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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFARI CLUB INTERNATIONAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85745 F Name and address of principal officer RICHARD PARSONS 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	D Employer identification number 86-0974183 E Telephone number (520) 620-1220 G Gross receipts \$ 26,300,876
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 2663
J Website: ▶ WWW.SCIFIRSTFORHUNTERS.ORG		L Year of formation 2000 M State of legal domicile AZ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	259
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	258
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	137
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,162,603
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-50
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,453,582	1,374,248
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,440,683	5,146,673
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	671,135	259,182
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,272,544	7,940,011
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,837,944	14,720,114
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,156,339	3,093,071
	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)	5,699,349	5,425,488
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,154,548	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,918,952	5,403,758
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,774,640	13,922,317	
19 Revenue less expenses Subtract line 18 from line 12	1,063,304	797,797	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,889,256	14,086,043
	22 Net assets or fund balances Subtract line 21 from line 20	6,896,769	6,454,585
		6,992,487	7,631,458

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	2017-05-02 Date	
	NATHAN BOLT CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name STEPHEN E LIVINGSTON CPA	Preparer's signature STEPHEN E LIVINGSTON CPA	Date
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Check <input type="checkbox"/> if self-employed	PTIN P00317845
	Firm's address ▶ 5255 EAST WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711	Firm's EIN ▶ 41-0746749	Phone no (520) 790-3500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,951,365 including grants of \$) (Revenue \$ 3,301,741)

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 49,734 EXISTING MEMBERS PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

4b (Code) (Expenses \$ 2,391,398 including grants of \$ 187,550) (Revenue \$)

SEE SCHEDULE O

4c (Code) (Expenses \$ 2,906,157 including grants of \$ 2,905,521) (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 ▶ 10,248,920

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, compensation, tax-exempt bonds, and organizational transactions.

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

Table with columns for question number, description, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and health insurance issuers.

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	a The governing body?	Yes	
8b	b 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	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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, address, and telephone number of the person who possesses the organization's books and records
NATHAN BOLT 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 (520) 620-1220

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,435,681	0	126,702	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BROTHERS & COMPANY 4860 SOUTH LEWIS TULSA, OK 74105	MARKETING SERVICES	374,077
FENNEMORE CRAIG CORP 2394 E CAMELBACK RD STE 600 PHOENIX, AZ 85016	LEGAL SERVICES	297,731
SPURWING MEDIA INC 1880 HARBOR ISLAND DR SAN DIEGO, CA 92101	VIDEO PRODUCTION	241,556
CROSSROADS STRATEGIES 1156 15TH ST NW WASHINGTON, DC 20005	CONSULTING SERVICES	185,739
RESULTS DIRECT 5210 EAST WILLIAMS CIRCLE SUITE 640 TUCSON, AZ 85711	IT SERVICES	175,292

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 1,374,248					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		1,374,248			
Program Service Revenue	2a ADVERTISING/SPONSORSHIPS _____	Business Code 541800	2,656,154	493,551	2,162,603	
	b DUES AND SUBSCRIPTIONS _____	900099	2,181,522	2,181,522		
	c MEMBERSHIP SERVICES SALES _____	900099	308,997	308,997		
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		5,146,673			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		231,456		231,456	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	3,544,010			
		(ii) Other				
		b Less cost or other basis and sales expenses	3,516,284			
		c Gain or (loss)	27,726			
	d Net gain or (loss) ▶		27,726			27,726
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 15,215,488				
		b Less direct expenses b 7,598,602				
		c Net income or (loss) from fundraising events ▶		7,616,886		7,616,886
	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 783,547					
	b Less cost of goods sold b 465,876					
	c Net income or (loss) from sales of inventory ▶		317,671	317,671		
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME _____	900099	5,454			5,454	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		5,454				
12 Total revenue. See Instructions ▶		14,720,114	3,301,741	2,162,603	7,881,522	

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 domestic organizations and domestic governments. See Part IV, line 21	2,898,758	2,898,758		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	194,313	194,313		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	795,264	531,493	221,176	42,595
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	3,793,656	2,294,279	576,713	922,664
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,357	50,673	29,865	16,819
9	Other employee benefits	454,114	195,010	168,600	90,504
10	Payroll taxes	285,097	155,571	70,919	58,607
11	Fees for services (non-employees)				
a	Management	112,456		112,456	
b	Legal	351,410	11,966	339,444	
c	Accounting	44,500		44,500	
d	Lobbying	196,000	196,000		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	41,797	41,797		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	335,149	335,149		
12	Advertising and promotion	356,035	251,459	104,576	
13	Office expenses	160,459	218,075	-57,616	
14	Information technology	155,309	34,455	120,854	
15	Royalties				
16	Occupancy	525,100	384,129	140,971	
17	Travel	423,402	259,808	163,417	177
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	276,255	25,938	250,317	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	185,370	18,657	143,531	23,182
23	Insurance	232,541	188,870	43,671	
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	1,438,849	1,438,849		
b	PROGRAMS AND PROJECTS	225,381	218,219	7,162	
c	POSTAGE AND FREIGHT	170,137	153,648	16,489	
d	PRINTING	131,541	123,402	8,139	
e	All other expenses	42,067	28,402	13,665	
25	Total functional expenses. Add lines 1 through 24e	13,922,317	10,248,920	2,518,849	1,154,548
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	1,174,282	1	1,424,118
	2 Savings and temporary cash investments	137,866	2	1,430,550
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	769,172	4	919,465
	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	927,061	7	770,564
	8 Inventories for sale or use	455,645	8	422,899
	9 Prepaid expenses and deferred charges	654,799	9	667,276
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,991,189		
	b Less accumulated depreciation	10b 1,474,950	374,203	10c 516,239
	11 Investments—publicly traded securities	9,319,212	11	7,855,741
	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	77,016	15	79,191
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,889,256	16	14,086,043	
Liabilities	17 Accounts payable and accrued expenses	1,558,552	17	1,244,334
	18 Grants payable		18	
	19 Deferred revenue	5,338,217	19	5,210,251
	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	6,896,769	26	6,454,585
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	6,954,925	27	7,512,983
	28 Temporarily restricted net assets	37,562	28	118,475
	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	6,992,487	33	7,631,458	
34 Total liabilities and net assets/fund balances	13,889,256	34	14,086,043	

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	14,720,114
2 Total expenses (must equal Part IX, column (A), line 25)	2	13,922,317
3 Revenue less expenses Subtract line 2 from line 1	3	797,797
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,992,487
5 Net unrealized gains (losses) on investments	5	-158,826
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	7,631,458

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	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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			
HIGGINS LARRY B PRESIDENT	20 00	X		X				0	0	0
BABAZ PAUL D PRESIDENT ELECT	20 00	X		X				0	0	0
CHAPMAN SCOTT VICE PRESIDENT	20 00	X		X				0	0	0
EAVENSON BRUCE W VICE PRESIDENT	20 00	X		X				0	0	0
GRASSER EDWARD K VICE PRESIDENT	20 00	X		X				0	0	0
HAMBERLIN W LAIRD VICE PRESIDENT	20 00	X		X				0	0	0
HARTER DON C VICE PRESIDENT	20 00	X		X				0	0	0
KOSICH VERONICA M VICE PRESIDENT	20 00	X		X				0	0	0
MADDOX SHERRY D VICE PRESIDENT	20 00	X		X				0	0	0
SKOLD STEVE VICE PRESIDENT	20 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAKI ALAN W CORPORATE SECRETARY	20 00	X		X				0	0	0
MCLAURIN JOHN CORPORATE TREASURER	20 00	X		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
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 SR ROBERT SCI PAST PRESIDENT	5 00	X						0	0	0
EDEWAARD VERN SCI PAST PRESIDENT	5 00	X						0	0	0
ERICKSON SR HYLAND B SCI PAST PRESIDENT	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACKSON III JOHN J SCI PAST PRESIDENT	5 00	X						0	0	0
KAUFFMAN CRAIG L 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
PARKER WARREN K SCI PAST PRESIDENT	5 00	X						0	0	0
POCIUS E WAYNE SCI PAST 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHIPPLE JOHN S SCI PAST PRESIDENT	5 00	X						0	0	0
YAJKO R DOUGLAS SCI PAST PRESIDENT	5 00	X						0	0	0
BEAL JACK E SCICF PAST PRESIDENT	5 00	X						0	0	0
HORN II PETER L SCICF PAST PRESIDENT	5 00	X						0	0	0
LEEDS JACK SCICF PAST PRESIDENT	5 00	X						0	0	0
MORGAN DON R SCICF PAST PRESIDENT	5 00	X						0	0	0
RIPEPI PHILIP P SCICF 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CUNNINGHAM RALPH S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
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
ROGERS SR MIKE SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
SIMPSON MIKE SCI/SCIF PAST PRESIDENT	5 00	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
BLACK DONALD E DIRECTOR -AT-LARGE	5 00	X						0	0	0
BYRUM J VIRGINIA DIRECTOR -AT-LARGE	5 00	X						0	0	0
CURTIS ED DIRECTOR -AT-LARGE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DREWNOWSKI MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
GEARHART GARY A 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
LANFORD RONALD N DIRECTOR-AT-LARGE	5 00	X						0	0	0
LEONARD MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
LINDQUIST SVEN K 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 JR BILL S DIRECTOR-AT-LARGE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SWASEY SCOTT DIRECTOR-AT-LARGE	5 00	X						0	0	0
TENNISON GARY H DIRECTOR-AT-LARGE	5 00	X						0	0	0
WEBB LEW DIRECTOR-AT-LARGE	5 00	X						0	0	0
ADAMS DON INTERNATIONAL DIRECTOR	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
MULHOLLAND DANIEL H INTERNATIONAL DIRECTOR	5 00	X						0	0	0
PARIS EMILIO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
ATKINSON HERB REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRETT DEBORAH J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BING JAMES STONY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BOIDO BOBBY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BUSH RANDALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CAMPBELL SR 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
CRAWFORD MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CREELMAN BARBARA E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DAHL JAMES E REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVIS TROY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DETWILER DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DEUBLER III E J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
FIDLER JOHN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GOTSHALL RICHARD L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAGEN MIKE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAMMOND RAY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HUDSPETH ORVILLE G REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JOHNSON MARK D REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JURAK JOHN-MARK REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEICHER ROBERT J REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KEIM JEFF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
KNUDSEN JENS KJAER REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LEAKE WT SKIP REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LOSA REVERTE JOSE MARIA REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MEYERL JEFFREY L 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
PORTER NEAL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
POWELL MALCOLM SCOTT REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBINSON MARK DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SALDIAS J THOMAS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
SIZEMORE JEFF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
STOHLMAN JOHN 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
WARGOLET CHARMAINE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WEMPLE JON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WEST MARY LYNN REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ACORD GARY CHAPTER PRESIDENT	5 00	X						0	0	0
ADAIR LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON DAVID G CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON ROBERT J 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRINGER BRETT ADAM CHAPTER PRESIDENT	5 00	X						0	0	0
BAUMAN RANDY CHAPTER PRESIDENT	5 00	X						0	0	0
BEAVER JASON CHAPTER PRESIDENT	5 00	X						0	0	0
BEREMAN HUBERT E CHAPTER PRESIDENT	5 00	X						0	0	0
BETHANCOURT JR 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
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOYCE CYNTHIA CHAPTER PRESIDENT	5 00	X						0	0	0
BOYD JEFFERY W 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 MELISSA 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
BRUMMEL CHAD CHAPTER PRESIDENT	5 00	X						0	0	0
BRUNSON MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
BUONOCORE JR GREGORY P CHAPTER PRESIDENT	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BURT RYAN CHAPTER PRESIDENT	5 00	X						0	0	0
CAGLE RALPH N CHAPTER PRESIDENT	5 00	X						0	0	0
CALLAIS MARK W CHAPTER PRESIDENT	5 00	X						0	0	0
CALLAIS LINDA 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
CHANCLER RYAN CHAPTER PRESIDENT	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLEMMENS WALT CHAPTER PRESIDENT	5 00	X						0	0	0
COLE LOUIS 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
CROSS J WALTER CHAPTER PRESIDENT	5 00	X						0	0	0
DANIELS TYLER D CHAPTER PRESIDENT	5 00	X						0	0	0
DENNETT RYAN CHAPTER PRESIDENT	5 00	X						0	0	0
DETERS KELVIN L CHAPTER PRESIDENT	5 00	X						0	0	0
DICKINSON LEN 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			
DOUGLAS RONALD 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
EBERSOLD RICHARD R CHAPTER PRESIDENT	5 00	X						0	0	0
EHRHARDT PATTY CHAPTER PRESIDENT	5 00	X						0	0	0
ELLIOTT GREG CHAPTER PRESIDENT	5 00	X						0	0	0
ENGSTROM ANDERS N CHAPTER PRESIDENT	5 00	X						0	0	0
ESTADE MIGUEL 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

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			
FLOD ADAM M CHAPTER PRESIDENT	5 00	X						0	0	0
FLORES CARLOS S CHAPTER PRESIDENT	5 00	X						0	0	0
FLOSNIK THOMAS M CHAPTER PRESIDENT	5 00	X						0	0	0
FONTENOT JIMMY CHAPTER PRESIDENT	5 00	X						0	0	0
FOWLER TOM CHAPTER PRESIDENT	5 00	X						0	0	0
FREDERICK GEORGE JOSEPH CHAPTER PRESIDENT	5 00	X						0	0	0
GAFFORD TIMOTHY E CHAPTER PRESIDENT	5 00	X						0	0	0
GALMEZ JUAN ANTONIO CHAPTER PRESIDENT	5 00	X						0	0	0
GARRETT SCOTT F CHAPTER PRESIDENT	5 00	X						0	0	0
GEPPFREY DENNIS 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			
GIHA JOSE LUIS CHAPTER PRESIDENT	5 00	X						0	0	0
GIOTTONINI DON J CHAPTER PRESIDENT	5 00	X						0	0	0
GLIDDEN ALDEN B CHAPTER PRESIDENT	5 00	X						0	0	0
GOLEMIS DEAN C CHAPTER PRESIDENT	5 00	X						0	0	0
GOLM NATE CHAPTER PRESIDENT	5 00	X						0	0	0
GOODWIN LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
GOODWIN BRANDON S CHAPTER PRESIDENT	5 00	X						0	0	0
GRAY RICK CHAPTER PRESIDENT	5 00	X						0	0	0
GRAY JON W CHAPTER PRESIDENT	5 00	X						0	0	0
GRIM LANA 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			
GRINER DERRELL CHAPTER PRESIDENT	5 00	X						0	0	0
HAFLA TONY 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
HARRISON GINO CHAPTER PRESIDENT	5 00	X						0	0	0
HAZEN HERBERT CHAPTER PRESIDENT	5 00	X						0	0	0
HENDERSHOT LANCE CHAPTER PRESIDENT	5 00	X						0	0	0
HENDRICK CAL CHAPTER PRESIDENT	5 00	X						0	0	0
HENRY JOHN CHAPTER PRESIDENT	5 00	X						0	0	0

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			
HEROLD KARL G 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
HOOKER THOMAS R CHAPTER PRESIDENT	5 00	X						0	0	0
HOSKINS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
HOWELL MATT CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTER STEVEN L CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTSMAN KARL CHAPTER PRESIDENT	5 00	X						0	0	0
JABLONIC MARK 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			
JACKSON STEVEN W CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES SHELDON K CHAPTER PRESIDENT	5 00	X						0	0	0
JONES JOHN 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
KIDD CAMERON CHAPTER PRESIDENT	5 00	X						0	0	0
KILLORN KRISTOPHER C CHAPTER PRESIDENT	5 00	X						0	0	0
KLEINSMITH STACEE F CHAPTER PRESIDENT	5 00	X						0	0	0
KLOPPENBURG PHIL 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			
KNOOP JR GEORGE CHAPTER PRESIDENT	5 00	X						0	0	0
KNOWLES MICHAEL 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
KRUSZEWSKI LEONARD A 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
LAWSON ROBERT C CHAPTER PRESIDENT	5 00	X						0	0	0
LEI WANG 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			
LITTLE DAVID A CHAPTER PRESIDENT	5 00	X						0	0	0
LYTLE ZAC CHAPTER PRESIDENT	5 00	X						0	0	0
MACELLARO JORGE CARLOS 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
MANN SR DENNIS D CHAPTER PRESIDENT	5 00	X						0	0	0
MARCUM BETHANY L CHAPTER PRESIDENT	5 00	X						0	0	0
MASTERS TOM 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			
MAY JR RICHARD M CHAPTER PRESIDENT	5 00	X						0	0	0
MCCLOUD LAWRENCE H CHAPTER PRESIDENT	5 00	X						0	0	0
MCCROSKEY MATT CHAPTER PRESIDENT	5 00	X						0	0	0
MCDOWELL MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
MCKINNON TIM D CHAPTER PRESIDENT	5 00	X						0	0	0
MCNAMEE LISA CHAPTER PRESIDENT	5 00	X						0	0	0
MCWHORTER JAMES CHAPTER PRESIDENT	5 00	X						0	0	0
MICO PEDRO CHAPTER PRESIDENT	5 00	X						0	0	0
MORELAND JIMMY CHAPTER PRESIDENT	5 00	X						0	0	0
MULDERS JOSEPH H 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			
MULLER CHRISTOPHER B CHAPTER PRESIDENT	5 00	X						0	0	0
MUNG LIM JR MELVIN E CHAPTER PRESIDENT	5 00	X						0	0	0
MUNRO WILSON RODRIGO GUILLERMO 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
NILSEN RICHARD B CHAPTER PRESIDENT	5 00	X						0	0	0
O'FARRELL SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
OLSON DANIEL CHAPTER PRESIDENT	5 00	X						0	0	0
ORT CALVIN J CHAPTER PRESIDENT	5 00	X						0	0	0
OVERWEG SCOTT EDWARD 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			
PASCALLE BILL CHAPTER PRESIDENT	5 00	X						0	0	0
PATTERSON LORIN CHAPTER PRESIDENT	5 00	X						0	0	0
PEACORE JERRY J CHAPTER PRESIDENT	5 00	X						0	0	0
PETERS JODEAN CHAPTER PRESIDENT	5 00	X						0	0	0
PJEVACH MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
POLK AARON C CHAPTER PRESIDENT	5 00	X						0	0	0
PORTER MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL DAVID C CHAPTER PRESIDENT	5 00	X						0	0	0
PRIDMORE TYLER THOMAS CHAPTER PRESIDENT	5 00	X						0	0	0
PULLANO FRANK CHAPTER PRESIDENT	5 00	X						0	0	0

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(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			
QUINTANA GILBERT CHAPTER PRESIDENT	5 00	X						0	0	0
REESE GERALD V CHAPTER PRESIDENT	5 00	X						0	0	0
REIGER TIMOTHY E CHAPTER PRESIDENT	5 00	X						0	0	0
REX MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
RHODES JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARDS LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
RIMKUS DALE CHAPTER PRESIDENT	5 00	X						0	0	0
ROELL JAMIE 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

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(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			
ROMERO NIETO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSO BRIAN F CHAPTER PRESIDENT	5 00	X						0	0	0
RUSSO CORCEIRO JOAO CHAPTER PRESIDENT	5 00	X						0	0	0
RYAN CALVIN J CHAPTER PRESIDENT	5 00	X						0	0	0
SACKMAN MARYANN CHAPTER PRESIDENT	5 00	X						0	0	0
SAGE JOE CHAPTER PRESIDENT	5 00	X						0	0	0
SANTOS TREVOR W CHAPTER PRESIDENT	5 00	X						0	0	0
SAVARNO EDWARD A CHAPTER PRESIDENT	5 00	X						0	0	0
SCHREDER CLAY CHAPTER PRESIDENT	5 00	X						0	0	0
SEAGER TIM CHAPTER PRESIDENT	5 00	X						0	0	0

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(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			
SEFTON DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
SIDDONS MICHAEL A CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH ROBIN M R CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH JASON CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH BRIAN D 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
SPOHR FREDERICK C CHAPTER PRESIDENT	5 00	X						0	0	0

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(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			
ST MICHAEL ROXANE CHAPTER PRESIDENT	5 00	X						0	0	0
STAFFORD RON 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
STOKES KAL CHAPTER PRESIDENT	5 00	X						0	0	0
STRAUSS JANIS CHAPTER PRESIDENT	5 00	X						0	0	0
SUMMERS NICHOLAS CHAPTER PRESIDENT	5 00	X						0	0	0
TAKACS ISTVAN CHAPTER PRESIDENT	5 00	X						0	0	0
TERZI TIZIANO CHAPTER PRESIDENT	5 00	X						0	0	0

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(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			
THOMPSON ERIK CHAPTER PRESIDENT	5 00	X						0	0	0
ULBERG MATT CHAPTER PRESIDENT	5 00	X						0	0	0
VALDENEBRO ENRIQUE CHAPTER PRESIDENT	5 00	X						0	0	0
VAN DE STEENE DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
VANDEMARK LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
VENDITTOZZI ARMANDO 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

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(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			
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
WAUGH SETH 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
WEST SEAN CHAPTER PRESIDENT	5 00	X						0	0	0
WHITCOMB MYOSOOK H CHAPTER PRESIDENT	5 00	X						0	0	0
WILLARD KIRK R CHAPTER PRESIDENT	5 00	X						0	0	0

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(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			
WILLIAMS CHRIS S CHAPTER PRESIDENT	5 00	X						0	0	0
WILMOT SUZANNE CHAPTER PRESIDENT	5 00	X						0	0	0
WINDER WADE T CHAPTER PRESIDENT	5 00	X						0	0	0
WOTTRICH STEPHANIE CHAPTER PRESIDENT	5 00	X						0	0	0
YUNK MATT CHAPTER PRESIDENT	5 00	X						0	0	0
ZANELLI PIERRE 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
DELONE PHILIP CEO	40 00			X				259,539	0	15,568
BOLT NATHAN CFO	30 00 10 00			X				131,403	0	12,340

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEIDMAN ANNA DIRECTOR OF LITIGATION	40 00				X			192,298	0	5,869
SAGI ANGELA ADVERTISING SALES DIRECTOR	40 00				X			189,824	0	19,446
GRIMES ELIZABETH DIRECTOR OF CONVENTIONS & EVENTS	40 00					X		144,604	0	14,877
GERICH MARTIN IT DIRECTOR	40 00					X		141,245	0	12,501
COMUS STEPHEN DIRECTOR OF PUBLICATIONS	40 00					X		133,368	0	14,925
BURDIN DOUG SENIOR LITIGATION COUNSEL	40 00					X		130,137	0	12,584
MACKLEY NITA DIRECTOR OF MEMBERSHIP SERVICES	40 00					X		113,263	0	18,592

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

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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	▶ \$ 256,636
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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					

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? Yes No
- 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically important land area
 - Preservation of a certified historic structure

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

- 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

Held at the End of the Year	
2a	
2b	
2c	
2d	

- 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, handling of violations, and enforcing conservation easements during the year
▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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, for escrow or custodial account liability? 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	(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 on 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

- 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		45,544	34,563	10,981
d Equipment		1,895,400	1,440,387	455,013
e Other		50,245		50,245
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				516,239

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,625,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-158,826	
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	-158,826
3	Subtract line 2e from line 1		3	22,784,594
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	-8,064,480	
c	Add lines 4a and 4b		4c	-8,064,480
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	14,720,114

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

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

1	Total expenses and losses per audited financial statements		1	21,986,797
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	8,064,480	
e	Add lines 2a through 2d		2e	8,064,480
3	Subtract line 2e from line 1		3	13,922,317
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	13,922,317

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	SCI 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, 2016 AND 2015, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES 7,598,602 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES 465,876 ROUNDING 2

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I General Information on Activities Outside the United States.

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	162,164
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	29,575
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	2,574
3a Sub-total	1	1			194,313
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			194,313

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)
		SUB-SAHARAN AFRICA	PROGRAM AWARD	25,000	WIRE			
		NORTH AMERICA	OPERATING EXPENSES	135,914	WIRE			
		NORTH AMERICA	PROGRAM AWARD	14,750	CHECK			

- 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 ▶ _____

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, do not file with Form 990)* 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, do not file with Form 990)* 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

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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)
		CONVENTION (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,215,488			15,215,488
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	15,215,488			15,215,488
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,299,585			1,299,585
	7 Food and beverages	1,725,527			1,725,527
	8 Entertainment	298,730			298,730
	9 Other direct expenses	4,274,760			4,274,760
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				7,598,602
11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,616,886	

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in

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

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
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

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

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

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

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 SCIF, A RELATED ORGANIZATION 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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85743	86-0292099	501(C)(3)	652,616	2,206,592	FMV	DONATED GOODS AND SERVICES PROVIDED AT COST	TO ASSIST WITH PROGRAM AND OPERATING COSTS
ALASKA PROFESSIONAL HUNTERS ASSOCIATION PO BOX 240971 ANCHORAGE, AK 99524	92-0060165		25,750				ONGOING AND NECESSARY PROJECTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) 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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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	Yes								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	Yes								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7	Yes								
<p>8 Were any amounts reported on 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DELONE PHILIPCEO	(i)	234,514 -----	25,000 -----	25 -----	5,400 -----	10,168 -----	275,107 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 SEIDMAN ANNA DIRECTOR OF LITIGATION	(i)	183,477 -----	8,821 -----	0 -----	5,400 -----	469 -----	198,167 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 SAGI ANGELA ADVERTISING SALES DIRECTOR	(i)	183,915 -----	5,884 -----	25 -----	4,987 -----	14,459 -----	209,270 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 GRIMES ELIZABETH DIRECTOR OF CONVENTIONS & EVENTS	(i)	135,758 -----	8,821 -----	25 -----	4,950 -----	9,927 -----	159,481 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 GERICH MARTIN IT DIRECTOR	(i)	124,399 -----	16,821 -----	25 -----	4,757 -----	7,744 -----	153,746 -----	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 RECEIVES COMMISSIONS BASED UPON ADVERTISING SALES
PART I, LINE 6	BOARD APPROVED BONUS PLAN
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)

Transactions with Interested Persons

OMB No 1545-0047

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.

2015 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MIKE ROGERS JR	OWNER OF SAFARI VIDEO PRODUCTIONS AND SON OF A MEMBER OF BOARD OF DIRECTORS	238,341	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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**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Return Reference	Explanation
FORM 990, PART III, LINE 1	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

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>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 INCLUDED SEVERAL PROJECTS IN STATE NATIONAL AND INTERNATIONAL FORUMS TOWARD DEVELOPMENT OF NEW REGULATIONS, LEGISLATION AND POLICIES TO SUPPORT HUNTING ACCESS AND/OR SUSTAINABLE USE WILDLIFE MANAGEMENT AND CONSERVATION, LITIGATION TO PROTECT HUNTING RIGHTS AND OPPORTUNITIES, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS THAT REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LAIRD HAMBERLIN AND LOUIS COLE - FAMILY RELATIONSHIP ARCHIE NESBITT AND NATALIE NESBITT - FAMILY RELATIONSHIP JAMES LEONARD AND MICHAEL LEONARD - FAMILY RELATIONSHIP MIKE ROGERS SR AND MIKE ROGERS JR - FAMILY RELATIONSHIP LINDA CALLAIS AND RON BARTELS - FAMILY RELATIONSHIP MARK CALLAIS AND RON BARTELS - FAMILY RELATIONSHIP MARK CALLAIS AND LINDA CALLAIS - FAMILY RELATIONSHIP PAUL BABAZ AND JOHN MONSON - BUSINESS RELATIONSHIP PAUL BABAZ AND LAIRD HAMBERLIN - BUSINESS RELATIONSHIP GREGORY BUONOCORE AND FRANK PULLANO - BUSINESS RELATIONSHIP RON BARTELS AND EJ DEUBLER - BUSINESS RELATIONSHIP

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO 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

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

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

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

Return Reference	Explanation
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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

(a) Name, address, and EIN (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 9	N/A		No
(2) SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W STE 200 OTTWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA			SCI		No
(3) SAFARI CLUB INTERNATIONAL FOUNDATION OF CANADA 132 JEROME ST RR 1 LANARK, ONTARIO K0G 1K0 CA	WILDLIFE CONSERVATION	CA			SCI		No
(4) HUNTER ACTION 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		No
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s		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
See Additional Data Table			

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

(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	135,914	FMV
(1) SAFARI CLUB INTERNATIONAL FOUNDATION	B	652,616	FMV
(2) SAFARI CLUB INTERNATIONAL FOUNDATION	D	231,509	FMV
(3) SAFARI CLUB INTERNATIONAL FOUNDATION	K	585,595	FMV
(4) SAFARI CLUB INTERNATIONAL FOUNDATION	O	688,835	FMV
(5) SAFARI CLUB INTERNATIONAL FOUNDATION	R	1,517,757	FMV
(6) SAFARI CLUB INTERNATIONAL FOUNDATION	P	250,423	FMV
(7) SAFARI CLUB INTERNATIONAL FOUNDATION	Q	235,234	FMV