



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

<b>B</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	<b>C</b> 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  <b>F</b> Name and address of principal officer PHILIP DELONE 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	<b>D</b> Employer identification number 86-0974183  <b>E</b> Telephone number (520) 620-1220  <b>G</b> Gross receipts \$ 20,206,985  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <input type="checkbox"/> 2663
<b>I</b> 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		
<b>J Website:</b> WWW SCIFIRSTFORHUNTERS ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 2000 <b>M</b> State of legal domicile AZ

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		292
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		291
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		156
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		300
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		1,902,722
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		-50
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	948,307		1,162,844
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,587,747		5,342,658
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,193		317,183
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,261,695		6,883,149
		14,954,942		13,705,834
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,960,433		3,616,731
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,519,655		5,537,460
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,268,247			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,457,269		5,981,002
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,937,357		15,135,193	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	17,585		-1,429,359	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	12,045,427		12,258,298
	<b>21</b> Total liabilities (Part X, line 26)	6,167,385		7,424,078
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	5,878,042		4,834,220	

**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

<b>Sign Here</b>	***** Signature of officer	2014-05-15 Date	
	NATHAN BOLT DIRECTOR OF FINANCE Type or print name and title		
<b>Paid Preparer Use Only</b>	Ppnt/Type preparer's name AMY A O'LOUGHLIN	Preparer's signature	Date
	Firm's name <input type="checkbox"/> CBIZ MHM LLC		Check <input type="checkbox"/> if self-employed PTIN P00869687
	Firm's address <input type="checkbox"/> 3101 N CENTRAL AVE STE 300 PHOENIX, AZ 85012		Firm's EIN <input type="checkbox"/> 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 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 \$ 5,651,066 including grants of \$ 10,000 ) (Revenue \$ 3,749,548 )  
 MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS ANDCHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTSOF SERVING THE APPROXIMATE 48,500 EXISTING MEMBERS, PROVIDINGDIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THEAREAS OF MEMBERSHIP AND FUNDRAISING, PRODUCING MONTHLY ANDBI-MONTHLY PUBLICATIONS, AND PROMOTING MEMBERSHIP IN THEORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

**4b** (Code ) (Expenses \$ 2,337,268 including grants of \$ 493,248 ) (Revenue \$ 4,690 )  
 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 2012/2013 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 \$ 3,113,483 including grants of \$ 3,113,483 ) (Revenue \$ )  
 CONSERVATION GRANTS ARE MADE TO SAFARI CLUB INTERNATIONALFOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIRCONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORTSCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONSWORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFEPOPULATIONS 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** 11,101,817

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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"/>	Yes	
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		
<b>5</b> 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	
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> 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
<b>11</b> 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		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> 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
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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 and XII is optional</i> <input checked="" type="checkbox"/>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</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, Parts I and IV</i> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . <input checked="" type="checkbox"/>		No
<b>17</b> 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 (see instructions)</i> . . . . . <input checked="" type="checkbox"/>		No
<b>18</b> 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> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>19</b> 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> . . . . . <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b> 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> . . . . .	<b>22</b>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b> 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)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b> 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> . . . . .	<b>32</b>		No
<b>33</b> 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> . . . . .	<b>33</b>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b> 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> . . . . .	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (292), 1b (291), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. NATHAN BOLT 4800 WEST GATES PASS ROAD TUCSON, AZ (520) 620-1220





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 1,162,844					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,162,844			
<b>Program Service Revenue</b>	<b>2a</b> DUES AND SUBSCRIPTIONS		Business Code			
		900099	2,728,551	2,728,551		
	<b>b</b> ADVERTISING/SPONSORSHIP	541800	2,299,043	396,321	1,902,722	
	<b>c</b> MEMBERSHIP SVS SALES	900099	315,064	315,064		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		5,342,658			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		214,728		214,728	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	508,050			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	365,477	40,118		
		<b>c</b> Gain or (loss)	142,573	-40,118		
	<b>d</b> Net gain or (loss) . . . . .		102,455		102,455	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	12,313,725			
		<b>b</b> Less direct expenses . . . . . <b>b</b>	5,746,070			
<b>c</b> Net income or (loss) from fundraising events . . . . .			6,567,655		6,567,655	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	663,788				
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>	349,486				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		314,302	314,302		
Miscellaneous Revenue		Business Code				
<b>11a</b> MISCELLANEOUS REVENUE	900099	1,192			1,192	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		1,192				
<b>12 Total revenue.</b> See Instructions . . . . .		13,705,834	3,754,238	1,902,722	6,886,030	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	3,203,623	3,203,623		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	413,108	413,108		
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	579,345	358,833	185,079	35,433
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	4,043,456	2,394,424	641,802	1,007,230
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	79,684	51,104	13,162	15,418
<b>9</b>	Other employee benefits.	531,725	219,280	180,906	131,539
<b>10</b>	Payroll taxes.	303,250	166,842	70,525	65,883
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.	140,241		140,241	
<b>b</b>	Legal.	428,365	11,352	417,013	
<b>c</b>	Accounting.	53,122	1,470	51,652	
<b>d</b>	Lobbying.	241,000	241,000		
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.	37,516	37,516		
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	546,154	546,154		
<b>12</b>	Advertising and promotion.	587,780	582,829	4,951	
<b>13</b>	Office expenses.	493,410	288,533	204,747	130
<b>14</b>	Information technology.	124,798	25,493	99,305	
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	501,896	373,443	128,453	
<b>17</b>	Travel.	550,922	324,690	225,952	280
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	186,908	37,913	148,995	
<b>20</b>	Interest.				
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	173,656	40,039	121,283	12,334
<b>23</b>	Insurance.	223,323	158,527	64,796	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	PRODUCTION COSTS	1,190,887	1,190,887		
<b>b</b>	POSTAGE AND FREIGHT	218,818	192,000	26,818	
<b>c</b>	PROGRAMS AND PROJECTS	100,017	93,730	6,287	
<b>d</b>	PRINTING	99,021	77,645	21,376	
<b>e</b>	All other expenses	83,168	71,382	11,786	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	15,135,193	11,101,817	2,765,129	1,268,247
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,546,536	<b>1</b>	2,197,287
	<b>2</b> Savings and temporary cash investments . . . . .	337,916	<b>2</b>	284,149
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	860,185	<b>4</b>	745,014
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	284,496	<b>8</b>	370,119
	<b>9</b> Prepaid expenses and deferred charges . . . . .	601,409	<b>9</b>	578,421
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,053,892		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 1,758,058	382,520	<b>10c</b> 295,834
	<b>11</b> Investments—publicly traded securities . . . . .	7,032,365	<b>11</b>	7,787,474
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,045,427	<b>16</b>	12,258,298	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,354,728	<b>17</b>	2,245,986
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,812,657	<b>19</b>	5,178,092
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,167,385	<b>26</b>	7,424,078
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	5,878,042	<b>32</b>	4,834,220
<b>33</b> Total net assets or fund balances . . . . .	5,878,042	<b>33</b>	4,834,220	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	12,045,427	<b>34</b>	12,258,298	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,705,834
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,135,193
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,429,359
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,878,042
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	385,537
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,834,220

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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>3b</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		

**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 (list any hours for related organizations below dotted line)	(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			
JOHN S WHIPPLE PRESIDENT	20 00	X		X				0	0	0
CRAIG L KAUFFMAN PRESIDENT ELECT	10 00	X		X				0	0	0
BRUCE W EAVENSON CORPORATE SECRETARY	20 00	X		X				0	0	0
PAUL D BABAZ CORPORATE TREASURER	10 00	X		X				0	0	0
MIKE J BOREL VICE PRESIDENT	20 00	X		X				0	0	0
W LAIRD HAMBERLIN VICE PRESIDENT	10 00	X		X				0	0	0
LARRY HIGGINS VICE PRESIDENT	10 00	X		X				0	0	0
SHERRY D MADDOX VICE PRESIDENT	20 00	X		X				0	0	0
ALAN W MAKI VICE PRESIDENT	20 00	X		X				0	0	0
JOHN MCLAURIN VICE PRESIDENT	20 00	X		X				0	0	0
SANDRA SADLER VICE PRESIDENT	20 00	X		X				0	0	0
STEVE SKOLD VICE PRESIDENT	20 00	X		X				0	0	0
GARY H TENNISON VICE PRESIDENT	20 00	X		X				0	0	0
JAY E LINK ALTERNATE VICE PRESIDENT	20 00	X		X				0	0	0
LARRY ADAIR CHAPTER PRESIDENT	5 00	X						0	0	0
KEITH ALMEIDA CHAPTER PRESIDENT	5 00	X						0	0	0
BOYD E ANDERSON CHAPTER PRESIDENT	5 00	X						0	0	0
DAVID G ANDERSON CHAPTER PRESIDENT	5 00	X						0	0	0
RON ARENDT CHAPTER PRESIDENT	5 00	X						0	0	0
JERRY AWE CHAPTER PRESIDENT	5 00	X						0	0	0
BRETT AXTON CHAPTER PRESIDENT	5 00	X						0	0	0
JARROLD BACHMANN CHAPTER PRESIDENT	5 00	X						0	0	0
JOHN G BACON CHAPTER PRESIDENT	5 00	X						0	0	0
SCOTT A BAGI CHAPTER PRESIDENT	5 00	X						0	0	0
DAVID J BARBISAN 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 (list any hours for related organizations below dotted line)	(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			
JOHN A BARTO CHAPTER PRESIDENT	5 00	X						0	0	0
MATTHEW C BELL CHAPTER PRESIDENT	5 00	X						0	0	0
STEVEN K BENDER CHAPTER PRESIDENT	5 00	X						0	0	0
ROGER E BENNETT CHAPTER PRESIDENT	5 00	X						0	0	0
HUBERT E BEREMAN CHAPTER PRESIDENT	5 00	X						0	0	0
DAN BERNARD CHAPTER PRESIDENT	5 00	X						0	0	0
VAN C BETHANCOURT CHAPTER PRESIDENT	5 00	X						0	0	0
SUSAN L BIEBER CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES STONY BING CHAPTER PRESIDENT	5 00	X						0	0	0
ANNIE BIRCHELL CHAPTER PRESIDENT	5 00	X						0	0	0
MATT BLUNTZER CHAPTER PRESIDENT	5 00	X						0	0	0
TIM BOATMAN CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN BODE CHAPTER PRESIDENT	5 00	X						0	0	0
DAVID BODKER CHAPTER PRESIDENT	5 00	X						0	0	0
BOBBY BOIDO CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS D BORS CHAPTER PRESIDENT	5 00	X						0	0	0
MALVIN W BRANDOW CHAPTER PRESIDENT	5 00	X						0	0	0
MAXIME BRAS CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS D BRENNAN CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS BROOKS CHAPTER PRESIDENT	5 00	X						0	0	0
DOUGLAS W BROWN CHAPTER PRESIDENT	5 00	X						0	0	0
KENNETH A BROWN CHAPTER PRESIDENT	5 00	X						0	0	0
DALE E BUDZON CHAPTER PRESIDENT	5 00	X						0	0	0
PHILIP BUKER CHAPTER PRESIDENT	5 00	X						0	0	0
LODOVICO CALDESI 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 (list any hours for related organizations below dotted line)	(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			
JUDI CARON CHAPTER PRESIDENT	5 00	X						0	0	0
JOHN CARROLL CHAPTER PRESIDENT	5 00	X						0	0	0
JOSE MARIA CASTRESANA HUGAS CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN R CEBULL CHAPTER PRESIDENT	5 00	X						0	0	0
GARRETT A CHACE CHAPTER PRESIDENT	5 00	X						0	0	0
MARK CHANCLER CHAPTER PRESIDENT	5 00	X						0	0	0
JASON CHILDS CHAPTER PRESIDENT	5 00	X						0	0	0
ANN ELIZABETH CHITTUM CHAPTER PRESIDENT	5 00	X						0	0	0
DIANN B CHITWOOD CHAPTER PRESIDENT	5 00	X						0	0	0
RALPH G CHRISTIANSEN CHAPTER PRESIDENT	5 00	X						0	0	0
SCOTT D CLARKE CHAPTER PRESIDENT	5 00	X						0	0	0
WALT CLEMMENS CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL S CLIFFORD CHAPTER PRESIDENT	5 00	X						0	0	0
WALTER COLEMAN CHAPTER PRESIDENT	5 00	X						0	0	0
ROBERT J CORREA CHAPTER PRESIDENT	5 00	X						0	0	0
FERNANDO JOSE COSTA JORDAO CHAPTER PRESIDENT	5 00	X						0	0	0
JOEL WILLIAM CRANNELL CHAPTER PRESIDENT	5 00	X						0	0	0
ROBERT J CRUPI CHAPTER PRESIDENT	5 00	X						0	0	0
PATTY CURNUTTE CHAPTER PRESIDENT	5 00	X						0	0	0
JOHNNY A DABBAGHIAN CHAPTER PRESIDENT	5 00	X						0	0	0
TYLER D DANIELS CHAPTER PRESIDENT	5 00	X						0	0	0
BARBARA DEGRAW CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARD DELISLE CHAPTER PRESIDENT	5 00	X						0	0	0
VALERIY DEMA CHAPTER PRESIDENT	5 00	X						0	0	0
FRANK DI BLASIO 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 (list any hours for related organizations below dotted line)	(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			
ALFREDO M DIAZ HEER CHAPTER PRESIDENT	5 00	X						0	0	0
LEN DICKINSON CHAPTER PRESIDENT	5 00	X						0	0	0
NORMAN DONG CHAPTER PRESIDENT	5 00	X						0	0	0
ROBERT W DUHADAWAY CHAPTER PRESIDENT	5 00	X						0	0	0
DENNIS ELLIOTT CHAPTER PRESIDENT	5 00	X						0	0	0
CHARLES F ELZER CHAPTER PRESIDENT	5 00	X						0	0	0
HARRIS CHIP EMMONS CHAPTER PRESIDENT	5 00	X						0	0	0
DALLAS EMMETT ENGLISH CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERS N ENGSTROM CHAPTER PRESIDENT	5 00	X						0	0	0
MIGUEL ESTADE CHAPTER PRESIDENT	5 00	X						0	0	0
TIM R FALLON CHAPTER PRESIDENT	5 00	X						0	0	0
JOHN FIDLER CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL A FILEPAS CHAPTER PRESIDENT	5 00	X						0	0	0
PATRICK FOLEY CHAPTER PRESIDENT	5 00	X						0	0	0
TOM FOWLER CHAPTER PRESIDENT	5 00	X						0	0	0
DEWEY E FRANCE CHAPTER PRESIDENT	5 00	X						0	0	0
R DAVID FRASH CHAPTER PRESIDENT	5 00	X						0	0	0
JIM FREEMAN CHAPTER PRESIDENT	5 00	X						0	0	0
JEFFREY A FUZE CHAPTER PRESIDENT	5 00	X						0	0	0
TIMOTHY E GAFFORD CHAPTER PRESIDENT	5 00	X						0	0	0
VLADIMIR GALIC CHAPTER PRESIDENT	5 00	X						0	0	0
JUAN ANTONIO GALMEZ CHAPTER PRESIDENT	5 00	X						0	0	0
EDWIN R GARRETT CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARD L GATES CHAPTER PRESIDENT	5 00	X						0	0	0
BRUCE GAULTNEY 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 (list any hours for related organizations below dotted line)	(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			
GARY A GEARHART CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL GEORGE CHAPTER PRESIDENT	5 00	X						0	0	0
DON J GIOTTONINI CHAPTER PRESIDENT	5 00	X						0	0	0
BOB GOMES CHAPTER PRESIDENT	5 00	X						0	0	0
LARRY GOODWIN CHAPTER PRESIDENT	5 00	X						0	0	0
CONNIE GRAHAM CHAPTER PRESIDENT	5 00	X						0	0	0
WAYNE GRAHAM CHAPTER PRESIDENT	5 00	X						0	0	0
ENRIQUE GRANDE CHAPTER PRESIDENT	5 00	X						0	0	0
TONY HAFLA CHAPTER PRESIDENT	5 00	X						0	0	0
COREY HALVORSON CHAPTER PRESIDENT	5 00	X						0	0	0
JIM HAMMILL CHAPTER PRESIDENT	5 00	X						0	0	0
JOYCE HANLEY CHAPTER PRESIDENT	5 00	X						0	0	0
JOSH HARRIS CHAPTER PRESIDENT	5 00	X						0	0	0
KEN HARRISON CHAPTER PRESIDENT	5 00	X						0	0	0
REED HASLAM CHAPTER PRESIDENT	5 00	X						0	0	0
NOBUMASA HAYASHI CHAPTER PRESIDENT	5 00	X						0	0	0
HERBERT HAZEN CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES S HENDERSON CHAPTER PRESIDENT	5 00	X						0	0	0
PATRICK T HENNON CHAPTER PRESIDENT	5 00	X						0	0	0
JOHN HENRY CHAPTER PRESIDENT	5 00	X						0	0	0
ALAN HETH CHAPTER PRESIDENT	5 00	X						0	0	0
MARIAN HINEBAUCH CHAPTER PRESIDENT	5 00	X						0	0	0
BERNHARD HLUSZIK CHAPTER PRESIDENT	5 00	X						0	0	0
RAY HOLLINGSWORTH CHAPTER PRESIDENT	5 00	X						0	0	0
D WILLIAM HOOK 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 (list any hours for related organizations below dotted line)	(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			
PETER FAI HUNT CHAPTER PRESIDENT	5 00	X						0	0	0
KARL HUNTSMAN CHAPTER PRESIDENT	5 00	X						0	0	0
SCOTT HUTCHINSON CHAPTER PRESIDENT	5 00	X						0	0	0
EDWARD JAGELS CHAPTER PRESIDENT	5 00	X						0	0	0
SHELDON K JAMES CHAPTER PRESIDENT	5 00	X						0	0	0
BEAU JOHNSTON CHAPTER PRESIDENT	5 00	X						0	0	0
JOHN-MARK FRANK JURAK CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL C KATLIN CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL R KEIM CHAPTER PRESIDENT	5 00	X						0	0	0
DANIEL E KENNEY CHAPTER PRESIDENT	5 00	X						0	0	0
NOEL KIRCH CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL KLAUS CHAPTER PRESIDENT	5 00	X						0	0	0
JOSEPH KOBACK CHAPTER PRESIDENT	5 00	X						0	0	0
KAREN L KORN CHAPTER PRESIDENT	5 00	X						0	0	0
CORY RICHARD KOSTUCHOWSKI CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS L KRAFKA CHAPTER PRESIDENT	5 00	X						0	0	0
ALLEN KREY CHAPTER PRESIDENT	5 00	X						0	0	0
SVETISLAV KRSTIC CHAPTER PRESIDENT	5 00	X						0	0	0
LUDMIL LALOV CHAPTER PRESIDENT	5 00	X						0	0	0
TODD LAMBERTSON CHAPTER PRESIDENT	5 00	X						0	0	0
BYRON P LANGE CHAPTER PRESIDENT	5 00	X						0	0	0
WANG LEI CHAPTER PRESIDENT	5 00	X						0	0	0
BRAD LENCIONI CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARD P LEWALLEN CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES W LIGHTSEY 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 (list any hours for related organizations below dotted line)	(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			
JOSE MARIA LOSA REVERTE CHAPTER PRESIDENT	5 00	X						0	0	0
ZAC LYTLE CHAPTER PRESIDENT	5 00	X						0	0	0
DONALD MACGREGOR CHAPTER PRESIDENT	5 00	X						0	0	0
STEVE MACK CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSELL MACLENNAN CHAPTER PRESIDENT	5 00	X						0	0	0
MICHAEL MADDOX CHAPTER PRESIDENT	5 00	X						0	0	0
COBY MAHAN CHAPTER PRESIDENT	5 00	X						0	0	0
GEORGENE MALLOY CHAPTER PRESIDENT	5 00	X						0	0	0
MARK MANN CHAPTER PRESIDENT	5 00	X						0	0	0
ROYCE PANCHO MAPLES CHAPTER PRESIDENT	5 00	X						0	0	0
LEOPOLDO MARES DELGADO CHAPTER PRESIDENT	5 00	X						0	0	0
TOM MASTERS CHAPTER PRESIDENT	5 00	X						0	0	0
HARRY MATTOX CHAPTER PRESIDENT	5 00	X						0	0	0
LAWRENCE H MCCLLOUD CHAPTER PRESIDENT	5 00	X						0	0	0
JACK MCCORMICK CHAPTER PRESIDENT	5 00	X						0	0	0
TIM D MCKINNON CHAPTER PRESIDENT	5 00	X						0	0	0
LISA MCNAMEE CHAPTER PRESIDENT	5 00	X						0	0	0
JOSEPH KENNETH MERRITT CHAPTER PRESIDENT	5 00	X						0	0	0
ROSS MICKEY CHAPTER PRESIDENT	5 00	X						0	0	0
PEDRO MICO CHAPTER PRESIDENT	5 00	X						0	0	0
W STEPHEN MINORE CHAPTER PRESIDENT	5 00	X						0	0	0
DARREL W MITCHELL CHAPTER PRESIDENT	5 00	X						0	0	0
TOD MOLESWORTH CHAPTER PRESIDENT	5 00	X						0	0	0
DENNIS MOORE CHAPTER PRESIDENT	5 00	X						0	0	0
JIMMY MORELAND 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 (list any hours for related organizations below dotted line)	(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			
MICHAEL MORTON CHAPTER PRESIDENT	5 00	X						0	0	0
DANIEL H MULHOLLAND CHAPTER PRESIDENT	5 00	X						0	0	0
JON B MUNGER CHAPTER PRESIDENT	5 00	X						0	0	0
LEON J MUNYAN CHAPTER PRESIDENT	5 00	X						0	0	0
ARCHIE J NESBITT CHAPTER PRESIDENT	5 00	X						0	0	0
CALVIN J ORT CHAPTER PRESIDENT	5 00	X						0	0	0
SHANNON OSTERTAG CHAPTER PRESIDENT	5 00	X						0	0	0
EMILIO PARIS CHAPTER PRESIDENT	5 00	X						0	0	0
JAN G PATRICIO CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN C PAYNE CHAPTER PRESIDENT	5 00	X						0	0	0
RAFAEL PEREZ-FRAGERO REY CHAPTER PRESIDENT	5 00	X						0	0	0
MIKE PJEVACH CHAPTER PRESIDENT	5 00	X						0	0	0
EDUARDO POMA CHAPTER PRESIDENT	5 00	X						0	0	0
MALCOLM SCOTT POWELL CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS S POWELL CHAPTER PRESIDENT	5 00	X						0	0	0
RICK PRATHER CHAPTER PRESIDENT	5 00	X						0	0	0
SHAWN T PRINGLE CHAPTER PRESIDENT	5 00	X						0	0	0
MARK S PROUDFOOT CHAPTER PRESIDENT	5 00	X						0	0	0
WILLIAM PULLEN CHAPTER PRESIDENT	5 00	X						0	0	0
MARIO RICCI CHAPTER PRESIDENT	5 00	X						0	0	0
TAZ RIDLEY CHAPTER PRESIDENT	5 00	X						0	0	0
DALE RIMKUS CHAPTER PRESIDENT	5 00	X						0	0	0
LUIS A RIVERA SIACA CHAPTER PRESIDENT	5 00	X						0	0	0
KENT ROBINSON CHAPTER PRESIDENT	5 00	X						0	0	0
MIKE ROGERS JR 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 (list any hours for related organizations below dotted line)	(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			
GRAHAM ROGNEY CHAPTER PRESIDENT	5 00	X						0	0	0
JEAN ROHAULT DE FLEURY CHAPTER PRESIDENT	5 00	X						0	0	0
KREG ROTH CHAPTER PRESIDENT	5 00	X						0	0	0
ED RUDE CHAPTER PRESIDENT	5 00	X						0	0	0
BIANCA RUDOLPH CHAPTER PRESIDENT	5 00	X						0	0	0
SALVADOR RUIZ MORALES CHAPTER PRESIDENT	5 00	X						0	0	0
JOAO RUSSO CORCEIRO CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN F RUSSO CHAPTER PRESIDENT	5 00	X						0	0	0
CALVIN J RYAN CHAPTER PRESIDENT	5 00	X						0	0	0
JOE SAGE CHAPTER PRESIDENT	5 00	X						0	0	0
MANUEL C SALAZAR CHAPTER PRESIDENT	5 00	X						0	0	0
WILLIAM J SCHEG CHAPTER PRESIDENT	5 00	X						0	0	0
STEFAN SCHLUTER CHAPTER PRESIDENT	5 00	X						0	0	0
DAVID SEFTON CHAPTER PRESIDENT	5 00	X						0	0	0
HAL SIGNETT CHAPTER PRESIDENT	5 00	X						0	0	0
GYULA SIMKO CHAPTER PRESIDENT	5 00	X						0	0	0
ROBIN M R SMITH CHAPTER PRESIDENT	5 00	X						0	0	0
FERNANDO SOLER CHAPTER PRESIDENT	5 00	X						0	0	0
NELS SPEVAK CHAPTER PRESIDENT	5 00	X						0	0	0
ROXANE ST MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
LARRY R STEINER CHAPTER PRESIDENT	5 00	X						0	0	0
DAVID D STOKES CHAPTER PRESIDENT	5 00	X						0	0	0
DAVE STURTZ CHAPTER PRESIDENT	5 00	X						0	0	0
SCOTT SWASEY CHAPTER PRESIDENT	5 00	X						0	0	0
TOM THOMAS 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 (list any hours for related organizations below dotted line)	(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			
RAFAEL R TORRES CHAPTER PRESIDENT	5 00	X						0	0	0
DANIEL TRAWICKI CHAPTER PRESIDENT	5 00	X						0	0	0
T J TSAKALOS CHAPTER PRESIDENT	5 00	X						0	0	0
KEVIN GEORGE UNGER CHAPTER PRESIDENT	5 00	X						0	0	0
MILOSLAV VACH CHAPTER PRESIDENT	5 00	X						0	0	0
CLINT D VAN TREASE CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN VANARD CHAPTER PRESIDENT	5 00	X						0	0	0
BRIAN L VANDERHOOF CHAPTER PRESIDENT	5 00	X						0	0	0
RAYMOND VANNORMAN CHAPTER PRESIDENT	5 00	X						0	0	0
MARK VEJAR CHAPTER PRESIDENT	5 00	X						0	0	0
JESUS VIEJO GONZALEZ CHAPTER PRESIDENT	5 00	X						0	0	0
DANIEL DENI VOINOVSKI CHAPTER PRESIDENT	5 00	X						0	0	0
VICTOR J VOUGA CHAPTER PRESIDENT	5 00	X						0	0	0
DAMIR VRHOVNIK CHAPTER PRESIDENT	5 00	X						0	0	0
FRED WAITE CHAPTER PRESIDENT	5 00	X						0	0	0
KEITH WATSON CHAPTER PRESIDENT	5 00	X						0	0	0
LEW WEBB CHAPTER PRESIDENT	5 00	X						0	0	0
KEN WEBER CHAPTER PRESIDENT	5 00	X						0	0	0
MARK T WEHINGER CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARD WELCH CHAPTER PRESIDENT	5 00	X						0	0	0
MYOSOOK H WHITCOMB CHAPTER PRESIDENT	5 00	X						0	0	0
NICHOLAS R WHITE CHAPTER PRESIDENT	5 00	X						0	0	0
ELIZABETH WILLIAMS CHAPTER PRESIDENT	5 00	X						0	0	0
GRANT P WILSON CHAPTER PRESIDENT	5 00	X						0	0	0
GEORGE MORGAN WOMBLE 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 (list any hours for related organizations below dotted line)	(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			
SCOTT WONDERGEM CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARD L WOODWARD CHAPTER PRESIDENT	5 00	X						0	0	0
DOYLE WORBINGTON CHAPTER PRESIDENT	5 00	X						0	0	0
STEVEN PAUL YOUNG CHAPTER PRESIDENT	5 00	X						0	0	0
MARK ZUCCO CHAPTER PRESIDENT	5 00	X						0	0	0
PEDRO EDUARDO ZUCCOLILLO CHAPTER PRESIDENT	5 00	X						0	0	0
ROBERT M ANDERSON DIRECTOR-AT-LARGE	5 00	X						0	0	0
RON BARTELS DIRECTOR-AT-LARGE	5 00	X						0	0	0
CHARLES CHUCK BAZZY DIRECTOR-AT-LARGE	5 00	X						0	0	0
J VIRGINIA BYRUM DIRECTOR-AT-LARGE	5 00	X						0	0	0
JOHN CEGLAREK DIRECTOR-AT-LARGE	5 00	X						0	0	0
SCOTT CHAPMAN DIRECTOR-AT-LARGE	5 00	X						0	0	0
JOHN C CHITWOOD DIRECTOR-AT-LARGE	5 00	X						0	0	0
EDWARD G CURTIS DIRECTOR-AT-LARGE	5 00	X						0	0	0
MICHAEL J DREWNOWSKI DIRECTOR-AT-LARGE	5 00	X						0	0	0
KIRT FREDERICKS DIRECTOR-AT-LARGE	5 00	X						0	0	0
STEVE M GREENWELL DIRECTOR-AT-LARGE	5 00	X						0	0	0
LARRY J JOHNS DIRECTOR-AT-LARGE	5 00	X						0	0	0
ROBERT S KEAGY DIRECTOR-AT-LARGE	5 00	X						0	0	0
RONALD N LANFORD DIRECTOR-AT-LARGE	5 00	X						0	0	0
MICHAEL J LEONARD DIRECTOR-AT-LARGE	5 00	X						0	0	0
TOM MATTUSCH DIRECTOR-AT-LARGE	5 00	X						0	0	0
LEE D MURRAY DIRECTOR-AT-LARGE	5 00	X						0	0	0
BILL S SWAN DIRECTOR-AT-LARGE	5 00	X						0	0	0
PETER C THERON DIRECTOR-AT-LARGE	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 (list any hours for related organizations below dotted line)	(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			
ELAINE VOGELER DIRECTOR-AT-LARGE	5 00	X						0	0	0
PAUL WHITELOCK DIRECTOR-AT-LARGE	5 00	X						0	0	0
ABIGAIL DAY INTERNATIONAL DIRECTOR	5 00	X						0	0	0
UBERTO D'ENTREVES INTERNATIONAL DIRECTOR	5 00	X						0	0	0
ZSOLT KOHALMI INTERNATIONAL DIRECTOR	5 00	X						0	0	0
MARCO ANTONIO MOURA DE CASTRO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
HORACIO REPETTO BOERR INTERNATIONAL DIRECTOR	5 00	X						0	0	0
HERB ATKINSON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DEBORAH J BARRETT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DUANE BERNARD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DALE H BRUDER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
RANDALL BUSH REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CAL CAMPBELL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GORDON CASHIN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JOHN CELESTRE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WAYNE EDWARD CLARK REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GEORGE W COBB REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DAVID W COMPTON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MIKE CRAWFORD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BARBARA E CREELMAN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DONALD DETWILER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
E J DEUBLER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
RICHARD L GOTSHALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
EDWARD K GRASSER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MIKE HAGEN REGIONAL REPRESENTATIVE	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 (list any hours for related organizations below dotted line)	(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			
RAY HAMMOND REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DON C HARTER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JERRY B HOLLINGSWORTH REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ORVILLE G HUDSPETH REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DWIGHT JAMES REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MARK D JOHNSON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MARK C JONES REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WARD E JONES REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ROBERT J KEICHER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JEFF KEIM REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JAMES R LEONARD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BEN MAGALDINO REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JEFFREY L MEYERL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
NATALIE E NESBITT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JAMES NOTEMAN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MIKE OHLMANN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DWIGHT A ORTMANN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MARK DONALD ROBINSON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GREG J RUSTEMEYER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
J THOMAS SALDIAS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DAVID B SMALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
OLUF SVENDSEN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SCOTT TALBOT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HUBERT THUMMLER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
NORBERT ULLMANN REGIONAL REPRESENTATIVE	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 (list any hours for related organizations below dotted line)	(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			
JON WEMPLE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KEVIN K ANDERSON SCI PAST PRESIDENT	5 00	X						0	0	0
PATRICK BOLLMAN SCI PAST PRESIDENT	5 00	X						0	0	0
RAYMOND CAPPELLI SCI PAST PRESIDENT	5 00	X						0	0	0
ALBERT CHERAMIE SCI PAST PRESIDENT	5 00	X						0	0	0
ALFRED SKIP DONAU SCI PAST PRESIDENT	5 00	X						0	0	0
ROBERT EASTERBROOK SCI PAST PRESIDENT	5 00	X						0	0	0
VERN EDEWAARD SCI PAST PRESIDENT	5 00	X						0	0	0
HYLAND B ERICKSON SCI PAST PRESIDENT	5 00	X						0	0	0
JOHN J JACKSON SCI PAST PRESIDENT	5 00	X						0	0	0
DON J KIRN SCI PAST PRESIDENT	5 00	X						0	0	0
LANCE H NORRIS SCI PAST PRESIDENT	5 00	X						0	0	0
ANDY M OLDFIELD SCI PAST PRESIDENT	5 00	X						0	0	0
E WAYNE POCIUS SCI PAST PRESIDENT	5 00	X						0	0	0
MERLE A SHEPARD SCI PAST PRESIDENT	5 00	X						0	0	0
RICHARD E URSEM SCI PAST PRESIDENT	5 00	X						0	0	0
NORDEN VAN HORNE SCI PAST PRESIDENT	5 00	X						0	0	0
R DOUGLAS YAJKO SCI PAST PRESIDENT	5 00	X						0	0	0
DENNIS ANDERSON SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
GEORGE BANKS SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
GARY F BOGNER SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
RALPH S CUNNINGHAM SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
LAWRENCE S KATZ SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
JOHN R MONSON SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MIKE ROGERS SR SCI/SCIF PAST 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 (list any hours for related organizations below dotted line)	(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			
MIKE SIMPSON SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
JACK E BEAL SCICF PAST PRESIDENT	5 00	X						0	0	0
PETER L HORN SCICF PAST PRESIDENT	5 00	X						0	0	0
JACK LEEDS SCICF PAST PRESIDENT	5 00	X						0	0	0
DON MORGAN SCICF PAST PRESIDENT	5 00	X						0	0	0
PHILIP P RIPEPI SCICF PAST PRESIDENT	5 00	X						0	0	0
PHILIP L DELONE CHIEF EXECUTIVE OFFICER	40 00			X				57,252	0	1,112
DON MILLS CHIEF FINANCIAL OFFICER	30 00			X				150,734	0	19,717
WILLIAM MORITZ EXECUTIVE DIRECTOR	20 00			X				80,624	0	4,108
KEVIN SCOTT CHIEF OPERATING OFFICER	20 00			X				27,647	0	1,697
MELISSA SIMPSON DIRECTOR OF HUNTING ADVOCACY AND CONSERVATION	20 00				X			170,901	0	9,678
ANGELIA SAGI ADVERTISING SALES DIRECTOR	40 00				X			140,990	0	12,865
ANNA SEIDMAN DIRECTOR OF LITIGATION	40 00					X		162,391	0	7,168
STEPHEN COMUS DIRECTOR OF PUBLICATIONS	40 00					X		111,801	0	14,949
NELSON FREEMAN DEPUTY DIRECTOR OF GOV AFFAIRS	40 00					X		109,546	0	7,634
ELIZABETH GRIMES DIRECTOR OF CONVENTION & EVENTS	40 00					X		125,007	0	12,109
WILLIAM MCGRATH LEGISLATIVE COUNSEL	40 00					X		105,436	0	8,118

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

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, Part V, 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 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? Yes No
4a Was a correction made? Yes No
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 \$ 8
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 \$ 8
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Row 1: (1) HUNTER DEFENSE FUND, 501 2ND ST NE WASHINGTON, DC 20002, 46-1989048, 85,640, 0.

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> 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: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	FUND INDEPENDENT EXPENDITURES TO FURTHER HUNTING ADVOCACY

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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). Includes checkboxes for preservation of land, natural habitat, open space, historic land area, and historic structure.

2 Complete lines 2a through 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: Question, Held at the End of the Year. Includes questions 2a-2d regarding conservation easements.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

9 In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	20,227,045
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	385,537
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	6,135,674
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,521,211
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,705,834
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	13,705,834

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	21,270,867
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	6,135,674
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,135,674
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,135,193
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	15,135,193

**Part XIII Supplemental Information**

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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, 2013 AND 2012, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 5,746,070 COST OF GOODS SOLD 349,486 LOSS ON DISPOSAL OF ASSETS 40,118
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 5,746,070 COST OF GOODS SOLD 349,486 LOSS ON DISPOSAL OF ASSETS 40,118

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**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 (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	1	2	PROGRAM SERVICES	HUNTING ADVOCACY	367,995
SUB-SAHARAN AFRICA	1	2	PROGRAM SERVICES	CONSERVATION	176,790
<b>3a</b> Sub-total	2	4			544,785
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	2	4			544,785

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM AWARD	20,000	WIRE TRANSFER			
		NORTH AMERICA	OPERATING EXPENSES	367,995	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM AWARD	10,000	WIRE TRANSFER			

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **0**

**3** Enter total number of other organizations or entities . . . . . **3**



**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  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



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

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

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 email 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CONVENTION</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	12,313,725			12,313,725
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	12,313,725			12,313,725
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	675,395			675,395
	<b>7</b> Food and beverages . . . . .	705,614			705,614
	<b>8</b> Entertainment . . . . .	324,166			324,166
	<b>9</b> Other direct expenses . . . . .	4,040,895			4,040,895
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(5,746,070)
<b>11</b> Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				6,567,655	

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Enter 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 of the third party

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 Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

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

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

Part I General Information on Grants and Assistance

- 1 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for BALLOT ISSUES COALITION, SAFARI CLUB INTERNATIONAL FOUNDATION, and HUNTER DEFENSE FUND.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) 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, Part III, column (b), 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 THE HUNTER DEFENSE FUND IS AN INDEPENDENT EXPENDITURE ONLY COMMITTEE (SUPERPAC) FORMED BY SCI SCI HAS A CONTRACT WITH BALLOT ISSUES COALITION WHICH OUTLINES PERFORMANCE REQUIREMENTS THAT ARE CLOSELY MONITORED FOR ALL OTHER SMALLER GRANTS, THE ORGANIZATION MONITORS THE PERFORMANCE OF THE RECIPIENT PRIOR TO BESTOWING A GRANT TYPICALLY THESE GRANTS ARE GIVEN TO THE SAME REQUESTING ORGANIZATIONS YEAR AFTER YEAR BECAUSE THEY CONTINUE TO MEET SCI'S PERFORMANCE REQUIREMENTS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**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**

- 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 indemnification 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 of the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
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?
- b** Any related organization?  
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?
- b** Any related organization?  
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

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DON MILLS CHIEF FINANCIAL OFFICER	(i)	135,734	15,000	0	5,938	13,779	170,451	0
	(ii)	0	0	0	0	0	0	0
(2) MELISSA SIMPSON DIRECTOR OF HUNTING ADVOCACY AND CON	(i)	159,381	11,520	0	1,561	8,117	180,579	0
	(ii)	0	0	0	0	0	0	0
(3) ANGELIA SAGI ADVERTISING SALES DIRECTOR	(i)	101,524	39,466	0	2,619	10,246	153,855	0
	(ii)	0	0	0	0	0	0	0
(4) ANNA SEIDMAN DIRECTOR OF LITIGATION	(i)	162,391	0	0	6,750	418	169,559	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	SEVERANCE PAYMENTS KEVIN SCOTT \$3,173
	PART I, LINE 5	LINE 5A THE DIRECTOR OF ADVERTISING SALES, A HIGHLY COMPENSATED EMPLOYEE, RECEIVES COMMISSIONS BASED ON ADVERTISING SALES
	PART I, LINE 7	BONUS PAYMENTS WERE MADE BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS PHILIP DELONE RECEIVED A \$5,000 SIGNING BONUS

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

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, line 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 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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 JR-OWNER OF SAFARI VID	BOARD MEMBER	276,350	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
------------	------------------	-------------

**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

**2012**

**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 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 MICHAEL LEONARD AND JAMES LEONARD HAVE A FAMILY RELATIONSHIP BOARD MEMBERS MIKE ROGERS SR AND MIKE ROGERS JR HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	1 THE PROVISIONS ON PROXY VOTING BY BOARD MEMBERS WERE AMENDED TO ALLOW A CHAPTER PRESIDENT WHO HOLDS ANOTHER VOTING POSITION ON THE BOARD TO GIVE A PROXY THAT ALLOWS THE CHAPTER TO VOTE 2 REMOTE PARTICIPATION OF DIRECTORS WAS ELIMINATED FOR THE WINTER BOARD MEETING IT IS STILL ALLOWED FOR THE OTHER TWO BOARD MEETINGS DURING THE YEAR 3 CHAPTERS ARE ALLOWED TO NOMINATE CANDIDATES FOR REGIONAL REPRESENTATIVE SEATS ON THE BOARD, BUT THE BOARD MUST ELECT THE CANDIDATES 4 THE TRANSITION DATE FOR OFFICERS WAS CHANGED FROM THE END OF THE SPRING BOARD MEETING TO JULY 1 5 ONLY THOSE CHAPTER PRESIDENTS OF CHAPTERS IN GOOD STANDING MAY VOTE AT A BOARD MEETING "GOOD STANDING" IS DEFINED TO MEAN THAT THE CHAPTER IS NOT SUSPENDED AND THAT THE CHAPTER IS IN COMPLIANCE WITH THE BYLAWS OR APPROVED POLICIES

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 FINANCE DIRECTOR AND CONTROLLER. 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 990 AND SUBMIT COMMENTS OR QUESTIONS PRIOR TO FILING.

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
<b>(1)</b> 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
<b>(2)</b> SAFARI CLUB INTERNATIONAL CANADA SUITE 200 440 LAURIER AVE W OTTAWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA				Yes	
<b>(3)</b> SAFARI INTERNATIONAL CONSERVATION FUND 4800 W GATES PASS ROAD TUCSON, AZ 85745 23-7222137	INACTIVE	AZ	501(C)(3)	LINE 9	N/A		No
<b>(4)</b> SAFARI CLUB INTERNATIONAL AFRICA TRUST PO BOX 10362 CENTURION 0046 SF	WILDLIFE CONSERVATION	SF				Yes	
<b>(5)</b> HUNTER DEFENSE FUND 501 2ND ST NE WASHINGTON, DC 20002 46-1989048	HUNTING ADVOCACY	DC	527				No
<b>(6)</b> SAFARI CLUB INTERNATIONAL - PAC 4800 W GATES PASS ROAD TUCSON, AZ 85745 41-1771039	HUNTING ADVOCACY	AZ	527				No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> SAFARI CLUB INTERNATIONAL CANADA	B	367,995	FAIR MARKET VALUE
<b>(2)</b> HUNTER DEFENSE FUND	B	85,640	FAIR MARKET VALUE



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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

-->