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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
SAFARI CLUB INTERNATIONAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
4800 WEST GATES PASS ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
TUCSON, AZ 85745

D Employer identification number

86-0974183

E Telephone number

(520) 620-1220

G Gross receipts \$ 26,108,386

F Name and address of principal officer
PHILIP DELONE
4800 WEST GATES PASS ROAD
TUCSON, AZ 85745

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number **2663**

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW SCIFIRSTFORHUNTERS ORG**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile AZ

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	285
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	284
Revenue	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	138
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,989,647
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-50
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,162,844	1,476,518
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,342,658	5,341,967
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	317,183	706,662
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,883,149	8,256,008
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,705,834	15,781,155
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,616,731	3,014,168
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,537,460	5,892,517
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,267,266	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,981,002	5,565,329
	19	Revenue less expenses Subtract line 18 from line 12	15,135,193	14,472,014
			-1,429,359	1,309,141
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	12,258,298	14,000,524
	21	Total liabilities (Part X, line 26)	7,424,078	7,373,157
	22	Net assets or fund balances Subtract line 21 from line 20	4,834,220	6,627,367

Part II

Signature Block

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

Sign Here

Signature of officer

2015-05-12

Date

NATHAN BOLT DIRECTOR OF FINANCE

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name
STEPHEN E LIVINGSTON CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN
P00317845

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 335 N WILMOT ROAD SUITE 300
TUCSON, AZ 85711

Phone no (520) 790-3500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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?

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?

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 \$ 5,685,918 including grants of \$ 10,000) (Revenue \$ 3,769,564)

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS ANDCHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTSOF SERVING THE APPROXIMATE 47,000 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 \$ 2,169,239 including grants of \$ 316,793) (Revenue \$ 13,360)

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 2013/2014 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 REPRESENTTHE 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 \$ 2,687,375 including grants of \$ 2,687,375) (Revenue \$)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

10,542,532

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request 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 85745 (520) 620-1220

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,433,821	0	115,891

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTELTRANS LLC 4314 E GRAYTHORN AVE PHOENIX AZ 85044	MAILING SERVICES	631,939
SAFARI VIDEO PRODUCTIONS 1880 HARBOR ISLAND DR SAN DIEGO CA 92101	VIDEO PRODUCTION SVCS	330,243
BROTHERS & COMPANY 4860 SOUTH LEWIS TULSA OK 74105	MARKETING SERVICES	305,426
FENNEMORE CRAIG CORP 2394 E CAMELBACK RD STE 600 PHOENIX AZ 85016	LEGAL SERVICES	240,846
CROSSROADS STRATEGIES 1156 15TH ST NW WASHINGTON DC 20005	CONSULTING SERVICES	187,642

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,476,518			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,476,518			
Program Service Revenue	2a	DUES AND SUBSCRIPTIONS				
		Business Code				
		900099	2,499,389	2,499,389		
	b	ADVERTISING/SPONSORSHIPS	2,430,554	440,907	1,989,647	
	c	MEMBERSHIP SERVICES SALES	900099	412,024	412,024	
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	5,341,967			
	3	Investment income (including dividends, interest, and other similar amounts)	172,792			172,792
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		Less rental expenses				
	b	Rental income or (loss)				
	c	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	3,310,845	3,124		
		Less cost or other basis and sales expenses	2,777,730	2,369		
	b	Gain or (loss)	533,115	755		
	c	Net gain or (loss)	533,870			533,870
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
		a	15,025,286			
	b	Less direct expenses b	7,202,682			
	c	Net income or (loss) from fundraising events	7,822,604			7,822,604
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a	775,054			
	b	Less cost of goods sold b	344,450			
	c	Net income or (loss) from sales of inventory	430,604	430,604		
		Miscellaneous Revenue				
		Business Code				
	11a	MISCELLANEOUS INCOME	900099	2,800		2,800
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	2,800			
	12	Total revenue. See Instructions	15,781,155	3,782,924	1,989,647	8,532,066

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,701,875	2,701,875		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	312,293	312,293		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	757,591	474,499	239,047	44,045
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	4,175,641	2,545,647	625,864	1,004,130
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	101,216	64,645	14,490	22,081
9	Other employee benefits.	524,804	207,947	205,478	111,379
10	Payroll taxes.	333,265	188,531	75,123	69,611
11	Fees for services (non-employees):				
a	Management.	104,565		104,565	
b	Legal.	294,140	95	294,045	
c	Accounting.	42,253		42,253	
d	Lobbying.	187,000	187,000		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	36,455	36,455		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	314,815	314,815		
12	Advertising and promotion.	476,562	471,036	5,526	
13	Office expenses.	460,878	262,591	198,287	
14	Information technology.	124,627	37,708	86,919	
15	Royalties.				
16	Occupancy.	501,814	371,816	129,998	
17	Travel.	481,648	299,631	181,899	118
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	249,839	26,293	223,465	81
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	160,391	32,747	115,608	12,036
23	Insurance.	224,202	161,526	62,676	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	PRODUCTION COSTS	1,328,960	1,328,960		
b	PROGRAMS AND PROJECTS	202,434	199,351	3,083	
c	POSTAGE AND FREIGHT	193,926	171,103	22,823	
d	PRINTING	113,496	93,949	19,547	
e	All other expenses	67,324	52,019	11,520	3,785
25	Total functional expenses. Add lines 1 through 24e.	14,472,014	10,542,532	2,662,216	1,267,266
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,197,287	1	1,788,773
	2	Savings and temporary cash investments		284,149	2	311,860
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		745,014	4	670,426
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net			7	988,086
	8	Inventories for sale or use		370,119	8	347,940
	9	Prepaid expenses and deferred charges		578,421	9	629,939
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,896,249			
	b	Less accumulated depreciation	10b1,620,152	295,834	10c	276,097
	11	Investments—publicly traded securities		7,787,474	11	8,910,387
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	77,016
	16	Total assets. Add lines 1 through 15 (must equal line 34)		12,258,298	16	14,000,524
Liabilities	17	Accounts payable and accrued expenses		2,245,986	17	1,523,425
	18	Grants payable			18	
	19	Deferred revenue		5,178,092	19	5,849,732
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		7,424,078	26	7,373,157
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,834,220	27	6,627,367
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,834,220	33	6,627,367
	34	Total liabilities and net assets/fund balances		12,258,298	34	14,000,524

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,781,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,472,014
3	Revenue less expenses Subtract line 2 from line 1	3	1,309,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,834,220
5	Net unrealized gains (losses) on investments	5	484,006
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,627,367

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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			
ADAIR LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON BOYD E CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON DAVID G CHAPTER PRESIDENT	5 00	X						0	0	0
AWE JERRY CHAPTER PRESIDENT	5 00	X						0	0	0
AXTON BRETT CHAPTER PRESIDENT	5 00	X						0	0	0
BACHMANN JARRY CHAPTER PRESIDENT	5 00	X						0	0	0
BAGI SCOTT A CHAPTER PRESIDENT	5 00	X						0	0	0
BARBISAN DAVID J CHAPTER PRESIDENT	5 00	X						0	0	0
BARNARD DANIEL CHAPTER PRESIDENT	5 00	X						0	0	0
BARRINGER BRETT ADAM CHAPTER PRESIDENT	5 00	X						0	0	0
BARTO JOHN A CHAPTER PRESIDENT	5 00	X						0	0	0
BEAL JACK E CHAPTER PRESIDENT	5 00	X						0	0	0
BELL MATTHEW C CHAPTER PRESIDENT	5 00	X						0	0	0
BEREMAN HUBERT E CHAPTER PRESIDENT	5 00	X						0	0	0
BETHANCOURT VAN C CHAPTER PRESIDENT	5 00	X						0	0	0
BETTERS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
BIEBER SUZI L CHAPTER PRESIDENT	5 00	X						0	0	0
BING JAMES STONY CHAPTER PRESIDENT	5 00	X						0	0	0
BIRCHELL ANNIE CHAPTER PRESIDENT	5 00	X						0	0	0
BODKER DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
BORS THOMAS D CHAPTER PRESIDENT	5 00	X						0	0	0
BRANDOW MALVIN W CHAPTER PRESIDENT	5 00	X						0	0	0
BROOKS THOMAS CHAPTER PRESIDENT	5 00	X						0	0	0
BROWN DOUGLAS W CHAPTER PRESIDENT	5 00	X						0	0	0
BROWN KENNETH A CHAPTER PRESIDENT	5 00	X						0	0	0

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			
BROWN MELISSA CHAPTER PRESIDENT	5 00	X						0	0	0
BRUMMEL CHAD CHAPTER PRESIDENT	5 00	X						0	0	0
BRUNSON MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
CALDESI LODOVICO CHAPTER PRESIDENT	5 00	X						0	0	0
CARRAWAY BRYAN CHAPTER PRESIDENT	5 00	X						0	0	0
CASSIDAY MICHAEL W CHAPTER PRESIDENT	5 00	X						0	0	0
CEBULL BRIAN R CHAPTER PRESIDENT	5 00	X						0	0	0
CHACE GARRETT A CHAPTER PRESIDENT	5 00	X						0	0	0
CHANCLER MARK CHAPTER PRESIDENT	5 00	X						0	0	0
CLEMMENS WALT CHAPTER PRESIDENT	5 00	X						0	0	0
CLIFFORD MICHAEL S CHAPTER PRESIDENT	5 00	X						0	0	0
COLE LOUIE CHAPTER PRESIDENT	5 00	X						0	0	0
COLEMAN WALTER CHAPTER PRESIDENT	5 00	X						0	0	0
CONCHEIRO VARELA ALVARO CHAPTER PRESIDENT	5 00	X						0	0	0
CONRAD JIM R CHAPTER PRESIDENT	5 00	X						0	0	0
CRANNELL JOEL WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
CROSS J WALTER CHAPTER PRESIDENT	5 00	X						0	0	0
DANIELS TYLER D CHAPTER PRESIDENT	5 00	X						0	0	0
DICKINSON LEN CHAPTER PRESIDENT	5 00	X						0	0	0
DONG NORMAN CHAPTER PRESIDENT	5 00	X						0	0	0
DUHADAWAY ROBERT W CHAPTER PRESIDENT	5 00	X						0	0	0
DUNN JOEL CHAPTER PRESIDENT	5 00	X						0	0	0
ENGLISH DALLAS EMMETT CHAPTER PRESIDENT	5 00	X						0	0	0
ENGSTROM ANDERS N CHAPTER PRESIDENT	5 00	X						0	0	0
ERNST ALLEN R 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			
ESTADE MIGUEL CHAPTER PRESIDENT	5 00	X						0	0	0
FALLON TIM R CHAPTER PRESIDENT	5 00	X						0	0	0
FIDLER JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
FISHER THOMAS A CHAPTER PRESIDENT	5 00	X						0	0	0
FLETT BRUCE D CHAPTER PRESIDENT	5 00	X						0	0	0
FLORES CARLOS S CHAPTER PRESIDENT	5 00	X						0	0	0
FOLEY PATRICK CHAPTER PRESIDENT	5 00	X						0	0	0
FUZE JEFFREY A CHAPTER PRESIDENT	5 00	X						0	0	0
GAFFORD TIMOTHY E CHAPTER PRESIDENT	5 00	X						0	0	0
GALMEZ JUAN ANTONIO CHAPTER PRESIDENT	5 00	X						0	0	0
GAULTNEY BRUCE CHAPTER PRESIDENT	5 00	X						0	0	0
GIOTTONINI DON J CHAPTER PRESIDENT	5 00	X						0	0	0
GOODWIN LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
GORNYECZ JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
GRAHAM CONNIE CHAPTER PRESIDENT	5 00	X						0	0	0
GRANDE ENRIQUE CHAPTER PRESIDENT	5 00	X						0	0	0
HAFLA TONY CHAPTER PRESIDENT	5 00	X						0	0	0
HAMBERLIN W LAIRD CHAPTER PRESIDENT	5 00	X						0	0	0
HAMILTON DAVID C CHAPTER PRESIDENT	5 00	X						0	0	0
HAMMILL JIM CHAPTER PRESIDENT	5 00	X						0	0	0
HANLEY JOYCE CHAPTER PRESIDENT	5 00	X						0	0	0
HARRIS JOSH CHAPTER PRESIDENT	5 00	X						0	0	0
HARRISON KEN CHAPTER PRESIDENT	5 00	X						0	0	0
HASLAM REED CHAPTER PRESIDENT	5 00	X						0	0	0
HAZEN HERBERT 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			
HENNON PATRICK T CHAPTER PRESIDENT	5 00	X						0	0	0
HENRY JOHN CHAPTER PRESIDENT	5 00	X						0	0	0
HILL JESUS S CHAPTER PRESIDENT	5 00	X						0	0	0
HINEBAUCH MARIAN CHAPTER PRESIDENT	5 00	X						0	0	0
HLUSZIK BERNHARD CHAPTER PRESIDENT	5 00	X						0	0	0
HOOK D WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
HUDSON GLEN A CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTSMAN KARL CHAPTER PRESIDENT	5 00	X						0	0	0
JAGELS EDWARD CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES SHELDON K CHAPTER PRESIDENT	5 00	X						0	0	0
JURAK JOHN-MARK CHAPTER PRESIDENT	5 00	X						0	0	0
KEIM MICHAEL R CHAPTER PRESIDENT	5 00	X						0	0	0
KENNEDY JEFF C CHAPTER PRESIDENT	5 00	X						0	0	0
KENNEY DANIEL E CHAPTER PRESIDENT	5 00	X						0	0	0
KLAUS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
KNUDSEN JENS KJAER CHAPTER PRESIDENT	5 00	X						0	0	0
KORN KAREN L CHAPTER PRESIDENT	5 00	X						0	0	0
KOSTUCHOWSKI CORY RICHARD CHAPTER PRESIDENT	5 00	X						0	0	0
KOVALENKO ANATOLII CHAPTER PRESIDENT	5 00	X						0	0	0
KRAFKA THOMAS L CHAPTER PRESIDENT	5 00	X						0	0	0
LALOV LUDMIL CHAPTER PRESIDENT	5 00	X						0	0	0
LAMBERTSON TODD CHAPTER PRESIDENT	5 00	X						0	0	0
LANGE BYRON P CHAPTER PRESIDENT	5 00	X						0	0	0
LEI WANG CHAPTER PRESIDENT	5 00	X						0	0	0
LENCIONI BRAD 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			
LOSA REVERTE JOSE MARIA CHAPTER PRESIDENT	5 00	X						0	0	0
LYTLE ZAC CHAPTER PRESIDENT	5 00	X						0	0	0
MACGREGOR DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
MACLENNAN RUSSELL CHAPTER PRESIDENT	5 00	X						0	0	0
MADDUX LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
MAHAN COBY CHAPTER PRESIDENT	5 00	X						0	0	0
MARES DELGADO LEOPOLDO CHAPTER PRESIDENT	5 00	X						0	0	0
MASTERS TOM CHAPTER PRESIDENT	5 00	X						0	0	0
MCCLOUD LAWRENCE H CHAPTER PRESIDENT	5 00	X						0	0	0
MCCORMICK JACK CHAPTER PRESIDENT	5 00	X						0	0	0
MCGRATH WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
MCKINNON TIM D CHAPTER PRESIDENT	5 00	X						0	0	0
MICO PEDRO CHAPTER PRESIDENT	5 00	X						0	0	0
MINORE W STEPHEN CHAPTER PRESIDENT	5 00	X						0	0	0
MOLESWORTH TOD CHAPTER PRESIDENT	5 00	X						0	0	0
MONTELEONE JAMES S CHAPTER PRESIDENT	5 00	X						0	0	0
MOORE DENNIS CHAPTER PRESIDENT	5 00	X						0	0	0
MORELAND JIMMY CHAPTER PRESIDENT	5 00	X						0	0	0
MULLER CHRISTOPHER B CHAPTER PRESIDENT	5 00	X						0	0	0
MUNG LIM MELVIN E CHAPTER PRESIDENT	5 00	X						0	0	0
NESBITT ARCHIE J CHAPTER PRESIDENT	5 00	X						0	0	0
NETSCHERT HELEN S CHAPTER PRESIDENT	5 00	X						0	0	0
ORT CALVIN J CHAPTER PRESIDENT	5 00	X						0	0	0
PARIS EMILIO CHAPTER PRESIDENT	5 00	X						0	0	0
PEACORE JERRY J 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			
PJEVACH MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
POLK AARON C CHAPTER PRESIDENT	5 00	X						0	0	0
POMA EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
PORTER NEAL CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL MALCOLM SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
PRINGLE SHAWN T CHAPTER PRESIDENT	5 00	X						0	0	0
RIMKUS DALE CHAPTER PRESIDENT	5 00	X						0	0	0
RIPEPI PHILIP P CHAPTER PRESIDENT	5 00	X						0	0	0
ROGERS MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
ROGNEY GRAHAM CHAPTER PRESIDENT	5 00	X						0	0	0
ROHAULT DE FLEURY JEAN CHAPTER PRESIDENT	5 00	X						0	0	0
ROMERO NIETO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
ROTH KREG CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSO CORCEIRO JOAO CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSO BRIAN F CHAPTER PRESIDENT	5 00	X						0	0	0
RYAN CALVIN J CHAPTER PRESIDENT	5 00	X						0	0	0
SAGE JOE CHAPTER PRESIDENT	5 00	X						0	0	0
SALAZAR MANUEL C CHAPTER PRESIDENT	5 00	X						0	0	0
SAVARNO EDWARD A CHAPTER PRESIDENT	5 00	X						0	0	0
SEAGER TIM CHAPTER PRESIDENT	5 00	X						0	0	0
SEFTON DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
SIDDONS MICHAEL A CHAPTER PRESIDENT	5 00	X						0	0	0
SIMKO GYULA CHAPTER PRESIDENT	5 00	X						0	0	0
SIMPSON MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
SIZEMORE JEFF 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			
SMITH ROBIN M R CHAPTER PRESIDENT	5 00	X						0	0	0
SNOW WILLIAM L CHAPTER PRESIDENT	5 00	X						0	0	0
SOINE DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
SOLER FERNANDO CHAPTER PRESIDENT	5 00	X						0	0	0
SPEVAK NELS CHAPTER PRESIDENT	5 00	X						0	0	0
ST MICHAEL ROXANE CHAPTER PRESIDENT	5 00	X						0	0	0
STECKLEY KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0
STEINER LARRY R CHAPTER PRESIDENT	5 00	X						0	0	0
STOKES DAVID D CHAPTER PRESIDENT	5 00	X						0	0	0
STURTZ DAVE CHAPTER PRESIDENT	5 00	X						0	0	0
SWASEY SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
TALBOTT KIM CHAPTER PRESIDENT	5 00	X						0	0	0
THOMAS TOM CHAPTER PRESIDENT	5 00	X						0	0	0
ULBERG MATT CHAPTER PRESIDENT	5 00	X						0	0	0
UNGER KEVIN GEORGE CHAPTER PRESIDENT	5 00	X						0	0	0
VAN DE STEENE DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
VANDERHOOF BRIAN L CHAPTER PRESIDENT	5 00	X						0	0	0
VIEJO GONZALEZ JESUS CHAPTER PRESIDENT	5 00	X						0	0	0
VINING TIM CHAPTER PRESIDENT	5 00	X						0	0	0
VOINOVSKI DANIEL DENI CHAPTER PRESIDENT	5 00	X						0	0	0
VOLLMAR GARY CHAPTER PRESIDENT	5 00	X						0	0	0
VRHOVNIK DAMIR CHAPTER PRESIDENT	5 00	X						0	0	0
WADDLE WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
WALLACE ERIC CHAPTER PRESIDENT	5 00	X						0	0	0
WATSON KEITH 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			
WAUGH SETH CHAPTER PRESIDENT	5 00	X						0	0	0
WEBB LEW CHAPTER PRESIDENT	5 00	X						0	0	0
WEBER KEN CHAPTER PRESIDENT	5 00	X						0	0	0
WEHINGER MARK T CHAPTER PRESIDENT	5 00	X						0	0	0
WHITCOMB MYOSOOK H CHAPTER PRESIDENT	5 00	X						0	0	0
WINDER WADE T CHAPTER PRESIDENT	5 00	X						0	0	0
WOMBLE GEORGE MORGAN CHAPTER PRESIDENT	5 00	X						0	0	0
WOTTRICH STEPHANIE CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCO MARK CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCOLILLO PEDRO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
EAVENSON BRUCE W CORPORATE SECRETARY	20 00	X		X				0	0	0
BABAZ PAUL D CORPORATE TREASURER	10 00	X		X				0	0	0
BARTELS RON DIRECTOR-AT-LARGE	5 00	X						0	0	0
BAZZY CHUCK DIRECTOR-AT-LARGE	5 00	X						0	0	0
BYRUM J VIRGINIA DIRECTOR-AT-LARGE	5 00	X						0	0	0
CEGLAREK JOHN DIRECTOR-AT-LARGE	5 00	X						0	0	0
CHAPMAN SCOTT DIRECTOR-AT-LARGE	5 00	X						0	0	0
CHITWOOD JOHN C DIRECTOR-AT-LARGE	5 00	X						0	0	0
CURTIS EDWARD G DIRECTOR-AT-LARGE	5 00	X						0	0	0
DREWNOWSKI MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
FREDERICKS KIRT DIRECTOR-AT-LARGE	5 00	X						0	0	0
GREENWELL STEVE M DIRECTOR-AT-LARGE	5 00	X						0	0	0
JOHNS LARRY J DIRECTOR-AT-LARGE	5 00	X						0	0	0
KEAGY ROBERT S DIRECTOR-AT-LARGE	5 00	X						0	0	0
LANFORD RONALD N DIRECTOR-AT-LARGE	5 00	X						0	0	0

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			
LEONARD MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
LINK JAY E DIRECTOR-AT-LARGE	5 00	X						0	0	0
MATTUSCH TOM DIRECTOR-AT-LARGE	5 00	X						0	0	0
MURRAY LEE D DIRECTOR-AT-LARGE	5 00	X						0	0	0
SWAN BILL S DIRECTOR-AT-LARGE	5 00	X						0	0	0
VOGELER ELAINE DIRECTOR-AT-LARGE	5 00	X						0	0	0
DAY ABIGAIL INTERNATIONAL DIRECTOR	5 00	X						0	0	0
D'ENTREVES UBERTO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
KOHALMI ZSOLT INTERNATIONAL DIRECTOR	5 00	X						0	0	0
KAUFFMAN CRAIG L PRESIDENT	20 00	X		X				0	0	0
HIGGINS LARRY B PRESIDENT ELECT	20 00	X		X				0	0	0
ATKINSON HERB REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BARRETT DEBORAH J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BERNARD DUANE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BRUDER DALE H REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BUSH RANDALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CAMPBELL CAL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CASHIN GORDON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CLARK WAYNE EDWARD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
COMPTON DAVID W REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CRAWFORD MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CREELMAN BARBARA E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DETWILER DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DEUBLER E J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GOTSHALL RICHARD L 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			
HAGEN MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAMMOND RAY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HARTER DON C REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HUDSPETH ORVILLE G REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JAMES DWIGHT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JOHNSON MARK D REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KEICHER ROBERT J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KEIM JEFF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LEAKE WT SKIP REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LEONARD JAMES R REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MEYERL JEFFREY L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
NESBITT NATALIE E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
NOTEMAN JAMES REGIONAL REPRESENTATIVE	5 00	X						0	0	0
OHLMANN MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ORTMANN DWIGHT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ROBINSON MARK DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
RUSTEMEYER GREG J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SALDIAS J THOMAS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SVENDSEN OLUF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
TALBOT J SCOTT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
THUMMLER HUBERT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ULLMANN NORBERT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WEMPLE JON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ANDERSON KEVIN K SCI PAST PRESIDENT	5 00	X						0	0	0
BOLLMAN PATRICK SCI 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			
CAPPELLI RAYMOND SCI PAST PRESIDENT	5 00	X						0	0	0
CHERAMIE ALBERT SCI PAST PRESIDENT	5 00	X						0	0	0
DONAU ALFRED SKIP SCI PAST PRESIDENT	5 00	X						0	0	0
EASTERBROOK ROBERT SCI PAST PRESIDENT	5 00	X						0	0	0
EDEWAARD VERN SCI PAST PRESIDENT	5 00	X						0	0	0
ERICKSON HYLAND B SCI PAST PRESIDENT	5 00	X						0	0	0
JACKSON JOHN J SCI PAST PRESIDENT	5 00	X						0	0	0
KIRN DON J SCI PAST PRESIDENT	5 00	X						0	0	0
NORRIS LANCE H SCI PAST PRESIDENT	5 00	X						0	0	0
OLDFIELD ANDY M SCI PAST PRESIDENT	5 00	X						0	0	0
POCIUS E WAYNE SCI PAST PRESIDENT	5 00	X						0	0	0
PULLANO FRANK CHAPTER PRESIDENT	5 00	X						0	0	0
PULLEN WILLIAM CHAPTER PRESIDENT	5 00	X						0	0	0
REIGER TIMOTHY E CHAPTER PRESIDENT	5 00	X						0	0	0
RICCI MARIO CHAPTER PRESIDENT	5 00	X						0	0	0
RIDLEY TAZ CHAPTER PRESIDENT	5 00	X						0	0	0
SHEPARD MERLE A SCI PAST PRESIDENT	5 00	X						0	0	0
URSEM RICHARD E SCI PAST PRESIDENT	5 00	X						0	0	0
VAN HORNE NORDEN SCI PAST PRESIDENT	5 00	X						0	0	0
YAJKO R DOUGLAS SCI PAST PRESIDENT	5 00	X						0	0	0
ANDERSON DENNIS SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
BANKS GEORGE SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
BOGNER GARY F SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
CUNNINGHAM RALPH S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
HORN II PETER L 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			
KATZ LAWRENCE S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MONSON JOHN R SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MORGAN DON SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
BOREL MIKE J VICE PRESIDENT	20 00	X		X				0	0	0
GRASSER EDWARD K VICE PRESIDENT	20 00	X		X				0	0	0
MADDOX SHERRY D VICE PRESIDENT	20 00	X		X				0	0	0
MAKI ALAN W VICE PRESIDENT	20 00	X		X				0	0	0
MCLAURIN JOHN VICE PRESIDENT	20 00	X		X				0	0	0
SADLER SANDRA VICE PRESIDENT	20 00	X		X				0	0	0
SKOLD STEVE VICE PRESIDENT	20 00	X		X				0	0	0
PHILIP DELONE CEO	40 00			X				245,413	0	11,761
DON MILLS CFO	30 00			X				80,108	0	12,370
NATHAN BOLT FINANCE DIRECTOR	30 00			X				98,459	0	11,188
MELISSA SIMPSON DIRECTOR OF HUNTING ADVOCACY AND CONSERVATION	20 00				X			180,072	0	9,664
ANGELA SAGI ADVERTISING SALES DIRECTOR	40 00				X			164,630	0	17,286
ANNA SEIDMAN DIRECTOR OF LITIGATION	40 00				X			168,959	0	7,340
STEPHEN COMUS DIRECTOR OF PUBLICATIONS	40 00					X		115,645	0	15,489
NELSON FREEMAN DEPUTY DIRECTOR OF GOV AFFAIRS	40 00					X		127,409	0	8,214
ELIZABETH GRIMES DIRECTOR OF CONVENTION & EVENTS	40 00					X		125,393	0	13,500
WILLIAM MCGRATH LEGISLATIVE COUNSEL	40 00					X		127,733	0	9,079

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ \$ 292,246

3

Volunteer hours

0

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

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

Did the filing organization file **Form 1120-POL** for this year?

☐ 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

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

Part IV

Supplemental Information

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.

Return Reference	Explanation
PART I-A, LINE 1	THE ORGANIZATION IS NOT INVOLVED IN ANY DIRECT POLITICAL CAMPAIGN ACTIVITY. THE ORGANIZATION'S ONLY INDIRECT POLITICAL CAMPAIGN ACTIVITY IS THE PAYMENT OF CERTAIN ADMINISTRATIVE EXPENSES AND PROVIDING EMPLOYEES FOR CERTAIN ADMINISTRATIVE FUNCTIONS ON BEHALF OF TWO POLITICAL ACTION COMMITTEES (PAC).

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part 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.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 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
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		33,902	33,902	0
d Equipment		1,794,200	1,586,250	207,950
e Other		68,147		68,147
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				276,097

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,811,537
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	484,006
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	484,006
3	Subtract line 2e from line 1	3	23,327,531
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-7,546,376
c	Add lines 4a and 4b	4c	-7,546,376
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,781,155

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,018,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7,546,376
e	Add lines 2a through 2d	2e	7,546,376
3	Subtract line 2e from line 1	3	14,472,014
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,472,014

Part XIII Supplemental Information

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.

Return Reference	Explanation
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, 2014 AND 2013 MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES -7,202,682. COST OF GOODS SOLD DIRECTLY AGAINST INCOME -344,450. GAIN ON DISPOSAL OF ASSETS INCLUDED IN EXPENSE ON FINANCIAL STATEMENTS 756.
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DIRECTLY AGAINST INCOME 7,202,682. COST OF GOODS SOLD DIRECTLY AGAINST INCOME 344,450. GAIN ON DISPOSAL OF ASSETS INCLUDED IN EXPENSE ON FINANCIAL STATEMENTS -756.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activites 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
(1) NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	294,293
(2) SUB-SAHARAN	0	0	PROGRAM SERVICES	HUNTING ADVOCACY	13,000
(3) EUROPE	0	0	PROGRAM SERVICES	HUNTING ADVOCACY	5,000
(4)					
(5)					
3a Sub-total	1	1			312,293
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			312,293

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM AWARD	10,000	WIRE	0		
(2)			NORTH AMERICA	OPERATING EXPENSES	280,793	WIRE	0		
(3)									
(4)									

- 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 ▶
- 3 Enter total number of other organizations or entities ▶
- 2

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S LARGEST GRANT IS TO SCI- CANADA, A RELATED ORGANIZATION FOR OTHER 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions 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
		CONVENTION (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	15,025,286		15,025,286
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	15,025,286		15,025,286
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	1,142,126		1,142,126
	7	Food and beverages .	1,473,647		1,473,647
	8	Entertainment	437,893		437,893
	9	Other direct expenses .	4,149,016		4,149,016
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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.

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

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

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.** 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).

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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?

☒ Yes ☐ No

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.

(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
(1) ALASKA PROFESSIONAL HUNTERS ASSOCIATION INC PO BOX 240971 ANCHORAGE, AK 995240971	92-0060165	501(C)(6)	25,000				PROGRAM AWARDS
(2) SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85743	86-0292099	501(C)(3)	2,655,375				OPERATING GRANT
(3) BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DRIVE JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	10,000				PROGRAM AWARD

2

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

2

3

Enter total number of other organizations listed in the line 1 table

1

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S LARGEST GRANT IS TO SCIFA 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)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a	Yes	
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(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)PHILIP DELONE CEO	(i)	220,413	25,000	0	5,154	6,607	257,174	0
	(ii)	0	0	0	0	0	0	0
(2)MELISSA SIMPSON DIRECTOR OF HUNTING ADVOCACY AND CON	(i)	163,672	16,400	0	1,645	8,019	189,736	0
	(ii)	0	0	0	0	0	0	0
(3)ANGELA SAGI ADVERTISING SALES DIRECTOR	(i)	102,759	61,871	0	3,434	13,852	181,916	0
	(ii)	0	0	0	0	0	0	0
(4)ANNA SEIDMAN DIRECTOR OF LITIGATION	(i)	165,959	3,000	0	6,900	440	176,299	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 5	THE DIRECTOR OF ADVERTISING SALES RECEIVES COMMISSIONS BASED UPON ADVERTISING SALES
PART I, LINE 7	BONUS PAYMENTS WERE MADE BASED UPON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE EXECUTIVE COMMITTEE

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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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

1	(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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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 VIDEO PRODUCTIONS AND MEMBER OF BOARD OF DIRECTORS	324,306	VIDEO PRODUCTION/HOSTING		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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2013

Open to Public Inspection

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

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 6	SAFARI CLUB INTERNATIONAL HAS MEMBERS
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
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
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
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
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
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS FOR THE AUDIT OR ITS SELECTION PROCESS FOR INDEPENDENT AUDITORS DURING THE YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SAFARI CLUB INTERNATIONAL FOUNDATION 4800 W GATES PASS RD TUCSON, AZ 85745 85-0292099	WILDLIFE CONSERVATION	AZ	501(C)(3)	LINE 7	SCIF		No
(2) SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W STE 200 OTTWA K1R 7X6 CA	HUNTING ADVOCACY	CA			SCI		No
(3) SAFARI INTERNATIONAL CONSERVATION FUND 4800 W GATES PASS RD TUCSON, AZ 85745 23-7222137	INACTIVE	AZ	501(C)(3)	LINE 9	SCI		No
(4) HUNTER DEFENSE FUND 501 2ND ST NE WASHINGTON, DC 20002 46-1989048	HUNTING ADVOCACY	DC	527		SCI		No
(5) SARFARI CLUB INTERNATIONAL - PAC 4800 W GATES PASS RD TUCSON, AZ 85745 41-1771039	HUNTING ADVOCACY	AZ	527		SCI		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAFARI CLUB INTERNATIONAL CANADA	B	280,793	FMV
(2) SAFARI CLUB INTERNATIONAL FOUNDATION	B	2,655,375	FMV
(3) SAFARI CLUB INTERNATIONAL FOUNDATION	D	83,514	FMV
(4) SAFARI CLUB INTERNATIONAL FOUNDATION	K	462,094	FMV
(5) SAFARI CLUB INTERNATIONAL FOUNDATION	N	259,029	FMV

Schedule R (Form 990) 2013

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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