 2d	2e	7,041,493
3	Subtract line 2e from line 1	3	14,954,942
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	14,954,942

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	22,205,713
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	7,268,356
e	Add lines 2a through 2d	2e	7,268,356
3	Subtract line 2e from line 1	3	14,937,357
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	14,937,357

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS AS OF JUNE 30, 2012 AND 2011, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 6,908,665 COST OF GOODS SOLD 359,691
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 6,908,665 COST OF GOODS SOLD 359,691

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
NORTH AMERICA	1	2	PROGRAM SERVICES	HUNTING ADVOCACY	374,333
3a Sub-total	1	2			374,333
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	2			374,333

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE ORGANIZATION REQUESTS PROGRESS REPORTS AND FINAL REPORTS AS WELL AS PICTURES, VIDEOS AND AN ARTICLE DETAILING THE COMPLETED PROJECT

Schedule F (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CONVENTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	14,900,884			14,900,884
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,900,884			14,900,884
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,026,212			1,026,212
	7 Food and beverages	1,515,469			1,515,469
	8 Entertainment	468,545			468,545
	9 Other direct expenses	3,898,439			3,898,439
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(6,908,665)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				7,992,219	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S LARGEST GRANT IS TO SCIF, A RELATED ORGANIZATION FOR ALL OTHER GRANTS, THE ORGANIZATION REQUESTS PROGRESS REPORTS AND FINAL REPORTS AS WELL AS PICTURES, VIDEOS AND AN ARTICLE DETAILING THE COMPLETED PROJECT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

1b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a Yes

b Any related organization?

5b No

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a No

b Any related organization?

6b No

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 Yes

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MORITZ WILLIAM	(i)	183,783	9,250	0	1,772	11,059	205,864	0
	(ii)	0	0	0	0	0	0	0
(2) SCOTT KEVIN	(i)	167,384	0	10,749	3,388	14,977	196,498	0
	(ii)	0	0	0	0	0	0	0
(3) SEIDMAN ANNA	(i)	158,114	0	0	6,600	414	165,128	0
	(ii)	0	0	0	0	0	0	0
(4) SAGI ANGELIA	(i)	104,527	36,367	0	2,247	8,330	151,471	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	SEVERANCE PAYMENTS KATHY HARTUNG \$45,915
	PART I, LINE 5	LINE 5A THE DIRECTOR OF ADVERTISING SALES, A HIGHLY COMPENSATED EMPLOYEE, RECEIVES COMMISSIONS BASED ON ADVERTISING SALES 2011 TOTAL \$36,367
	PART I, LINE 7	WILLIAM MORITZ RECEIVED A BONUS OF \$9,250 BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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 lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MIKE ROGERS JRSAFARI VIDEO PRODUC	SON OF BOARD MEMBER	276,822	VIDEO PRODUCTIONS/HOSTING		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	<p>A POWERS OF THE EXECUTIVE COMMITTEE IN OPERATING AS A MANAGERIAL BOARD WITHIN THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE SHALL EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESSION, EXCEPT THE RESPONSIBILITIES OF THE BOARD SET FORTH IN SUBSECTION B OF THIS SECTION (BELOW), WHICH ARE PROHIBITED AND MAY NOT BE EXERCISED BY NOR BE DELEGATED TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY RETAIN OUTSIDE CORPORATE LEGAL COUNSEL, AND/OR MAY UTILIZE IN-HOUSE LEGAL COUNSEL, TO ADVISE THE EXECUTIVE COMMITTEE, THE BOARD OF DIRECTORS, THE COMMITTEES AND THE EXECUTIVE DIRECTOR. B LIMITATIONS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY NOT (1) REPEAL OR AMEND THE BYLAWS, NOR ADOPT NEW BYLAWS, (2) FILL VACANCIES ON THE BOARD OF DIRECTORS, (3) FIX THE COMPENSATION OF OFFICERS, DIRECTORS OR KEY PERSONNEL OF SCI, (4) REMOVE A DIRECTOR, WITH OR WITHOUT CAUSE, (5) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE AMENDABLE NOR REPEALABLE, (6) ADOPT AND DISSEMINATE A FUNDAMENTAL CHANGE OF VIEW OR BASIC POLICY OF SAFARI CLUB INTERNATIONAL, (7) PURCHASE, SELL, OR MORTGAGE REAL PROPERTY OF SCI VALUED IN EXCESS OF \$100,000, (8) ADOPT A CORPORATE RESOLUTION RECOMMENDING THE SALE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF SCI, (9) AUTHORIZE MAJOR CONSTRUCTION WITH A VALUE IN EXCESS OF \$100,000, (10) PRESENT A PETITION FOR JUDICIAL DISSOLUTION, NOR ADOPT ANY PLANS OF MERGER, OR CONSOLIDATION, OR FOR NONJUDICIAL DISSOLUTION, OR (11) AUTHORIZE INDEMNIFICATION OF ANY OFFICERS, DIRECTORS OR MEMBERS OF THE PAST PRESIDENT'S COUNCIL, OR EMPLOYEES</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS DIANN CHITWOOD AND JOHN C CHITWOOD HAVE A FAMILY RELATIONSHIP BOARD MEMBERS NATALIE NESBITT AND ARCHIE NESBITT HAVE A FAMILY RELATIONSHIP BOARD MEMBERS SHERRY MADDOX AND MICHAEL MADDOX HAVE A FAMILY RELATIONSHIP BOARD MEMBERS WAYNE GRAHAM AND CONNIE GRAHAM HAVE A FAMILY RELATIONSHIP BOARD MEMBERS LAWRENCE RUDOLPH AND BIANCA RUDOLPH HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	SAFARI CLUB INTERNATIONAL HAS MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS, WHO MAY ALSO BE MEMBERS OF ONE OF THE APPROXIMATELY 200 LOCAL CHAPTERS WORLDWIDE, ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SAFARI CLUB INTERNATIONAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CONTROLLER AND CFO. ONCE THE FORM 990 HAS BEEN REVIEWED, NOTICE IS SENT TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS INVITING THEM TO REVIEW THE FILED FORM 990.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO DIRECTORS AND OFFICERS TO DETERMINE CONFLICTS OF INTEREST, SAFARI CLUB INTERNATIONAL PERIODICALLY REVIEWS WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, AND WHETHER ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVIDUALS CONFORM TO WRITTEN POLICIES, ARE PROPERLY DOCUMENTED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER SAFARI CLUB INTERNATIONAL'S PURPOSES, AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	GENERALLY, SAFARI CLUB INTERNATIONAL WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE. TO DO THIS, SAFARI CLUB INTERNATIONAL RELIES ON RELEVANT COMPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILAR SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDUAL WHOSE COMPENSATION IS BEING CONSIDERED. THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE, OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, THE FORM 990, THE GOVERNING DOCUMENTS AND A COMPILATION OF SAFARI CLUB INTERNATIONAL POLICIES ARE POSTED ON SAFARI CLUB INTERNATIONAL'S WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -226,863

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SAFARI CLUB INTERNATIONAL FOUNDATION 4800 W GATES PASS ROAD TUCSON, AZ 85745 86-0292099	WILDLIFE CONSERVATION	AZ	501(C)(3)	LINE 9	N/A		No
(2) SAFARI CLUB INTERNATIONAL CANADA SUITE 200 440 LAURIER AVE W OTTAWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA				Yes	
(3) SAFARI INTERNATIONAL CONSERVATION FUND 4800 W GATES PASS ROAD TUCSON, AZ 85745 23-7222137	INACTIVE	AZ	501(C)(3)	LINE 9	N/A		No
(4) SAFARI CLUB INTERNATIONAL AFRICA TRUST PO BOX 10362 CENTURION 0046 SF	WILDLIFE CONSERVATION	SF				Yes	

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) Primary 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) 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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SAFARI CLUB INTERNATIONAL CANADA	B	374,333	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:
Software Version:
EIN: 86-0974183
Name: SAFARI CLUB INTERNATIONAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDERSON KEVIN K PRESIDENT	20 00	X		X			0	0	0	
WHIPPLE JOHN S PRESIDENT ELECT	20 00	X		X			0	0	0	
EAVENSON BRUCE W CORPORATE SECRETARY	20 00	X		X			0	0	0	
BABAZ PAUL D CORPORATE TREASURER	10 00	X		X			0	0	0	
BARSTAD PAUL VICE PRESIDENT	20 00	X		X			0	0	0	
BOREL MIKE J VICE PRESIDENT	20 00	X		X			0	0	0	
FRICKERT JAMES VICE PRESIDENT	20 00	X		X			0	0	0	
HAMBERLIN W LAIRD VICE PRESIDENT	20 00	X		X			0	0	0	
HIGGINS LARRY VICE PRESIDENT	10 00	X		X			0	0	0	
KAUFFMAN CRAIG L VICE PRESIDENT	10 00	X		X			0	0	0	
MAKI ALAN W VICE PRESIDENT	20 00	X		X			0	0	0	
MIZRAHI RON VICE PRESIDENT	10 00	X		X			0	0	0	
TENNISON GARY H VICE PRESIDENT	20 00	X		X			0	0	0	
MADDOX SHERRY D SABLES VICE PRESIDENT	20 00	X		X			0	0	0	
THERON PETER C ALTERNATE VICE PRESIDENT	20 00	X		X			0	0	0	
ADAIR LARRY CHAPTER PRESIDENT	5 00	X					0	0	0	
ALMEIDA KEITH CHAPTER PRESIDENT	5 00	X					0	0	0	
ARENDT RON CHAPTER PRESIDENT	5 00	X					0	0	0	
BACHMANN JARROLD CHAPTER PRESIDENT	5 00	X					0	0	0	
BACON JOHN G CHAPTER PRESIDENT	5 00	X					0	0	0	
BAGI SCOTT A CHAPTER PRESIDENT	5 00	X					0	0	0	
BARBISAN DAVID J CHAPTER PRESIDENT	5 00	X					0	0	0	
BARNHILL GORDON CHAPTER PRESIDENT	5 00	X					0	0	0	
BELL MATTHEW C CHAPTER PRESIDENT	5 00	X					0	0	0	
BELTER GEORGE CHAPTER PRESIDENT	5 00	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENDER STEVEN K CHAPTER PRESIDENT	5 00	X						0	0	0
BENNETT ROGER E CHAPTER PRESIDENT	5 00	X						0	0	0
BIEBER SUSAN L CHAPTER PRESIDENT	5 00	X						0	0	0
BING JAMES STONY CHAPTER PRESIDENT	5 00	X						0	0	0
BIRCHELL ANNIE CHAPTER PRESIDENT	5 00	X						0	0	0
BLACK TRAVIS CHAPTER PRESIDENT	5 00	X						0	0	0
BLUNTZER MATT CHAPTER PRESIDENT	5 00	X						0	0	0
BOATMAN TIM CHAPTER PRESIDENT	5 00	X						0	0	0
BODE BRIAN CHAPTER PRESIDENT	5 00	X						0	0	0
BODKER DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
BOIDO BOBBY CHAPTER PRESIDENT	5 00	X						0	0	0
BORS THOMAS D CHAPTER PRESIDENT	5 00	X						0	0	0
BRADEN JOSEPH L CHAPTER PRESIDENT	5 00	X						0	0	0
BRAS MAXIME CHAPTER PRESIDENT	5 00	X						0	0	0
BROOKS THOMAS CHAPTER PRESIDENT	5 00	X						0	0	0
BROWN DOUGLAS W CHAPTER PRESIDENT	5 00	X						0	0	0
BROWN KENNETH A CHAPTER PRESIDENT	5 00	X						0	0	0
BRUDER DALE H CHAPTER PRESIDENT	5 00	X						0	0	0
BUDZON DALE E CHAPTER PRESIDENT	5 00	X						0	0	0
BUKER PHILIP CHAPTER PRESIDENT	5 00	X						0	0	0
CALDESI LODOVICO CHAPTER PRESIDENT	5 00	X						0	0	0
CALIENDO CHRIS CHAPTER PRESIDENT	5 00	X						0	0	0
CAMPBELL CAL CHAPTER PRESIDENT	5 00	X						0	0	0
CARDWELL SHANE CHAPTER PRESIDENT	5 00	X						0	0	0
CARON JUDI CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARROLL JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
CARRUTH DALE CHAPTER PRESIDENT	5 00	X						0	0	0
CASTRESANA HUGAS JOSE MARIA CHAPTER PRESIDENT	5 00	X						0	0	0
CHACE GARRETT A CHAPTER PRESIDENT	5 00	X						0	0	0
CHANCLER MARK CHAPTER PRESIDENT	5 00	X						0	0	0
CHILDS JASON CHAPTER PRESIDENT	5 00	X						0	0	0
CHITTUM ANN ELIZABETH CHAPTER PRESIDENT	5 00	X						0	0	0
CHITWOOD DIANN B CHAPTER PRESIDENT	5 00	X						0	0	0
CLARKE SCOTT D CHAPTER PRESIDENT	5 00	X						0	0	0
CLIFFORD MICHAEL S CHAPTER PRESIDENT	5 00	X						0	0	0
CLYMER GARY CHAPTER PRESIDENT	5 00	X						0	0	0
CORREA ROBERT J CHAPTER PRESIDENT	5 00	X						0	0	0
COSTA JORDAO FERNANDO JOSE CHAPTER PRESIDENT	5 00	X						0	0	0
COWART BARRY CHAPTER PRESIDENT	5 00	X						0	0	0
CRAWFORD MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
CROSBY MILES S CHAPTER PRESIDENT	5 00	X						0	0	0
CRUPI ROBERT J CHAPTER PRESIDENT	5 00	X						0	0	0
CURNUTTE PATTY CHAPTER PRESIDENT	5 00	X						0	0	0
DABBAGHIAN JOHNNY A CHAPTER PRESIDENT	5 00	X						0	0	0
DAHL JAMES E CHAPTER PRESIDENT	5 00	X						0	0	0
DAIL BRIAN H CHAPTER PRESIDENT	5 00	X						0	0	0
DANIELS TYLER D CHAPTER PRESIDENT	5 00	X						0	0	0
DE ARAOZ EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
DEGRAW BARBARA CHAPTER PRESIDENT	5 00	X						0	0	0
DELISLE RICHARD CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEMA VALERIY CHAPTER PRESIDENT	5 00	X						0	0	0
DET WILER DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
DI BLASIO FRANK CHAPTER PRESIDENT	5 00	X						0	0	0
DIAZ HEER ALFREDO M CHAPTER PRESIDENT	5 00	X						0	0	0
DICKINSON LEN CHAPTER PRESIDENT	5 00	X						0	0	0
DONG NORMAN CHAPTER PRESIDENT	5 00	X						0	0	0
DREW JEREMIAH LAWRENCE CHAPTER PRESIDENT	5 00	X						0	0	0
DYCK JASON CHAPTER PRESIDENT	5 00	X						0	0	0
ELLIOTT DENNIS CHAPTER PRESIDENT	5 00	X						0	0	0
ELZER CHARLES F CHAPTER PRESIDENT	5 00	X						0	0	0
EMMONS HARRIS CHIP CHAPTER PRESIDENT	5 00	X						0	0	0
ENGLISH DALLAS EMMETT CHAPTER PRESIDENT	5 00	X						0	0	0
ENGSTROM ANDERS N CHAPTER PRESIDENT	5 00	X						0	0	0
FIDLER JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
FIELDER SUSAN LYNN CHAPTER PRESIDENT	5 00	X						0	0	0
FILEPAS MICHAEL A CHAPTER PRESIDENT	5 00	X						0	0	0
FOGACA DE ASSIS ARTHUR EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
FOWLER TOM CHAPTER PRESIDENT	5 00	X						0	0	0
FRANCE DEWEY E CHAPTER PRESIDENT	5 00	X						0	0	0
FRANCIS ROCKY CHAPTER PRESIDENT	5 00	X						0	0	0
FREEMAN JIM CHAPTER PRESIDENT	5 00	X						0	0	0
GAFFORD TIMOTHY E CHAPTER PRESIDENT	5 00	X						0	0	0
GALMEZ JUAN ANTONIO CHAPTER PRESIDENT	5 00	X						0	0	0
GARRETT EDWIN R CHAPTER PRESIDENT	5 00	X						0	0	0
GATES RICHARD L CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAUTHIER SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
GEARHART GARY A CHAPTER PRESIDENT	5 00	X						0	0	0
GEORGE MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
GESKO SAMUEL C CHAPTER PRESIDENT	5 00	X						0	0	0
GJOTTONINI DON J CHAPTER PRESIDENT	5 00	X						0	0	0
GOMES BOB CHAPTER PRESIDENT	5 00	X						0	0	0
GOODWIN LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
GRAHAM WAYNE CHAPTER PRESIDENT	5 00	X						0	0	0
GRANDE ENRIQUE CHAPTER PRESIDENT	5 00	X						0	0	0
HALVORSON COREY CHAPTER PRESIDENT	5 00	X						0	0	0
HAMMILL JIM CHAPTER PRESIDENT	5 00	X						0	0	0
HANKS DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
HANLEY JOYCE CHAPTER PRESIDENT	5 00	X						0	0	0
HARRIS JOSH CHAPTER PRESIDENT	5 00	X						0	0	0
HARTZLER D FLINTLOCK CHAPTER PRESIDENT	5 00	X						0	0	0
HASELL LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
HAYASHI NOBUMASA CHAPTER PRESIDENT	5 00	X						0	0	0
HAZEN HERBERT CHAPTER PRESIDENT	5 00	X						0	0	0
HENDERSON JAMES S CHAPTER PRESIDENT	5 00	X						0	0	0
HENDRICK CAL CHAPTER PRESIDENT	5 00	X						0	0	0
HENRY JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
HETH ALAN CHAPTER PRESIDENT	5 00	X						0	0	0
HILBERT CARL J CHAPTER PRESIDENT	5 00	X						0	0	0
HOLLIDAY TERRY CHAPTER PRESIDENT	5 00	X						0	0	0
HOLLINGSWORTH RAY CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUNT PETER FAI CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTSMAN KARL CHAPTER PRESIDENT	5 00	X						0	0	0
HUTCHINSON SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
JAGELS EDWARD CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES SHELDON K CHAPTER PRESIDENT	5 00	X						0	0	0
JOHNSTON BEAU CHAPTER PRESIDENT	5 00	X						0	0	0
JONES MARK C CHAPTER PRESIDENT	5 00	X						0	0	0
JULIACHS WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
JURAK JOHN-MARK FRANK CHAPTER PRESIDENT	5 00	X						0	0	0
KATLIN MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
KEIM MICHAEL R CHAPTER PRESIDENT	5 00	X						0	0	0
KENNEDY BARBARA L CHAPTER PRESIDENT	5 00	X						0	0	0
KIRCH NOEL CHAPTER PRESIDENT	5 00	X						0	0	0
KLAUS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
KLEIN MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
KOBACK JOSEPH CHAPTER PRESIDENT	5 00	X						0	0	0
KORN KAREN L CHAPTER PRESIDENT	5 00	X						0	0	0
KOSTUCHOWSKI CORY RICHARD CHAPTER PRESIDENT	5 00	X						0	0	0
KRAFKA THOMAS L CHAPTER PRESIDENT	5 00	X						0	0	0
KREY ALLEN CHAPTER PRESIDENT	5 00	X						0	0	0
KRSTIC SVETISLAV CHAPTER PRESIDENT	5 00	X						0	0	0
LALOV LUDMIL CHAPTER PRESIDENT	5 00	X						0	0	0
LANGE BYRON P CHAPTER PRESIDENT	5 00	X						0	0	0
LEWALLEN RICHARD P CHAPTER PRESIDENT	5 00	X						0	0	0
LIGHTSEY JAMES W CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LONGORIA RICARDO CHAPTER PRESIDENT	5 00	X						0	0	0
LORREN L R CHAPTER PRESIDENT	5 00	X						0	0	0
LOSA REVERTE JOSE MARIA CHAPTER PRESIDENT	5 00	X						0	0	0
LUPIEN JACK CHAPTER PRESIDENT	5 00	X						0	0	0
LYTLE ZAC CHAPTER PRESIDENT	5 00	X						0	0	0
MACK STEVE CHAPTER PRESIDENT	5 00	X						0	0	0
MACLENNAN RUSSELL CHAPTER PRESIDENT	5 00	X						0	0	0
MADDOX MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
MAHAN COBY CHAPTER PRESIDENT	5 00	X						0	0	0
MALLOY GEORGENE CHAPTER PRESIDENT	5 00	X						0	0	0
MANN MARK CHAPTER PRESIDENT	5 00	X						0	0	0
MASTERS TOM CHAPTER PRESIDENT	5 00	X						0	0	0
MCCORMICK JACK CHAPTER PRESIDENT	5 00	X						0	0	0
MCKINNON TIM D CHAPTER PRESIDENT	5 00	X						0	0	0
MCLAURIN JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
MELGARD CHRISTOPHER CHAPTER PRESIDENT	5 00	X						0	0	0
MELOW GLEAN LEE CHAPTER PRESIDENT	5 00	X						0	0	0
MICKEY ROSS CHAPTER PRESIDENT	5 00	X						0	0	0
MICO PEDRO CHAPTER PRESIDENT	5 00	X						0	0	0
MINORE W STEPHEN CHAPTER PRESIDENT	5 00	X						0	0	0
MITCHELL DARREL W CHAPTER PRESIDENT	5 00	X						0	0	0
MOLAND ERIC CHAPTER PRESIDENT	5 00	X						0	0	0
MORTON MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
MULHOLLAND DANIEL H CHAPTER PRESIDENT	5 00	X						0	0	0
MUNGER JON B CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MUNYAN LEON J CHAPTER PRESIDENT	5 00	X						0	0	0
NESBITT ARCHIE J CHAPTER PRESIDENT	5 00	X						0	0	0
NUESSE TY CHAPTER PRESIDENT	5 00	X						0	0	0
ORT CALVIN CHAPTER PRESIDENT	5 00	X						0	0	0
OSTERTAG SHANNON CHAPTER PRESIDENT	5 00	X						0	0	0
PATRICIO JAN CHAPTER PRESIDENT	5 00	X						0	0	0
PAYNE BRIAN C CHAPTER PRESIDENT	5 00	X						0	0	0
PEREZ-FRAGERO REY RAFAEL CHAPTER PRESIDENT	5 00	X						0	0	0
PIERSON TERRY CHAPTER PRESIDENT	5 00	X						0	0	0
PJEVACH MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
POMA EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL JAMES O CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL MALCOLM SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL THOMAS S CHAPTER PRESIDENT	5 00	X						0	0	0
PRATHER RICK CHAPTER PRESIDENT	5 00	X						0	0	0
PRINGLE RAYMOND S CHAPTER PRESIDENT	5 00	X						0	0	0
REINERT MARK CHAPTER PRESIDENT	5 00	X						0	0	0
REINIER LELAND CHAPTER PRESIDENT	5 00	X						0	0	0
RIDLEY TAZ CHAPTER PRESIDENT	5 00	X						0	0	0
RIMKUS DALE CHAPTER PRESIDENT	5 00	X						0	0	0
RIVERA SIACA LUIS A CHAPTER PRESIDENT	5 00	X						0	0	0
ROBINSON KENT CHAPTER PRESIDENT	5 00	X						0	0	0
ROEN PAUL CHAPTER PRESIDENT	5 00	X						0	0	0
ROGNEY GRAHAM CHAPTER PRESIDENT	5 00	X						0	0	0
RUDE ED CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUDOLPH BIANCA CHAPTER PRESIDENT	5 00	X						0	0	0
RUIZ MORALES SALVADOR CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSO BRIAN F CHAPTER PRESIDENT	5 00	X						0	0	0
SACKMAN WARREN ALAN CHAPTER PRESIDENT	5 00	X						0	0	0
SALAZAR MANUEL C CHAPTER PRESIDENT	5 00	X						0	0	0
SANDERSON BRETT CHAPTER PRESIDENT	5 00	X						0	0	0
SCHEG WILLIAM J CHAPTER PRESIDENT	5 00	X						0	0	0
SCHLUTER STEFAN CHAPTER PRESIDENT	5 00	X						0	0	0
SEFTON DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
SIMKO GYULA CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH ROBIN M R CHAPTER PRESIDENT	5 00	X						0	0	0
SOLER FERNANDO CHAPTER PRESIDENT	5 00	X						0	0	0
SPANGLER ROBERT CHAPTER PRESIDENT	5 00	X						0	0	0
SPEVAK NELS CHAPTER PRESIDENT	5 00	X						0	0	0
ST MICHAEL ROXANE CHAPTER PRESIDENT	5 00	X						0	0	0
STEINER LARRY R CHAPTER PRESIDENT	5 00	X						0	0	0
STONEBERGER HAROLD CHAPTER PRESIDENT	5 00	X						0	0	0
SWASEY SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS TOM CHAPTER PRESIDENT	5 00	X						0	0	0
TORRES RAFAEL R CHAPTER PRESIDENT	5 00	X						0	0	0
TRAWICKI DANIEL CHAPTER PRESIDENT	5 00	X						0	0	0
TRUDEAU JON M CHAPTER PRESIDENT	5 00	X						0	0	0
TSAKALOS T J CHAPTER PRESIDENT	5 00	X						0	0	0
UFFORD RONALD CHAPTER PRESIDENT	5 00	X						0	0	0
UNGER KEVIN GEORGE CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VACH MILOSLAV CHAPTER PRESIDENT	5 00	X						0	0	0
VAN TREASE CLINT D CHAPTER PRESIDENT	5 00	X						0	0	0
VANARD BRIAN CHAPTER PRESIDENT	5 00	X						0	0	0
VANDERHOOF BRIAN L CHAPTER PRESIDENT	5 00	X						0	0	0
VEJAR MARK CHAPTER PRESIDENT	5 00	X						0	0	0
VIEJO GONZALEZ JESUS CHAPTER PRESIDENT	5 00	X						0	0	0
VOINOVSKI DANIEL DENI CHAPTER PRESIDENT	5 00	X						0	0	0
VOUGA VICTOR J CHAPTER PRESIDENT	5 00	X						0	0	0
VRHOVNIK DAMIR CHAPTER PRESIDENT	5 00	X						0	0	0
WAITE FRED CHAPTER PRESIDENT	5 00	X						0	0	0
WATSON KEITH CHAPTER PRESIDENT	5 00	X						0	0	0
WEBB LEW CHAPTER PRESIDENT	5 00	X						0	0	0
WEBER KEN CHAPTER PRESIDENT	5 00	X						0	0	0
WEHINGER MARK T CHAPTER PRESIDENT	5 00	X						0	0	0
WELCH RICHARD CHAPTER PRESIDENT	5 00	X						0	0	0
WEMPLE JON CHAPTER PRESIDENT	5 00	X						0	0	0
WHITCOMB MYOSOOK H CHAPTER PRESIDENT	5 00	X						0	0	0
WHITE NICHOLAS R CHAPTER PRESIDENT	5 00	X						0	0	0
WILLIAMS ELIZABETH CHAPTER PRESIDENT	5 00	X						0	0	0
WILSON GRANT P CHAPTER PRESIDENT	5 00	X						0	0	0
WONDERGEM SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
WOODBURN CASEY CHAPTER PRESIDENT	5 00	X						0	0	0
WOODS KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0
WOODWARD RICHARD L CHAPTER PRESIDENT	5 00	X						0	0	0
WORBINGTON DOYLE CHAPTER PRESIDENT	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YOUNG STEVEN PAUL CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCO MARK CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCOLILLO PEDRO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON ROBERT M DIRECTOR-AT-LARGE	5 00	X						0	0	0
BARTELS RON DIRECTOR-AT-LARGE	5 00	X						0	0	0
BAZZY CHARLES CHUCK DIRECTOR-AT-LARGE	5 00	X						0	0	0
BYRUM J VIRGINIA DIRECTOR-AT-LARGE	5 00	X						0	0	0
CEGLAREK JOHN DIRECTOR-AT-LARGE	5 00	X						0	0	0
CHAPMAN SCOTT DIRECTOR-AT-LARGE	5 00	X						0	0	0
CHITWOOD JOHN C DIRECTOR-AT-LARGE	5 00	X						0	0	0
CURTIS EDWARD G DIRECTOR-AT-LARGE	5 00	X						0	0	0
DREWNOWSKI MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
FREDERICKS KIRT DIRECTOR-AT-LARGE	5 00	X						0	0	0
GREENWELL STEVE M DIRECTOR-AT-LARGE	5 00	X						0	0	0
JOHNS LARRY J DIRECTOR-AT-LARGE	5 00	X						0	0	0
KEAGY ROBERT S DIRECTOR-AT-LARGE	5 00	X						0	0	0
LANFORD RONALD N DIRECTOR-AT-LARGE	5 00	X						0	0	0
MATTUSCH TOM DIRECTOR-AT-LARGE	5 00	X						0	0	0
SIMMONS RONALD DIRECTOR-AT-LARGE	5 00	X						0	0	0
SWAN BILL S DIRECTOR-AT-LARGE	5 00	X						0	0	0
VOGELER ELAINE DIRECTOR-AT-LARGE	5 00	X						0	0	0
WHITELOCK PAUL DIRECTOR-AT-LARGE	5 00	X						0	0	0
DAY ABIGAIL INTERNATIONAL DIRECTOR	5 00	X						0	0	0
D'ENTREVES UBERTO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
JANSSON SVEN-ERIK INTERNATIONAL DIRECTOR	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KOHALMI ZSOLT INTERNATIONAL DIRECTOR	5 00	X						0	0	0
MOURA DE CASTRO MARCO ANTONIO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
REPETTO BOERR HORACIO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
ATKINSON HERB REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BARRETT DEBORAH J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BERNARD DUANE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BUSH RANDALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CASHIN GORDON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CELESTRE JOHN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
COBB GEORGE W REGIONAL REPRESENTATIVE	5 00	X						0	0	0
COMPTON DAVID W REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CREELMAN BARBARA E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DEUBLER E J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
EVANS DOUGLAS A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
FRENCH THOMAS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GOTSHALL RICHARD L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GRASSER EDWARD K REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAGEN MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAMMOND RAY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HARTER DON C REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HOLLINGSWORTH JERRY B REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HUDSPETH ORVILLE G REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JAMES DWIGHT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JONES WARD E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KEICHER ROBERT J REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEIM JEFF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LEONARD JAMES R REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LINK JAY E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LONG EDWARD M REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MAGALDINO BEN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MEYERL JEFFREY L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MISTELSKE MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
NESBITT NATALIE E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
OHLMANN MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ORTMANN DWIGHT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
PULLEN WILLIAM REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ROBINSON MARK DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
RUSTEMEYER GREG J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SALDIAS J THOMAS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SCHULER DUWAYNE K REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SKOLD STEVE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SMALL DAVID B REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SVENDSEN OLUF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
TALBOT SCOTT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
THUMMLER HUBERT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ULLMANN NORBERT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ANDERSON DENNIS SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
ANDERSON KEVIN K SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
BANKS GEORGE SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
BOGNER GARY F SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOLLMAN PATRICK SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
CAPPELLI RAYMOND SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
CHERAMIE ALBERT SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
CUNNINGHAM RALPH S SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
DONAU ALFRED SKIP SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
EASTERBROOK ROBERT SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
EDEWAARD VERN SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
ERICKSON HYLAND B SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
JACKSON JOHN J SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
KATZ LAWRENCE S SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
KIRN DON J SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
MANN CARROLL SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
MONSON JOHN R SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
NORRIS LANCE H SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
OLDFIELD ANDY M SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
POCIUS E WAYNE SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
ROGERS MIKE SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
RUDOLPH LARRY SCI AND/OR SCIF PAST PRESIDENT	5 00	X						50,000	0	0
SHEPARD MERLE A SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
SIMPSON MIKE SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
URSEM RICHARD E SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
VAN HORNE NORDEN SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
YAJKO R DOUGLAS SCI AND/OR SCIF PAST PRESIDENT	5 00	X						0	0	0
BEAL JACK E SCIF PAST PRESIDENT	5 00	X						0	0	0
HORN PETER L SCIF PAST PRESIDENT	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEEDS JACK SCICF PAST PRESIDENT	5 00	X						0	0	0
MORGAN DON SCICF PAST PRESIDENT	5 00	X						0	0	0
RIPEPI PHILIP P SCICF PAST PRESIDENT	5 00	X						0	0	0
MORITZ WILLIAM EXECUTIVE DIRECTOR	20 00			X				193,033	0	12,831
SCOTT KEVIN CHIEF OPERATING OFFICER	20 00			X				178,133	0	18,365
MILLS DONALD CHIEF FINANCIAL OFFICER	30 00			X				7,049	0	0
SEIDMAN ANNA DIRECTOR OF LITIGATION	40 00					X		158,114	0	7,014
SAGI ANGELIA ADVERTISING SALES DIRECTOR	40 00					X		140,894	0	10,577
GRIMES ELIZABETH DIRECTOR OF CONVENTION	40 00					X		113,063	0	11,403
SIMPSON MELISSA DIRECTOR OF HUNTING ADVOCACY & CONSERVATION	20 00					X		113,997	0	5,980
HARTUNG KATHY DIRECTOR OF ADMINISTRATIVE SERVICES	30 00					X		103,173	0	16,639