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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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 $ 21,671,316

F Name and address of principal officer
WILLIAM LAIRD HAMBERLIN
4800 WEST GATES PASS ROAD
TUCSON, AZ 85745

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

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

H(c) Group exemption number ▶ 2663

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

J Website: ▶ WWW SCIFIRSTFORHUNTERS ORG

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

L Year of formation 2000

M State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	304
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	302
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	135
6	Total number of volunteers (estimate if necessary)	6	304
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,900,406
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,077

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,528,976	1,380,874
9	Program service revenue (Part VIII, line 2g)	4,937,355	4,587,176
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	376,521	424,312
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,785,891	7,744,982
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,628,743	14,137,344

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,200,694	2,332,815
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,376,589	6,326,394
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,370,455		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,790,209	5,218,638
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,367,492	13,877,847
19	Revenue less expenses Subtract line 18 from line 12	261,251	259,497

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,999,706	15,292,686
21	Total liabilities (Part X, line 26)	7,397,111	6,006,384
22	Net assets or fund balances Subtract line 21 from line 20	8,602,595	9,286,302

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

****** 2019-05-09
Signature of officer Date

NATHAN BOLT CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEPHEN E LIVINGSTON CPA	STEPHEN E LIVINGSTON CPA			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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,107,534 including grants of $) (Revenue $ 2,985,182)
See Additional Data

4b (Code) (Expenses $ 2,243,038 including grants of $ 213,082) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 2,119,733 including grants of $ 2,119,733) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 9,470,305

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	78		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	135		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	304		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	302		
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?	**2**		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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		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?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		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*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	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?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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?	**16a**		No
b	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?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AK , AZ , AR , CA , FL , GA , HI , IL , KS , KY , MD , MN , NC , NH , NJ , NY , OR , PA , RI , SC , TN , UT , VA , WI , WV , AL , DC , MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶NATHAN BOLT 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 (520) 620-1220

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,469,823	0	137,471

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BALLARD SPAHR LLP 1 EAST WASHINGTON STREET SUITE 2300 PHOENIX, AZ 850042555	LEGAL SERVICES	416,997
CROSSROADS STRATEGIES 800 NORTH CAPITOL STREET NORTHWEST WASHINGTON, DC 25002	CONSULTING SERVICES	199,000
REPEQUITY 1211 CONNECTICUT AVENUE NORTHWEST WASHINGTON, DC 200362710	MARKETING SERVICES	165,504
TGA ENTERPRISES LLC 12153 MINNESOTA AVE PUNTA GORDA, FL 33955	ENTERTAINMENT PRODUCER	150,000
HERALD GROUP 1800 M STREET NW SUITE 450 SOUTH WASHINGTON, DC 200362710	PUBLIC RELATIONS SERVICES	140,066

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,380,874			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	1,380,874			

Program Service Revenue	Business Code				
2a ADVERTISING/SPONSORSHIPS	541800	2,417,322	516,916	1,900,406	
b DUES AND SUBSCRIPTIONS	900099	1,896,597	1,896,597		
c MEMBERSHIP SERVICES SALES	900099	273,257	273,257		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		4,587,176			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		231,000			231,000
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	717,894				
b Less cost or other basis and sales expenses	524,582				
c Gain or (loss)	193,312				
d Net gain or (loss) . . . . . ▶		193,312			193,312
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	13,951,952				
b Less direct expenses . . . b	6,474,117				
c Net income or (loss) from fundraising events . . ▶		7,477,835			7,477,835
9a Gross income from gaming activities See Part IV, line 19 . . . a	128,780				
b Less direct expenses . . . b	165,472				
c Net income or (loss) from gaming activities . . ▶		-36,692			-36,692
10a Gross sales of inventory, less returns and allowances . . a	668,213				
b Less cost of goods sold . . b	369,801				
c Net income or (loss) from sales of inventory . . ▶		298,412	298,412		
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS INCOME	900099	5,427			5,427
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		5,427			
12 **Total revenue.** See Instructions . . . . . ▶		14,137,344	2,985,182	1,900,406	7,870,882

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,132,909	2,132,909		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	199,906	199,906		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	849,515	442,873	230,155	176,487
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,499,270	2,789,692	710,846	998,732
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	101,429	70,221	15,231	15,977
9 Other employee benefits	524,617	222,472	207,226	94,919
10 Payroll taxes	351,563	186,901	94,303	70,359
11 Fees for services (non-employees)				
a Management	39,931		39,931	
b Legal	533,679	2,025	531,654	
c Accounting	43,436		43,436	
d Lobbying	241,500	241,500		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	45,098	45,098		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	377,052	377,052		
12 Advertising and promotion	463,876	359,239	104,637	
13 Office expenses	427,342	260,321	170,781	-3,760
14 Information technology	157,386	19,236	138,150	
15 Royalties				
16 Occupancy	464,937	346,662	118,275	
17 Travel	334,819	205,739	129,080	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	272,810	39,282	233,528	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,179	26,106	185,332	17,741
23 Insurance	193,547	158,223	35,324	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ACCRUED UBIT	704		704	
b PRODUCTION COSTS	1,020,825	1,020,825		
c POSTAGE AND FREIGHT	134,256	106,981	27,275	
d PROGRAMS AND PROJECTS	114,016	112,292	1,724	
e All other expenses	124,245	104,750	19,495	
25 **Total functional expenses.** Add lines 1 through 24e	13,877,847	9,470,305	3,037,087	1,370,455
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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
Assets	1	Cash–non-interest-bearing	1,764,621	1	1,013,097
	2	Savings and temporary cash investments	1,624,250	2	1,276,545
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,092,673	4	588,635
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,412,382	7	781,341
	8	Inventories for sale or use	245,539	8	256,315
	9	Prepaid expenses and deferred charges	698,818	9	686,790
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,333,882			
	b	Less accumulated depreciation — 10b: 1,868,114	383,852	10c	465,768
	11	Investments—publicly traded securities	8,705,937	11	10,150,474
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	71,634	15	73,721
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,999,706	16	15,292,686
Liabilities	17	Accounts payable and accrued expenses	1,094,038	17	1,273,509
	18	Grants payable		18	
	19	Deferred revenue	6,303,073	19	4,732,875
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	7,397,111	26	6,006,384
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	8,343,783	27	8,864,772
	28	Temporarily restricted net assets	258,812	28	421,530
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,602,595	33	9,286,302
	34	Total liabilities and net assets/fund balances	15,999,706	34	15,292,686

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,137,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,877,847
3	Revenue less expenses Subtract line 2 from line 1	3	259,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,602,595
5	Net unrealized gains (losses) on investments	5	424,210
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,286,302

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0974183

Name: SAFARI CLUB INTERNATIONAL

Form 990 (2017)

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 50,987 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

Form 990, Part III, Line 4b:

HUNTING ADVOCACY - SEE SCHEDULE O

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

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			
BABAZ PAUL D PRESIDENT	20 00	X		X				0	0	0
SKOLD STEVE PRESIDENT ELECT	20 00	X		X				0	0	0
MAKI ALAN W CORPORATE SECRETARY	20 00	X		X				0	0	0
MCLAURIN JOHN CORPORATE TREASURER	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
JERAULD ROBIN S VICE PRESIDENT	20 00	X		X				0	0	0
LINDQUIST SVEN K VICE PRESIDENT	20 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MADDOX SHERRY D VICE PRESIDENT	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
HIGGINS LARRY B SCI PAST PRESIDENT	5 00	X						0	0	0
JACKSON III JOHN 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			
KAUFFMAN CRAIG L SCI PAST PRESIDENT	5 00	X						0	0	0
NORRIS LANCE H SCI PAST PRESIDENT	5 00	X						0	0	0
OLDFIELD ANDY M SCI PAST PRESIDENT	5 00	X						0	0	0
POCIUS E WAYNE SCI PAST PRESIDENT	5 00	X						0	0	0
SHEPARD MERLE A SCI PAST PRESIDENT	5 00	X						0	0	0
URSEM RICHARD E SCI PAST PRESIDENT	5 00	X						0	0	0
VAN HORNE NORDEN SCI PAST PRESIDENT	5 00	X						0	0	0
YAJKO R DOUGLAS SCI PAST PRESIDENT	5 00	X						0	0	0
ANDERSON DENNIS SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
BANKS GEORGE SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0

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			
BOGNER GARY F SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
CUNNINGHAM RALPH S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
HORN II PETER L SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
KATZ LAWRENCE S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
LEEDS JACK SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MONSON JOHN R SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MORGAN DON 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
ATKINSON HERB 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARTELS RON DIRECTOR-AT-LARGE	5 00	X						0	0	0
BLACK DONALD E DIRECTOR-AT-LARGE	5 00	X						0	0	0
CRAWFORD MIKE DIRECTOR-AT-LARGE	5 00	X						0	0	0
CURTIS ED DIRECTOR-AT-LARGE	5 00	X						0	0	0
DANIELS TYLER D 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

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LANFORD DVM RONALD N DIRECTOR-AT-LARGE	5 00	X						0	0	0
LEONARD MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
LEONARD JAMES R 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
TENNISON GARY H DIRECTOR-AT-LARGE	5 00	X						0	0	0
WEBB LEW DIRECTOR-AT-LARGE	5 00	X						0	0	0
D'ENTREVES UBERTO INTERNATIONAL DIRECTOR	5 00	X						0	0	0

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

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

(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			
DAHL JAMES E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
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
GERADS LARRY W REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GOTSHALL RICHARD L 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

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			
HUDSPETH ORVILLE G REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JOHNSON MARK D REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JURAK JOHN-MARK REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LANDGRAF JOHN F REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LAWS JR JOHN K 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
MORELAND JIMMY 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			
MULLER CHRISTOPHER B REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ORTMANN DWIGHT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
PORTER NEAL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
POWELL MALCOLM SCOTT REGIONAL REPRESENTATIVE	5 00	X						0	0	0
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
TALBOT J SCOTT 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			
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
ATWOOD ALBERT LEROY 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

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			
BAGI SCOTT A CHAPTER PRESIDENT	5 00	X						0	0	0
BAILEY WALTER CHAPTER PRESIDENT	5 00	X						0	0	0
BAKER BRANDAN G CHAPTER PRESIDENT	5 00	X						0	0	0
BALLIS MARK S CHAPTER PRESIDENT	5 00	X						0	0	0
BARRETT DOUGLAS H 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
BIRCHELL ANNIE CHAPTER PRESIDENT	5 00	X						0	0	0
BODKER DAVID 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			
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
BUONOCORE JR GREGORY P CHAPTER PRESIDENT	5 00	X						0	0	0
CAGLE RALPH N CHAPTER PRESIDENT	5 00	X						0	0	0
CALLAIS MARK W CHAPTER PRESIDENT	5 00	X						0	0	0

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			
CARRAWAY BRYAN 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
CIPRESSI FRANK CHAPTER PRESIDENT	5 00	X						0	0	0
CLYMER GARY 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
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

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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			
DETERS KELVIN L CHAPTER PRESIDENT	5 00	X						0	0	0
DEVANE DAVID 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
DOYON DONALD J CHAPTER PRESIDENT	5 00	X						0	0	0
DUFFY RICK J 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
DUPUIS TODD CHAPTER PRESIDENT	5 00	X						0	0	0
EAVENSON BRETT W 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			
EBERSOLD RICHARD R CHAPTER PRESIDENT	5 00	X						0	0	0
EHRHARDT PATTY CHAPTER PRESIDENT	5 00	X						0	0	0
ELLIOTT GREG CHAPTER PRESIDENT	5 00	X						0	0	0
ENGSTROM ERIK A O CHAPTER PRESIDENT	5 00	X						0	0	0
FLOD ADAM M CHAPTER PRESIDENT	5 00	X						0	0	0
FLOSNIK THOMAS M CHAPTER PRESIDENT	5 00	X						0	0	0
FONTENOT JIMMY CHAPTER PRESIDENT	5 00	X						0	0	0
FOWLER TOM CHAPTER PRESIDENT	5 00	X						0	0	0
FREDERICK JOSEPH CHAPTER PRESIDENT	5 00	X						0	0	0
GABRIELSON ROD 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			
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
GEPFREY 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
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GOULD JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
GRAY RICK CHAPTER PRESIDENT	5 00	X						0	0	0
GRAY JON W CHAPTER PRESIDENT	5 00	X						0	0	0
GREENWELL STEVE M 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENDERSHOT LANCE CHAPTER PRESIDENT	5 00	X						0	0	0
HENDRICK CAL CHAPTER PRESIDENT	5 00	X						0	0	0
HERRMANN RONALD CHAPTER PRESIDENT	5 00	X						0	0	0
HOOKER THOMAS R CHAPTER PRESIDENT	5 00	X						0	0	0
HOSKINS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
HOWELL MATT CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTER STEVEN L CHAPTER PRESIDENT	5 00	X						0	0	0
HUNTSMAN KARL CHAPTER PRESIDENT	5 00	X						0	0	0
ITTERLY SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
JABLONIC MARK 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			
JACKSON STEVEN W CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES SHELDON K CHAPTER PRESIDENT	5 00	X						0	0	0
JANECEK TEX 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
JONES STEVE CHAPTER PRESIDENT	5 00	X						0	0	0
KEETH ADAM 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
KILLORN KRISTOPHER C 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			
KLEINSMITH STACEE F CHAPTER PRESIDENT	5 00	X						0	0	0
KLOPPENBURG PHIL 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MACLENNAN RUSSELL CHAPTER PRESIDENT	5 00	X						0	0	0
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
MARCUM RALPH M 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
MAYES RANDAL R CHAPTER PRESIDENT	5 00	X						0	0	0
MCCANN SEAN E CHAPTER PRESIDENT	5 00	X						0	0	0
MCCLOUD LAWRENCE H 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			
MCDOWELL MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
MCGEHEE CLIFF 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
MIDDLETON MARY CHAPTER PRESIDENT	5 00	X						0	0	0
MIN TAEJONG CHAPTER PRESIDENT	5 00	X						0	0	0
MOORE C JONATHAN CHAPTER PRESIDENT	5 00	X						0	0	0
MOTHERAL ROBERT CHAPTER PRESIDENT	5 00	X						0	0	0
MUNRO WILSON RODRIGO GUILLERMO 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			
MUONIO MICHELE CHAPTER PRESIDENT	5 00	X						0	0	0
NETSCHERT HELEN S CHAPTER PRESIDENT	5 00	X						0	0	0
NIELSON JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
NILSEN RICHARD B CHAPTER PRESIDENT	5 00	X						0	0	0
OLSON JEFFREY G 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
PAMPLIN KEN CHAPTER PRESIDENT	5 00	X						0	0	0
PASCALE BILL CHAPTER PRESIDENT	5 00	X						0	0	0
PETERS JODEAN 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			
PIBOULEAU DOMINIQUE MARIE CHAPTER PRESIDENT	5 00	X						0	0	0
PORTER MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
PRATES NUNO VICENTE 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
REESE GERALD V CHAPTER PRESIDENT	5 00	X						0	0	0
REX MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
RHODES JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
RICHARDS LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
RIMKUS MARLA 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 CORCEIRO JOAO 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
SCHULTZ ERIC CHAPTER PRESIDENT	5 00	X						0	0	0
SHERRILL TRACY LEE 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			
SISCO STAN CHAPTER PRESIDENT	5 00	X						0	0	0
SKINNER PHIL CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH JASON CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH II WILLIAM F CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH BRIAN D CHAPTER PRESIDENT	5 00	X						0	0	0
SOLER FERNANDO CHAPTER PRESIDENT	5 00	X						0	0	0
SPIEWAK FRED CHAPTER PRESIDENT	5 00	X						0	0	0
SPOHR FREDERICK C CHAPTER PRESIDENT	5 00	X						0	0	0
ST MICHAEL ROXANE CHAPTER PRESIDENT	5 00	X						0	0	0
STECKLEY KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0

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			
STOKES DAVID D CHAPTER PRESIDENT	5 00	X						0	0	0
STOKES KAL 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
TALBOTT KIM 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
TIMKO NANCY CHAPTER PRESIDENT	5 00	X						0	0	0
TIMMERMAN CHRISTOPHER 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			
TOMAN JEREMY ROBERT 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
VAN DE STEENE DONALD 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
WALTERS MICHAEL J CHAPTER PRESIDENT	5 00	X						0	0	0
WEBER KEN CHAPTER PRESIDENT	5 00	X						0	0	0
WEHINGER MARK T CHAPTER PRESIDENT	5 00	X						0	0	0

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			
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
WILT LANA CHAPTER PRESIDENT	5 00	X						0	0	0
WINTER A JAY CHAPTER PRESIDENT	5 00	X						0	0	0
WOODS KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0
WOTTRICH STEPHANIE CHAPTER PRESIDENT	5 00	X						0	0	0
YOUNG III WILLIAM D CHAPTER PRESIDENT	5 00	X						0	0	0
YUNK MATT 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			
ZANELLI PIERRE CHAPTER PRESIDENT	5 00	X						0	0	0
ZELTWANGER ANDREW CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCO MARK CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCOLILLO PEDRO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
PARSONS RICHARD CEO	40 00			X				207,925	0	899
BOLT NATHAN CFO	30 00 10 00			X				154,593	0	15,547
GRIMES ELIZABETH CBO	40 00			X				145,942	0	19,094
SAGI ANGELIA ADVERTISING SALES DIRECTOR	40 00				X			221,149	0	25,550
SEIDMAN ANNA DIRECTOR OF LITIGATION	40 00					X		181,376	0	8,819
BURDIN DOUG SENIOR LITIGATION COUNSEL	40 00					X		171,952	0	16,068

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			
GERICH MARTIN IT DIRECTOR	40 00					X		154,665	0	14,996
COMUS STEPHEN DIRECTOR OF PUBLICATIONS	40 00					X		125,147	0	13,425
MACKLEY NITA D DIRECTOR OF MEMBERSHIP SERVICES	40 00					X		107,074	0	23,073

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
SAFARI CLUB INTERNATIONAL	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $ 204,852

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance	208,150	110,700			
b Contributions	88,900	109,700	110,700		
c Net investment earnings, gains, and losses	11,761				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,813	12,250			
f Administrative expenses					
g End of year balance	305,998	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 ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land				
b Buildings				
c Leasehold improvements		42,627	31,138	11,489
d Equipment		2,017,956	1,836,976	180,980
e Other		273,299		273,299
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				465,768

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)		
Total. *(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)		
Total. *(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)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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.

1	Total revenue, gains, and other support per audited financial statements			1	21,570,942
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	424,210		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	424,210
3	Subtract line **2e** from line **1**			3	21,146,732
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-7,009,388		
c	Add lines **4a** and **4b**			4c	-7,009,388
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	14,137,344

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

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

1	Total expenses and losses per audited financial statements			1	20,887,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	7,009,388		
e	Add lines **2a** through **2d**			2e	7,009,388
3	Subtract line **2e** from line **1**			3	13,877,847
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	13,877,847

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 OUTSI DE EXPERTS AS OF JUNE 30, 2018 AND 2017, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX PO SITIONS EXIST

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES -6,474,117 GAMING EXPENSES DEDUCTED AGAINST REVENUES -165,472 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES -369,801 ROUNDING 2

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES 6,474,117 GAMING EXPENSES DEDUCTED AGAIN ST REVENUES 165,472 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES 369,801 ROUNDING -2

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			199,907
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	1	1			199,907

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAM AWARD	10,000	WIRE			
(2)			SUB-SAHARAN AFRICA	PROGRAM AWARD	10,000	CHECK			
(3)			NORTH AMERICA	OPERATING EXPENSES	157,082	WIRE			
(4)									

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

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	175,332
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	24,575

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CONVENTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,951,952			13,951,952
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,951,952			13,951,952
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	891,987			891,987
	7 Food and beverages	1,103,860			1,103,860
	8 Entertainment	234,058			234,058
	9 Other direct expenses	4,244,212			4,244,212
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				6,474,117
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,477,835

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			128,780	128,780
Direct Expenses	2 Cash prizes			134,792	134,792
	3 Noncash prizes			30,680	30,680
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				165,472
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-36,692

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

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	50 000 %
b An outside facility	**13b**	50 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KIMBERLY SWANBERG

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 information

Name ▶

Gaming manager compensation ▶ $ 69,458

Description of services provided ▶ RESPONSIBLE FOR ORGANIZING SWEEPSTAKES HIS TOTAL COMPENSATION IS LISTED ALTHOUGH MANAGING THE GAMING ACTIVITY IS ONLY A SMALL PART OF HIS DUTIES

☐ 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 provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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*.**

OMB No 1545-0047

2017

Open to Public Inspection

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 3

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85743	86-0292099	501(C)(3)	508,294	1,517,926	FMV	DONATED GOODS AND EXPENSE FUNDING PROVIDED AT COST	WILDLIFE CONSERVATION AND OUTDOOR EDUCATION
ALASKA PROFESSIONAL HUNTERS ASSOCIATION PO BOX 240971 ANHORAGE, AK 99524	92-0060165	501(C)(6)	20,750				CONSERVATION OF WILDLIFE RESOURCES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONSERVE AND PROTECT ARIZONA PO BOX 71876 PHOENIX, AZ 85050	81-0377945	501(C)(4)	20,000				AZ SPORTSMEN COALITION
HOUSTON CHAPTER 15418 TUTBURY CIRCLE HOUSTON, TX 770444922	76-0511852	501(C)(4)	30,497				AID FLOOD VICTIMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEXAS PARKS AND WILDLIFE FOUNDAION 2914 SWISS AVENUE DALLAS, TX 752045962	74-2602504	501(C)(3)	21,142				AID FLOOD VICTIMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 PARSONS RICHARD CEO	(i)	200,000	0	7,925	0	899	208,824	0
	(ii)	0	0	0	0	0	0	0
2 BOLT NATHAN CFO	(i)	154,447	0	146	5,400	10,147	170,140	0
	(ii)	0	0	0	0	0	0	0
3 GRIMES ELIZABETH CBO	(i)	145,406	0	536	7,200	11,894	165,036	0
	(ii)	0	0	0	0	0	0	0
4 SAGI ANGELIA ADVERTISING SALES DIRECTOR	(i)	123,472	96,469	1,208	7,200	18,350	246,699	0
	(ii)	0	0	0	0	0	0	0
5 SEIDMAN ANNA DIRECTOR OF LITIGATION	(i)	180,486	0	890	7,200	1,619	190,195	0
	(ii)	0	0	0	0	0	0	0
6 BURDIN DOUG SENIOR LITIGATION COUNSEL	(i)	171,310	0	642	7,200	8,868	188,020	0
	(ii)	0	0	0	0	0	0	0
7 GERICH MARTIN IT DIRECTOR	(i)	154,091	0	574	5,550	9,446	169,661	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 THIS AMOUNT IS REPORTED IN THE BONUS COLUMN IN SCH J
PART I, LINE 6	SCI BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS NO BONUSES WERE PAID IN THE CURRENT YEAR

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
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	FORMER DIRECTOR AND FAMILY MEMBER OF CURRENT DIRECTOR	172,901	VIDEO PRODUCTION/HOSTING		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name 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 AC TIVITIES (3) ENGAGE IN ADVOCACY - WITHIN LIMITS IMPOSED BY LAW AND REGULATION TO MONITOR S UPPORT 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

Return Reference	Explanation
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 MANAGEM ENT AND CONSERVATION TOOL AND IN EDUCATING THE PUBLIC AND GOVERNMENT DECISION-MAKERS ON TH ESE MATTERS SCI'S ADVOCACY EFFORTS INCLUDED SEVERAL PROJECTS IN STATE NATIONAL AND INTERN ATIONAL 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 TECHN ICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE NATIONAL AND IN TERNATIONAL FORUMS AND MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JAMES LEONARD AND MICHAEL LEONARD - FAMILY RELATIONSHIP MIKE ROGERS SR AND MIKE ROGERS JR - FAMILY RELATIONSHIP MARK CALLAIS AND RON BARTELS - FAMILY RELATIONSHIP ERIK A O ENGSTROM AND ANDERS N ENGSTROM - FAMILY RELATIONSHIP PAUL BABAZ AND JOHN MONSON - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 WORLDW IDE, 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 CONTROL LER 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 PRI OR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO DIRECTORS AND OFFICERS TO DETERMINE CONFLICTS OF INTEREST, SAFARI CLUB INTERNATIONAL PERIODICALLY REVIEWS WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING AND WHETHER ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVID UALS 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 INU REMENT OR IMPERMISSIBLE PRIVATE BENEFIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	GENERALLY SAFARI CLUB INTERNATIONAL WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APP ROPRIATE EXTERNAL MARKETPLACE TO DO THIS, SAFARI CLUB INTERNATIONAL RELIES ON RELEVANT CO MPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILAR SITUAT ED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVIC ES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDU AL WHOSE COMPENSATION IS BEING CONSIDERED THE BOARD OF DIRECTORS, THE COMPENSATION COMMIT TEE 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 CL UB INTERNATIONAL POLICIES ARE POSTED ON SAFARI CLUB INTERNATIONAL'S WEBSITE

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1)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
(2)SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W STE 200 OTTWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA			SAFARI CLUB INTERNATIONAL		No
(3)SAFARI CLUB INTERNATIONAL FOUNDATION OF CANADA 132 JEROME ST RR 1 LANARK, ONTARIO K0G 1K0 CA	WILDLIFE CONSERVATION	CA	501(C)(3)		SAFARI CLUB INTERNATIONAL		No
(4)HUNTER ACTION FUND 501 2ND ST NE WASHINGTON, DC 20002 46-1989048	HUNTING ADVOCACY	DC	527		SAFARI CLUB INTERNATIONAL		No
(5)SARFARI CLUB INTERNATIONAL - PAC 4800 W GATES PASS RD TUCSON, AZ 85745 41-1771039	HUNTING ADVOCACY	AZ	527		SAFARI CLUB INTERNATIONAL		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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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