CONTRACTOR	
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2018	

om	99	O-EZ	Short Form Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except priv			26	1545-1150 T/C
		f the Treasury	▶ Do not enter social security numbers on this form as it may be made ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.	-	1171	, ,	o Public ection
F	or the	2017 calend	r year, or tax year beginning , 2017, and ending	8			, 20
Ch	eck if as	blicaple.	C Name of organization 21		2 Employ	er identification	number 28
<u>_</u>	ddress c	hange	Safari Club International - Utah Chapter	1	(14-260	8055
~	ame cha	*	Number and street (or P.O. box, if mail is not delivered to street address)	1	teriabuo	ine number	
=	itial retu		700 E 1400 N	- 1		801-755-980	5
=	nendeđ nendeđ	n/terminated	Crty or town, state or province, country, and ZIP or foreign postal code	511	Group	Exemption	
= ^			OFC Logan, UT 84341	/	Numbe		
		ing Method:	☑ Cash ☐ Accrual Other (specify) ►	H C	hack >	If the organi	ization is mot
W	ebsite	: ▶				attach Schedu	
Tac	x-exen	pt status (che	ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527		-	, 990-EZ, or 990	
			☑ Corporation ☐ Trust ☐ Association ☐ Other			 	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal a	ssets		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ	_	. 📂	\$	
Pa	rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t	he ir	struction	ons for Part	1) 71
			the organization used Schedule O to respond to any question in this Par				
21	1		ns, gifts, grants, and similar amounts received			1	
	2		rvice revenue including government fees and contracts	• •	·	2	
	3		p dues and assessments		····	3	8896
2	4	investment		٠.		6	
-	5a		unt from sale of assets other than inventory 5a	• •			
1	ь		or other basis and sales expenses			24	
1	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a)			ic i	
	6		I fundraising events		. 3	22.8	
1	а	_	me from gaming (attach Schedule G if greater than				
	a		6a		Y		
	h	•	ne from fundraising events (not including \$ 84747 of contributions)	one			
	ų		ising events reported on line 1) (attach Schedule G if the	-			
1			a gross income and contributions exceeds \$15,000) 6b 94	14			
	c		expenses from gaming and fundraising events 6c	ᆛᆛ	4575		
	ď				673.00		
	-	line 6cl	of (loss) from gaming and fundraising events (add lines 6a and 6b and	euui.	aut Mile		475
1	7^	l _ l'	of inventory loss military and allowers	•	. 6	<u> </u>	172
1	7a h	CIUSE SKIES	of inventory less returns and allowances				
1							
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)	• •	. 70		
1	8	Order reven	ue(describe in Schedule O) .	٠.	. 8		
╁.	9	Compression	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	> 9		9068
1	10		similar amounts paid (list in Schedule O)	• •	. 10		
	11	Benefits par	d to or for members		. 1		
			ner compensation, and employee benefits 22	• •	. 1		
			fees and other payments to independent contractors 2		. 13		275
: :			rent, utilities, and maintenance		. 1		
· '			plications, postage, and shipping		. 11		
			ises (describe in Schedule O) 🚾		. 10		1439
	17	Total exper	ses. Add lines 10 through 16	• •	<u>▶</u> 17		17,14
1	18	Excess or (d	effcit) for the year (Subtract line 17 from line 9)	٠.	18	3]	7354
1	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agr	98 W		****	
1			figure reported on prior year's return)				88545
}			and the contract of the contra			N 1	
			les in net assets or fund balances (explain in Schedule O)		. <u>20</u>		95899

orm 990-EZ		ca Shaota laca	the instruction						
Part II									
	Check	if the organizati	on used Schedu	ile 0 to respond to	any question in this				
						(A) Beginning o	f year	<u> </u>	(B) End of year
22 Ca:	sh, savin	gs, and investme	nts	,			88545	22	9589
23 Lar	nd and bi	uildings.,						23	
4 Oth	ner asset	s (describe in Sch	redule O)					24	
25 Tot	tal asset	8					88545	25	95,89
26 Tot	tal liabilh							26	
		•		nn (B) must agree wi			88545	27	9589
art III				mplishments (see t				1	
				ie O to respond to			Г	1	Expenses
hat is the		ation's primary ex		io o to tabpolia to i	any quodition in the		<u></u>		ruired for section
	•	•	,	4 1					(c)(3) and 501(c)(4) inizations; optional fo
escribe t	ne organ	ization's program	i service accomp	dishments for each	or its three largest p	program servi	ces,	othe	
renne he	recorbye: ecefited	xpenses. In a cit	ear and concise	manner, describe the	ne services provide	a, the numbe	er Ot	1	• • •
	a tenteu,	and Other releval	it intomiation for	Bacii program une.					T
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1 Other	program	n services (descri	oe in Schedule O						
1 Other (Gran	r program its \$		oe in Schedule O)) If this amour	t includes foreign gr	ants, check here			31 <i>a</i>	
1 Other (Gran 2 Total	r program ts \$ program	n service expens	be in Schedule O) If this amour les (add lines 28a	nt includes foreign gr a through 31a)	ants, check here			31a 32	261381
1 Other (Gran	program program List of	n service expens Officers, Directors	be in Schedule O) If this amour les (add lines 28a , Trustees, and Ke	nt includes foreign gr a through 31a) by Employees (list eac	ants, check here	pensated—see	the in	31a 32	261381
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Form 990-EZ (2017)

	Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the		-		_
		The second section of the second seco	<u> </u>	Yes	_=	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	_
2	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34			- ?;
	35a		35a		•	•
	c b	****** -	35b			
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c			
	37a b 38a	Enter amount of political expenditures, direct or Indirect, as described in the instructions ▶ 37a	37b 38a			77
	39 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			21
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.				_
	đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c, reimbursed by the organization	<i>**</i>) (2)	
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶				
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes		
	c	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>~</u>	
	43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		. •		
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448	Yes	No V	
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>/</u>	
	d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d			
,	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a			

-om 99	0-EZ (2017)					Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political o	campaign activities or	behalf of or in oppos	sition	Yes No
Part \	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only is must answer que	estions 47–49b and	52, and complete t		or lines
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	· · · · ·	<u> </u>
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	on in effect during the		Yes No
	is the organization a school as described in		i\2. If "Yes " complete:	Schradula F	48	1
	Did the organization make any transfers to				49a	V
	If "Yes," was the related organization a se				. 49b	
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers, direc	tors, trustees	s, and key
	employees) who each received more than	\$100,000 of comper	nsation from the orga	nizațion. If there is no	ne, enter "No	ne."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health banefits, contributions to employee benefit plans, and deferred companiation		
			-			
51	Complete this table for the organization's \$100,000 of compensation from the organization from the organizatio	nization. If there is no	ensated Independent ine, enter "None." (b) Type of servi		h received n	
	(*************************************				·	·
i 2 [Total number of other independent contra Did the organization complete Schedul completed Schedule A			izations must attacl	n a .▶□ Yes i	□ No
der per e, come	natives of perjury, I declare that I have examined this reci, and complete. Declaration of preparer to their than	sium, including accompany officer) is based on all info	ing schedules and statemen matten of which preparer h	nts, and to the best of my ki	nowledge and be	olief, it is
gn ere .	Signifium of officer Nicolle Stettler - Treasurer			12/06 Date	47	
	Type or print name and tittle		<u> </u>			
aid repa	Print/Type preparer's name Bill Nuttall	Preparer's signature	Date	」 // , Check L.		
se O		JT 8409'4		Firm's EIN ▶	87-06622 801-755-98	
av the	IRS discuss this return with the preparer		etructions		801-785-78	

SCHEDULE'A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

> Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service ► Go to www.iri.gov/Form990 for instructions and the latest information Inspection Mame of the organization Employer identification number 94-2608059 Safari Club International - Utah Chapter Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/s% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(s)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetar (vi) Amount of (described on lines 1-10. listed in your poverning support (see other support (see above (see instructional) หายไทเดิโดกหโ instructions) Yes No **(A)** (B) (C) (D)

(E) Total

Sched	ule A (Form 990 or 990-EZ) 2017						Pag
Par	Complete only if you checked to Part III. If the organization falls to	he box on lin	e 5, 7, or 8 of	Part I or if the	ne organizati	on failed to qu	ri) ialify under
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants:")						1
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	* * * * * * * * * * * * * * * * * * *					
6	Public support. Subtract line 5 from line 4	Benedikas makanan bani Bu	- garanta and sa sansayariban sa sansa Ag			4 - 2 - 1	
Sect	ion B. Total Support					<u> 18 january 19 january</u>	L
Caler 7	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,′			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for th	(see instruction (see organization	n's first, secon	d, third, fourth	, or fifth tax y	12 ear as a section	n 501(c)(3)
	organization, check this box and stop her	ne		<u>, , , , , , , , , , , , , , , , , , , </u>	• • • • •		· · -
14	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 ookuun #*		44	A
15	Public support percentage for 2017 (line of Public support percentage from 2016 Sch					16	9
16a		zation did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more,	check this
Þ	331.6% support test - 2016. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "torganization."	ets the "facts facts-and-circ	and-circumsta	inces" test, ch st. The organiz	eck this box a zation qualifies	nd stop here.	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstancës" tances" test.	test, check the organization	this box and a on qualifies as	top here.
18	Private foundation. If the organization dicinstructions	i not check a l	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee

Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	Schiedi	ule A (Forth 990 or 990-EZ) 2017						Page -
Section A Public Support Callendar year for fiscal year beginning in	Part	(Complete only if you checked to	he box on lir	ne 10 of Part I	or if the orga	nizàtion faile		nder Part II.
Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 (filtrogenic combinations and membershyle less neceived. (b) not include any "unsual grants") 33421 82607 54427 9068 17952	A		under the to	ests listed bel	ow, please c	omplete Part	11.)	
1 Gifts, granks, contributions, and emitherally less floorests, Do not include any nursual grants.] 2 Giross receipts from admissions, mechandles soid or specifies promoting that is related to the originalization is tax-eventry purposes. 3 Giross receipts from activities that are not an unrelated to accordance section 513 and unrelated to that originalization is beneath and either peal to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the originalization without change. 6 Totals. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from office paid to or 15 of the amount on line in 1, 2, and 3 received from office paid to or 15 of the amount on line in 1, 2, and 3 received from office paid to or 15 of the amount on line in 1, 2 or 15 of the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7b from line 8). 9 Public support. (Subtract line 7b from line 8). 179523 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total line 8). 9 Amounts from line 6 10 Color of the color of color of the color of color of the color				1 - 2 : - 2 :		T		
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		331/a% support tests-2016. If the organize	ation did not ci	heck a box on li	ne 14 or line 18	a, and line 16	is more than 3	31/a%, and

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation: If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes;" complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes;" provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
9	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	 -
	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>
Sect	ion B. Type I Supporting Organizations	- Tw	1 22-
_	Prid the discontain to the control of the second control of the second control of the second the second to	Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		- 3
	controlled the organization's activities, if the organization had more than one supported organization,		10 (4)
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	5.00 June 12.00 July 20.00	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	# 166 pc
2	Mid the expenientian energie for the banetit of any a mountain expendent other than the connected		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sect	ion C. Type II Supporting Organizations	1 • 1 — 1	L
	or type if deporting or gottomation	Yes	No
Î	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Secti	ion D. All Type III Supporting Organizations	السياست الم	
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		127.74
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		91
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	autorion sinc
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard:	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see instructio	ons).
•	Anthibles Tank American (at and the halous	Van I	Na
2	Activities Test, Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year-directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization datermined		
	that these activities constituted substantially all of its activities.	2a	
ь		20	* · · A
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	ectivities but for the organization's involvement.	70	
9		25	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3ă	
l.		32	77
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	100

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or		frations	, 190
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or 1 Check here if the organization satisfied the integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organization.	ig tri	ust on Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		_
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
Instructions for short tax year or assets held for part of year):		The state of the s	Burn in the swapper of the state of the stat
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	ł	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	ki daya daya daga ka	
5 Income tax Imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	в		
7 Check here if the current year is the organization's first as a non-functional instructional.	ly int	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)((3) Supporting Organ	izations (continued)	
Sect	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
- 6	Other distributions (describe in Part VI). See instructions),		
	Total annual distributions. Add lines 1 through 6.		~	
8	Distributions to attentive supported organizations to white (provide details in Part VI). See instructions.	ch the organization is res	spoństve	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
s 	ection E - Distribution Allocations (see instructions)	(l) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			a superior de la constitución de
3	Excess distributions carryover, if any, to 2017	and the second of the second o		Director magazines and common medical pro-
<u>a</u>				The second secon
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		Commence of the state of the st	
<u>h</u>	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
3	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
ä	Excess from 2013			
ь	Excess from 2014			
C	Excess from 2015 ,		دود د الماد وساله المساود وسا	
d	Excess from 2016			
Δ.	Excess from 2017			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c; 11a, 11b, and 11 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; ar lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	c; Part IV, Section on E, lines 1c, 2a, 2b, ad Part V. Section E.
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SCHEPULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

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

▶ Attach to Form 990 or Form 890-EZ.

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer Identification number

Safar	Club International - Utah Chapter Fundraising Activities. Form 990-EZ filers are:	•				94-26	286 75
Par	Fundraising Activities.	Complete if the	he organiz	ation ansv	vered "Yes" on	Form 990, Part IV,	line 17.
	Form 990-EZ filers are	not required to	complete	this part.			
1	Indicate whether the organization	on raised funds	through any	of the folk	owing activities. C	heck all that apply.	
9	☐ Mail solicitations				lon of non-govern		
b	☐ Internet and email solicitations f ☐ Solicitation of government grants						
C	☐ Phone solicitations		g [] Special	fundralsing events	3	
đ	☐ In-person solicitations						
2a							
	or key employees listed in Form	•	•		-	-	
þ	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) po	rsuant to agreen	ents under which th	e fundraiser is to be
				•••			<u> </u>
	(f) Name and address of Individual or entity (fundrasser)	(II) Activity	(III) Old fundraleer have custody or control of contributions?		(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in ,col. (i)	(vf) Amount paid to (or retained by) organization
		 	Yes	No		 	
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otal 3	List all states in which the orga	nization is regic	tored or lice	aneod to e	dicit contribution	or has been notifie	d it is everyth from
	registration or licensing.	inzanon ja 1egia	VICTOR OF NO	371 250 (O 54		or has poor floure	o trio exempliment

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	art il	than \$15,000 of fundralsh	ng event contributions	ion answered "Yes" o and gross income or	n Form 990, Part IV, ti n Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with	
		grosa récelpts greater tha	(a) Event #1 Fund Raiser Dinner (event type)	(b) Evern #2	(c) Other events	(d) Total events (add col. (a) through col. (cj)	
Revenue	1	Gross receipts	84747			8474	
ď	2 3	Less: Contributions Gross income (line 1 minus					
Direct Expenses	fine 2)		84747	·		B4747	
	4	Cash prizes					
	5	Noncash prizes	73539			73539	
	6	Rent/facility costs	3500			3500	
	7	Food and beverages	7536			7530	
	8	Entertainment					
	9	Other direct expenses .					
	10 11	Direct expense summary. Ad Net Income summary. Subtra	act line 10 from line 3, c	olumn (d)		84575 172	
Pa	rt ili	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" on Form 99	90, Part IV, line 19, or	reported more	
Revenue		trian 410,000 dri i Oriji 3	(a) Bingo	(b) Pull tabe/instant bingo/progressive bingo	(c) Other gameng	(d) Total gaming: (add col. (e))	
7. Š	1	Gross revenue . , , ,	· · · · · · · · · · · · · · · · · · ·				
588	2	Càsh prizes					
S S	3	Noncash prizes ,					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses .					
	. 6	Volunteer labor	☐ Yes%	☐ Yes %	☐ Yes % ☐ No		
	7	Direct expense summary. Add					
	8	Net gaming income summary					
9	a Ist		nduct gaming activities	In each of these states		Yes 🔲 No	
10		re any of the organization's ga Yes," explain:		, suspended, or temnina		? . Yes No	

Schedu	ile G (Form-990 or 890-EZ) 2016		Page					
11	Does the organization conduct gaming activities with nonmembers?	☐ Ye	s 🗌 No					
12	Is the organization a granter, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Ye	s 🗌 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▶		:					
	Addrèss ►							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏ Yes	s 🗌 No					
	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 ►	74 44 - 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	□ Director/officer □ Employee □ Independent contractor							
17	Mandatory distributions:							
а	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[] Y oo	. □ No					
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	_ 100						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations	id (v); a nation.	nd					

	ppa/vppa agruptuppapaaa ag papuppa aa aa bag a abaa ka adaa ab a ab							

