

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SAFARI CLUB INTERNATIONAL

Doing business as

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

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

**D** Employer identification number  
86-0974183

**E** Telephone number  
(520) 620-1220

**G** Gross receipts \$ 23,488,399

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

**F** Name and address of principal officer  
RICHARD PARSONS  
4800 WEST GATES PASS ROAD  
TUCSON, AZ 85745

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 2663

**J** Website: ▶ WWW.SCIFIRSTFORHUNTERS.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶  
**L** Year of formation 2000 **M** State of legal domicile AZ

**Part I Summary**

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	266
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	265
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	127
<b>6</b> Total number of volunteers (estimate if necessary)	303
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,071,826
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-50

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,374,248	1,528,976
<b>9</b> Program service revenue (Part VIII, line 2g)	5,146,673	4,937,355
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	259,182	376,521
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,940,011	7,785,891
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,720,114	14,628,743
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,093,071	3,200,694
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,425,488	5,376,589
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,136,792		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,403,758	5,790,209
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,922,317	14,367,492
<b>19</b> Revenue less expenses Subtract line 18 from line 12	797,797	261,251

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	14,086,043	15,999,706
<b>21</b> Total liabilities (Part X, line 26)	6,454,585	7,397,111
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	7,631,458	8,602,595

**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: \*\*\*\*\*  
Date: 2018-05-08  
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: \_\_\_\_\_  
Check  if self-employed PTIN: P00317845  
Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749  
Firm's address: 5255 EAST WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711 Phone no: (520) 790-3500

**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

<b>4a</b>	(Code )	(Expenses \$	4,869,478	including grants of \$	) (Revenue \$	3,126,196 )
	See Additional Data					

<b>4b</b>	(Code )	(Expenses \$	2,487,764	including grants of \$	270,547 ) (Revenue \$	)
	See Additional Data					

<b>4c</b>	(Code )	(Expenses \$	2,930,147	including grants of \$	2,930,147 ) (Revenue \$	)
	See Additional Data					

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

<b>4e</b>	<b>Total program service expenses ▶</b>		10,287,389			
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (266); 1b Enter the number of voting members included in line 1a, above, who are independent (265); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AZ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, 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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,528,976				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,528,976				
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> ADVERTISING/SPONSORSHIPS	541800	2,588,989	517,163	2,071,826		
	<b>b</b> DUES AND SUBSCRIPTIONS	900099	2,029,759	2,029,759			
	<b>c</b> MEMBERSHIP SERVICES SALES	900099	318,607	318,607			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		4,937,355					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		206,898			206,898	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .		169,623			169,623
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	14,681,008				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	7,125,740			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		7,555,268			7,555,268
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	51,105				
<b>b</b> Less direct expenses . . . . .		<b>b</b>	87,595				
<b>c</b> Net income or (loss) from gaming activities . . . . .			-36,490			-36,490	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	702,626					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	441,959				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		260,667	260,667			
Miscellaneous Revenue	<b>Business Code</b>						
<b>11a</b> MISCELLANEOUS INCOME	900099	6,446			6,446		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		6,446					
<b>12 Total revenue.</b> See Instructions . . . . .		14,628,743	3,126,196	2,071,826	7,901,745		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,940,828	2,940,828		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	259,866	259,866		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	850,070	390,119	237,844	222,107
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,730,824	2,438,750	550,775	741,299
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	92,687	61,893	18,602	12,192
<b>9</b> Other employee benefits	420,286	165,405	167,734	87,147
<b>10</b> Payroll taxes	282,722	160,855	73,283	48,584
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	92,243		92,243	
<b>b</b> Legal	618,474	15,308	603,166	
<b>c</b> Accounting	48,545		48,545	
<b>d</b> Lobbying	205,525	205,525		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	40,494	40,494		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	356,799	356,799		
<b>12</b> Advertising and promotion	484,787	380,255	104,532	
<b>13</b> Office expenses	411,018	253,459	157,559	
<b>14</b> Information technology	134,566	7,384	127,182	
<b>15</b> Royalties				
<b>16</b> Occupancy	514,286	378,788	135,498	
<b>17</b> Travel	372,720	249,618	123,102	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	291,071	66,671	224,400	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	240,667	25,470	189,734	25,463
<b>23</b> Insurance	222,940	181,060	41,880	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRODUCTION COSTS	1,295,434	1,295,434		
<b>b</b> PROGRAMS AND PROJECTS	145,408	144,899	509	
<b>c</b> POSTAGE AND FREIGHT	143,213	118,235	24,978	
<b>d</b> PRINTING	89,877	82,451	7,426	
<b>e</b> All other expenses	82,142	67,823	14,319	
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,367,492	10,287,389	2,943,311	1,136,792
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,424,118	<b>1</b>	1,764,621
	<b>2</b> Savings and temporary cash investments . . . . .	1,430,550	<b>2</b>	1,624,250
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	919,465	<b>4</b>	1,092,673
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	770,564	<b>7</b>	1,412,382
	<b>8</b> Inventories for sale or use . . . . .	422,899	<b>8</b>	245,539
	<b>9</b> Prepaid expenses and deferred charges . . . . .	667,276	<b>9</b>	698,818
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,071,858		
	<b>b</b> Less accumulated depreciation	1,688,006		
	<b>11</b> Investments—publicly traded securities . . . . .	7,855,741	<b>11</b>	8,705,937
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	79,191	<b>15</b>	71,634
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	14,086,043	<b>16</b>	15,999,706	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,244,334	<b>17</b>	1,094,038
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,210,251	<b>19</b>	6,303,073
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,454,585	<b>26</b>	7,397,111
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	7,512,983	<b>27</b>	8,343,783
	<b>28</b> Temporarily restricted net assets . . . . .	118,475	<b>28</b>	258,812
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	7,631,458	<b>33</b>	8,602,595
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	14,086,043	<b>34</b>	15,999,706

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	14,628,743
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	14,367,492
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	261,251
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	7,631,458
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	709,887
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-1
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,602,595

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0974183

**Name:** SAFARI CLUB INTERNATIONAL

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 46,321 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

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**Form 990, Part III, Line 4b:**

SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

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

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		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
SKOLD STEVE ..... DEPUTY PRESIDENT ELECT	20 00 .....	X		X				0	0	0
CHAPMAN SCOTT ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
DETWILER DONALD ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
GRASSER EDWARD K ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
HARTER DON C ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
KOSICH ESQ VERONICA M ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
MADDOX SHERRY D ..... VICE PRESIDENT	20 00 .....	X		X				0	0	0
MAKI ALAN W ..... CORPORATE SECRETARY	20 00 .....	X		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			
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
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
JACKSON III JOHN ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
KAUFFMAN CRAIG L ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORRIS LANCE H ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
OLDFIELD ANDY M ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
POCIUS E WAYNE ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
SHEPARD MERLE A ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
URSEM RICHARD E ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
VAN HORNE NORDEN ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
YAJKO R DOUGLAS ..... SCI PAST PRESIDENT	5 00 .....	X						0	0	0
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

**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			
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
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

**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			
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
CURTIS ED ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
DREWNOWSKI MICHAEL J ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
EAVENSON BRUCE W ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
GEARHART GARY A ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
JOHNS LARRY J ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
KIMBELL JEFFREY ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
LANFORD DVM RONALD N ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEONARD MICHAEL J ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
LEONARD JAMES R ..... 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
SIBERT C J ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
SWAN JR BILL S ..... DIRECTOR-AT-LARGE	5 00 .....	X						0	0	0
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

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			
DAY ABIGAIL ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
D'ENTREVES UBERTO ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
ESTADE MIGUEL ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
JAMES DWIGHT ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
JORGENSEN RAGNAR R ..... 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
NESBITT ARCHIE J ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
PARIS EMILIO ..... INTERNATIONAL DIRECTOR	5 00 .....	X						0	0	0
ALDRICH JEFFREY K ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ATKINSON HERB ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
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
CREELMAN BARBARA E ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
DAHL JAMES E ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
DAVIS TROY ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0		
DEUBLER III E J ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0		
ENGSTROM ANDERS N ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0		
ERNST ALLEN R ..... 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		
HLUSZIK BERNHARD ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0		
HUDSPETH ORVILLE G ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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	
(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)											
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
JOHNSON MARK D ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	
JURAK JOHN-MARK ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	
KEICHER ROBERT J ..... 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	
MARCUM BETHANY L ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	
MEYERL JEFFREY L ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	
MULLER CHRISTOPHER B ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	
ORTMANN DWIGHT A ..... REGIONAL REPRESENTATIVE	5 00 .....	X								0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTER NEAL ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
POWELL MALCOLM SCOTT ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
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
STEINER LARRY R ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
STOHLMAN JOHN ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
SVENDSEN OLUF ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
TALBOT J SCOTT A ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0
THUMMLER HUBERT ..... REGIONAL REPRESENTATIVE	5 00 .....	X						0	0	0

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			
VIEJO GONZALEZ PHD JESUS ..... 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
ACORD GARY ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
AMESBURY JASON ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ANDERSON ROBERT J ..... 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

**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			
BAILEY WALTER ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BARRETT DOUGLAS H ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BAUMAN RANDY ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BEAUDETT TIM ..... 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
BERNDT ROBERT M ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BETHANCOURT JR VAN C ..... 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

**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			
BOYCE CYNTHIA ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BOYD JEFFREY W ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BRANDOW MALVIN W ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BREUNING STEPHEN E ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BROOKS THOMAS ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
BROOKS THOMAS R ..... 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
BUONOCORE JR GREGORY P ..... 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			
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
CHACE GARRETT A ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
CHANCLER RYAN ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
CHEEK GREGORY R ..... 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
CONRAD JIM R ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CROSS J WALTER ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
CROWN BARBARA ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
DAHLE CHAD ..... 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
DODDRIDGE PHILLIP ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
DUKES JACKIE ..... 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

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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			
EHRHARDT PATTY ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ELLIOTT GREG ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ENGSTROM ERIK A O ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
FLOD ADAM 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
GALMEZ JUAN ANTONIO ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
GARRETT SCOTT F ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
GAUTHIER DANIEL G ..... 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			
GEFREY DENNIS ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
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
GOULD JEFF ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
GRAY RICK ..... 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			
GRAY JON W ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
GREENWELL STEVE M ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
GRIM LANA ..... 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
HARRISON GINO ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
HAYES JIM ..... 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

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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			
HENDRICK CAL ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
HERRMANN RONALD ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
HILL JESUS S ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
HOOKE 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
ITTERLY SCOTT ..... 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										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	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		
JOHNSON JEROD ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0		
JONES JOHN ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0		
KEIM DDS MICHAEL R ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0		
KENNEDY JEFF C ..... 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		

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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			
KNOOP JR GEORGE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
KNOWLES MICHAEL ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
KOVALENKO ANATOLII ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
LALOV LUDMIL ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
LANGE BYRON P ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
LAWSON ROBERT C ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
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
MACLENNAN RUSSELL ..... 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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
MADDOX MICHAEL ..... 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		
MASTERS TOM ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0		
MAY JR RICHARD M ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0		
MCCLOUD LAWRENCE H ..... 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		

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICO PEDRO ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
MOORE C JONATHAN ..... 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
MUNRO WILSON RODRIGO GUILLERMO ..... 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
OVERWEG SCOTT EDWARD ..... 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			
PASCALLE BILL ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
PETERS JODEAN ..... 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
PRIDMORE TYLER THOMAS ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
QUINTANA GILBERT ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
REDD RANDY ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
REESE GERALD V ..... 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROELL JAMIE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ROGERS JR MIKE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
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
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

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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			
SHERRILL TRACY LEE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
SISCO STAN ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
SKINNER PHIL ..... 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
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

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			
ST MICHAEL ROXANE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
STECKLEY KEVIN ..... 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
STUBBERUD NILS-OLE ..... 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
THOMPSON ERIK ..... 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			
TIMKO NANCY ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ULBERG MATT ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
UNGER KEVIN GEORGE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
VALLEY ALEX ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
VENDITTOZZI ARMANDO ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
VOINOVSKI DANIEL DENI ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
VRHOVNIK DAMIR ..... 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
WEBER KEN ..... 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			
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
WILLIAMS CHRIS S ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
WILMOT SUZANNE ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
WINTER A JAY ..... 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

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			
ZUCCO MARK ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
ZUCCOLILLO PEDRO EDUARDO ..... CHAPTER PRESIDENT	5 00 .....	X						0	0	0
PARSONS RICHARD ..... CEO	40 00 .....			X				9,983	0	0
DELONE PHILIP ..... CEO	40 00 .....			X				233,802	0	17,132
BOLT NATHAN ..... CFO	30 00 .....			X				130,471	0	13,743
BURKHALTER EDWARD ..... DIRECTOR OF HUNTER ADVOCACY	10 00 40 00 .....				X			195,757	0	3,619
SAGI ANGELIA ..... ADVERTISING SALES DIRECTOR	40 00 .....				X			202,939	0	24,531
SEIDMAN ANNA ..... DIRECTOR OF LITIGATION	40 00 .....				X			180,576	0	8,857
GRIMES ELIZABETH ..... DIRECTOR OF CONVENTIONS & EVENTS	40 00 .....					X		136,411	0	25,399
GERICH MARTIN ..... IT DIRECTOR	40 00 .....					X		141,939	0	14,492

**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			
COMUS STEPHEN ..... DIRECTOR OF PUBLICATIONS	40 00 .....					X		126,039	0	12,792
BURDIN DOUG ..... SENIOR LITIGATION COUNSEL	40 00 .....					X		127,821	0	13,378
MACKLEY NITA ..... DIRECTOR OF MEMBERSHIP SERVICES	40 00 .....					X		108,194	0	21,529

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047  
  
**2016**  
**Open to Public Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
 ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**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	▶	\$	240,530
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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**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](http://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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	110,700				
<b>b</b> Contributions . . . . .	109,700	110,700			
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	12,250				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	208,150	110,700			

- 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 ▶ 71 000 %
  - c** Temporarily restricted endowment ▶ 29 000 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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' on 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		42,627	29,637	12,990
<b>d</b> Equipment . . . . .		2,029,231	1,658,369	370,862
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				383,852

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	22,993,925
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	709,887	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	709,887
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	22,284,038
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	-7,655,295	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-7,655,295
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	14,628,743

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	22,022,788
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	7,655,296	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	7,655,296
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	14,367,492
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	14,367,492

**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
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0974183

**Name:** SAFARI CLUB INTERNATIONAL

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TO FUND LITIGATION, MARKETING, LEGISLATIVE AND VOTER EDUCATION, AND SIMILAR ADVOCACY ACTIONS INTENDED TO PROTECT THE PRIVILEGE OF HUNTING AND THE HUNTING HERITAGE THE PURPOSES SHALL NOT INCLUDE LOBBYING FOR CANDIDATES FOR OFFICE

## Supplemental 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, 2017 AND 2016, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES -7,125,740 GAMING EXPENSES DEDUCTED AGAINST REVENUES -87,595 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES -441,959 ROUNDING -1

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES 7,125,740 GAMING EXPENSES DEDUCTED AGAINST REVENUES 87,595 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES 441,959 ROUNDING 2

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://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
See Add'l Data					
<b>3a</b> Sub-total	1	1			259,866
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	1	1			259,866

**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	10,000	WIRE			
		SUB-SAHARAN AFRICA	PROGRAM AWARD	20,000	WIRE			
		NORTH AMERICA	OPERATING EXPENSES	203,242	WIRE			

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

**Part V Supplemental Information**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0974183

**Name:** SAFARI CLUB INTERNATIONAL

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	222,492
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	34,575
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	2,799



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>CONVENTION</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	14,681,008			14,681,008
<b>2</b>	Less Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	14,681,008			14,681,008
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	945,762			945,762
	<b>7</b> Food and beverages . . . . .	1,685,325			1,685,325
	<b>8</b> Entertainment . . . . .	697,933			697,933
	<b>9</b> Other direct expenses . . . . .	3,796,720			3,796,720
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				7,555,268

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .			54,163	54,163
	<b>3</b> Noncash prizes . . . . .			33,432	33,432
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				87,595
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				-36,490

**9** Enter the state(s) in which the organization conducts gaming activities AZ, NV

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

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- 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
- |          |                             |            |          |
|----------|-----------------------------|------------|----------|
| <b>a</b> | The organization's facility | <b>13a</b> | 50.000 % |
| <b>b</b> | An outside facility         | <b>13b</b> | 50.000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ NATHAN BOLT

Address ▶ 4800 WEST GATES PASS ROAD  
TUCSON, AZ 85745

- 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 informationName ▶ \_\_\_\_\_  
Gaming manager compensation ▶ \$ 151,534  
Description of services provided ▶ SWEEPSTAKE MANAGEMENT  
 Director/officer  Employee  Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

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 7 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.

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

**Part III Grants and Other Assistance to 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85743	86-0292099	501(C )(3)	704,293	2,176,481	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		30,750				ONGOING AND NECESSARY PROJECTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONTANA TRAPPER ASSOCIATION PO BOX 129 OVANDO, MT 59854	81-0377945	501(C)(6)	11,305				TO SUPPORT A BALLOT INITIATIVE

**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](http://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><b>1a</b> 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)									
<b>b</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.	<b>1b</b>									
<b>2</b> 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?	<b>2</b>									
<p><b>3</b> 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 type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	Yes								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	Yes								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> 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.	<b>7</b>	Yes								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

For each individual whose compensation must be reported 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)	220,468	12,500	834	7,094	10,038	250,934	0
	(ii)	0	0	0	0	0	0	0
2 BURKHALTER EDWARD DIRECTOR OF HUNTER ADVOCACY	(i)	182,473	13,125	159	2,413	1,206	199,376	0
	(ii)	0	0	0	0	0	0	0
3 SAGI ANGELIA ADVERTISING SALES DIRECTOR	(i)	104,503	98,019	417	6,997	17,534	227,470	0
	(ii)	0	0	0	0	0	0	0
4 SEIDMAN ANNA DIRECTOR OF LITIGATION	(i)	175,241	4,686	649	7,200	1,657	189,433	0
	(ii)	0	0	0	0	0	0	0
5 GRIMES ELIZABETH DIRECTOR OF CONVENTIONS & EVENTS	(i)	131,233	4,686	492	6,240	19,159	161,810	0
	(ii)	0	0	0	0	0	0	0
6 GERICH MARTIN IT DIRECTOR	(i)	136,761	4,686	492	5,408	9,084	156,431	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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAFARI CLUB INTERNATIONAL

**Employer identification number**  
86-0974183

**Part I 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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

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

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

Total . . . . . ▶ \$ \_\_\_\_\_

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MIKE ROGERS JR	OWNER OF SPURWING MEDIA, INC AND SON OF A MEMBER OF THE BOARD	261,348	VIDEO PRODUCTION/HOSTING		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4B	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	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 A ND RON BARTELS - FAMILY RELATIONSHIP MARK CALLAIS AND LINDA CALLAIS - FAMILY RELATIONSHIP ERIK A O ENGSTROM AND ANDERS N ENGSTROM - FAMILY RELATIONSHIP PAUL BABAZ AND JOHN MONSON - BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ROUNDING -1

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS FOR THE AUDIT OR ITS SELECTION PROCESS FOR THE INDEPENDENT AUDITORS DURING THE YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**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](http://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
<b>(1)</b> SAFARI CLUB INTERNATIONAL FOUNDATION 4800 W GATES PASS RD  TUCSON, AZ 85745 85-0292099	WILDLIFE CONSERVATION	AZ	501(C)(3)	LINE 10	N/A		No
<b>(2)</b> SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W STE 200 OTTWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA			SCI		No
<b>(3)</b> SAFARI CLUB INTERNATIONAL FOUNDATION OF CANADA 132 JEROME ST RR 1 LANARK, ONTARIO K0G 1K0 CA	WILDLIFE CONSERVATION	CA	501(C)(3)		SCI		No
<b>(4)</b> HUNTER ACTION FUND 501 2ND ST NE  WASHINGTON, DC 20002 46-1989048	HUNTING ADVOCACY	DC	527		SCI		No
<b>(5)</b> SAFARI 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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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



**Part VII** **Supplemental Information**

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