DLN: 93493056002329

OMB No 1545-0047

Form **990**

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

Interna	ıl Reve	enue Service	► Information about	Form 990 and its instructions is at wi	<u>ww IRS gov/</u>	<u>10111990</u>		Inspection
A F	or th	e 2017 c	ı alendar year, or tax year beginr	ing 07-01-2017 , and ending 06-	30-2018			
□ Ad	dress	ipplicable change	C Name of organization The Safari Club International - Alaska		D Employ e 94-2608		ication number	
	me ch tıal re	-	Doing business as					
☐ An	nende	n/terminated d return on pending	Number and street (or P O box if ma	Il is not delivered to street address) Room/	suite	E Telephon	e number	
·		, ,	City or town, state or province, count Eagle River, AK 99577	ry, and ZIP or foreign postal code				
			F Name and address of principal	-££	1	G Gross red	•	96,596
			r warne and address of principal	omicer	я Н(b) А	s this a group ret ubordinates? re all subordinat icluded?		□Yes ☑No □Yes □No
I Ta	x-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(4) ◄ (nsert no)		"No," attach a l	ıst (see	instructions)
J W	ebsit	te:► ww	w aksafarıclub org		H(c) G	roup exemption	number	>
K Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Assoc	ation Other ►	L Year of t	ormation 1985	M State	of legal domicile AK
Pa	rt I	Sum	mary			J		
Governance	-	The Alaska		most significant activities al is dedicated to the conservation of ng those to protect the rights of hunte		Organizations n	najor pro	ogram is to facilitate
/eII	-							
20				ontinued its operations or disposed of		25% of its net a		l
	1			body (Part VI, line 1a)		•	3	15
Activities &	1		· -	endar year 2017 (Part V, line 2a)			5	0
ÇĘ.	1			essary)			6	_
ĕ	7a	Total unr	related business revenue from Part '		7a	54,503		
	ь	Net unrel	lated business taxable income from	Form 990-T, line 34			7b	46,936
						Prior Year		Current Year
<u>⊈</u>	1		tions and grants (Part VIII, line 1h)	52,8		4,924		
Ravenue	1	-	service revenue (Part VIII, line 2g)			5,7	760	3,610
æ	1		ent income (Part VIII, column (A), li venue (Part VIII, column (A), lines !	•		258,7	18	270,063
	1		, , , , , , , , , , , , , , , , , , , ,	t equal Part VIII, column (A), line 12)		317,4		278,615
	_		nd similar amounts paid (Part IX, co			117,2		106,767
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)		·		. 0
SS.	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5–10)	,			0
Expenses	16 a	Professio	onal fundraising fees (Part IX, colum	nn (A), line 11e)				0
k b e	Ь	Total fundr	raising expenses (Part IX, column (D), lin	e 25) ▶900				
ā	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		192,1	111	164,664
	1	•	enses Add lines 13–17 (must equa	• • • •		309,3		271,431
. 0	19	Revenue	less expenses Subtract line 18 from	m line 12	n		048	7,184
Net Assets or Fund Balances					Begini	ning of Current Y	ear	End of Year
Ass. Ba	1		ets (Part X, line 16)			585,3		593,562
E E	1		ollities (Part X, line 26)			65,8		66,925
24. Pai		_	ts or fund balances Subtract line 2: ature Block	from line 20		519,4	153	526,637
Undei	r pen ledge	alties of pe and belie	erjury, I declare that I have examır	ned this return, including accompanyir Declaration of preparer (other than of				
		1	*			2010 12 26		
Sign		Signati	ure of officer			2018-12-26 Date		
Here		leff Ga	arness Vice President					
			r print name and title					_
			rint/Type preparer's name Rod Hutchings	Preparer's signature Rod Hutchings	Date 2019-01-28		PTIN P0044863:	1
Paid		<u> </u>		_	2019-01-20	self-employed		
Pre	_	جا ا ر	irm's name Hutchings & Associates Firm's address > 4141 B Street Ste 207	LPAS		Firm's EIN ► 20- Phone no (907) 5		
Use	On	ıly ˈ	Anchorage, AK 99503			Hone Ho (907) :	.05-2/2/	
May +	he In	S diceres	this return with the preparer show	a above? (see instructions)		<u> </u>		
			duction Act Notice, see the sepa	·	Cat N	lo 11282Y	<u></u>	Form 990 (2017)

Form	990 (2017)					Pa	ge 2
Par	t IIII Statement	of Program Service	Accomplis	hments			
	Check if Sched	dule O contains a respor	se or note to	any line in this Part III .			
1	Briefly describe the o						
		n Club International is d vities, including those t			The Organizations major program	is to facilitate the	
2	Did the organization (undertake any significar	it program ser	vices during the year whic	ch were not listed on		
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No	
	If "Yes," describe the	se new services on Sche	edule O				
3				changes in how it conduct	s, any program		
						☐ Yes 🗹 N	o
4	Describe the organiza Section 501(c)(3) and	ition's program service a	accomplishmer ns are required	to report the amount of $\mathfrak g$	rgest program services, as measui grants and allocations to others, th		
4a	(Code) (Expenses \$	193,908	including grants of \$	81,585) (Revenue \$	8,534)	
	See Additional Data	, (=p ==== +			, , (+	-, ,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
		(0. 1. 2.1.1.1					
4d	Other program servic (Expenses \$	es (Describe in Schedul inclu	e O) ding grants of	\$) (Revenue \$)	
4e	Total program serv	ice expenses >	193.9	08			

or X as applicable

Part IV

Checklist of Required Schedules

Page 3

No

Nο

No

Nο

Nο

No

Nο

No

No

Νo

Nο

Νo

No

Nο

Nο

Νo

Nο

Nο

Nο

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

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Yes

Yes

Form 990 (2017)

Yes

Checklist of Required Schedules (continued)

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Part IV

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28a

28b

28c

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35a

35b

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37

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Yes

Form 990 (2017)

Yes

Yes

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

			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? <i>If "Yes," complete Schedule J</i>	23		No
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		
С	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
Ь	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)			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
	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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
_	Week the average to a product of a product of the state o	<u>- </u>		NI-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6 b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
а	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			
	Enter the amount of reserves on hand			
	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		

-orm	990 (201	./)					Page 6
Pai	8 <i>a</i>	overnance, Management, and DisclosureFor each "Yes" response to lines 2 to a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ule O		" respo	nse to li	_
		neck if Schedule O contains a response or note to any line in this Part VI		<u> </u>			✓
Se	ection A.	. Governing Body and Management					
1 a	Enter the	e number of voting members of the governing body at the end of the tax year	1a	15		Yes	No_
	body, or	are material differences in voting rights among members of the governing if the governing body delegated broad authority to an executive committee or ommittee, explain in Schedule O					
b	Enter the	e number of voting members included in line 1a, above, who are independent	1b	15			
2		officer, director, trustee, or key employee have a family relationship or a busines director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		organization delegate control over management duties customarily performed by rs, directors or trustees, or key employees to a management company or other p			3		No
4	Did the o	organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did the d	organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did the d	organization have members or stockholders?			6		No
7 a		organization have members, stockholders, or other persons who had the power to sof the governing body?	o elec	t or appoint one or more	7a		No
b		governance decisions of the organization reserved to (or subject to approval by) other than the governing body?		bers, stockholders, or	7 b		No
8	•	organization contemporaneously document the meetings held or written actions or		caken during the year by			
а	The gove	erning body?			8a	Yes	
b	Each cor	nmittee with authority to act on behalf of the governing body?			8b	Yes	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who officers mailing address? If "Yes," provide the names and addresses in Schedule O			9		No
Se		Policies (This Section B requests information about policies not requi			e Code	≘.)	
				,		Yes	No
10a	Did the d	organization have local chapters, branches, or affiliates?			10a		No
b		did the organization have written policies and procedures governing the activitienches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the form?	organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Describe	in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the d	organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b		icers, directors, or trustees, and key employees required to disclose annually int	erests • •	that could give rise to	12b	Yes	
С	Did the o	organization regularly and consistently monitor and enforce compliance with the e O how this was done	policy •	? If "Yes," describe in	12c		No
13	Did the d	organization have a written whistleblower policy?			13		No
14	Did the d	organization have a written document retention and destruction policy?			14		No
15	Did the persons,	process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent sion?			
а	The orga	anization's CEO, Executive Director, or top management official			15a		No
		ficers or key employees of the organization			15b		No
	If "Yes" t	to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		organization invest in, contribute assets to, or participate in a joint venture or sir entity during the year?	nılar a	errangement with a	16a		No
b		did the organization follow a written policy or procedure requiring the organization follow a written policy or procedure requiring the organization of the companies of the com					
	status w	ith respect to such arrangements?		. ggaaa anampe	16b		
		Disclosure					
17		States with which a copy of this Form 990 is required to be filed		000 T (F01/ \(\)(2)			
18	avaılable —	6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 or public inspection. Indicate how you made these available. Check all that app	oly	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		n website Another's website Upon request Other (explain in Sc		•			
19	policy, a	nd financial statements available to the public during the tax year					
20	State the ▶BBB Se	e name, address, and telephone number of the person who possesses the organi ervices 4701 N Werner Rd Palmer, AK 99645 (907) 980-9018	zation	's books and records			. (2017)

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

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

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

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to director MISC) MISC) organizations related lighest compensated nstitutional Trustee below dotted employ organizations 灵 line) trustee 8 2 00 (1) Stacee Kleinsmith Х 0 President 0 00 2 00 Х Χ 0 Vice President 0 00 2 00 (3) Tina Cunning Χ 0 0 00 2 00 (4) Doug Vincent-Lang Χ 0 Treasurer 0.00 1 00 Х 0 0 00 1 00 (6) Ruth Cusack 0 0 00 1 00 (7) Hugh Hestand 0 Director 0.00 1 00 Х 0 0 00 1.00 (9) George Jacoby Director 0 00 1 00 (10) Ben Mulligan 0 Director 0 00 1 00 (11) Jene Mobley Х 0 0 00 1.00 (12) Josh Revak Director 0 00 1 00 (13) John Sturgeon 0 Director 0 00 1 00 (14) Gary Gearhart Х 0 0 00 1 00 (15) Melba Cooke 0 00

(A)

Name and Title

compensation from the organization \blacktriangleright

(B)

Average

Part VII

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

(E)

Reportable

Page 8

		hours per week (list any hours for related			n of tor/t	ficer	and a		fro organiz	ensation compensation m the from related zation (W- 19-MISC) 2/1099-MISC		I W-	amount o compens from t organizati	sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,103	9-M3C)	2,1035-1130	-,	relati organiza	ed
												4		
												+		
								\vdash				+		
												+		
								\vdash				+		
												+		
												+		
												+		
c ·	Sub-Total	art VII, Sectio		· ·			*			0		0		0
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mo	re than \$1	00,000			
												\equiv	Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	,		ee, k	ey e •	mple •	oyee,	or hi	ghest co	mpensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the			NI-
5	Did any person listed on line 1a receiver services rendered to the organization								-		vidual for	5		No No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe											mpen:	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre									(B) ription of services		(C Compen	
												\longrightarrow		

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

(C)

Position (do not check more

(D)

Reportable

Part '		I Statement of R	evenue								rage 3
		Check if Schedule (a respo	onse or note to a	any line in	this Part VIII				🗆
				•			(A) revenue	(B Relate exer func	ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns		1a				reve	nue	I	512-514
nts nts		Membership dues .		1b	4,8:	 10					
irai 10 u		Fundraising events			.,,	_					
% G A ⊞		-		1c		_					
iff.		d Related organizations		1d		_					
3.E		Government grants (cont		1e		_					
e is	f	 All other contributions, gi and similar amounts not i 		1f	1:	14					
tributions, Gifts, Grants Other Similar Amounts		above			1.						
	٩	Noncash contributions in lines 1a-1f \$	sincluded								
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1f		. .	>		4,924				
					Busin	— iess Code	4,524				<u> </u>
ğ	2a	Meeting Income				900099)	3,610	3,6	510	
4									·		
<u>و</u>	b										
ž t	d										
3	e			_							
Program Service Revenue	f	All other program servi	ce revenue								
Ě	g.	Total.Add lines 2a-2f .			>	3,610)				
		Investment income (incl			nterest, and oth	ner					
	s	ımılar amounts)				· •	18	3	18		
		Income from investment		-	ond proceeds	•					
	5 F	Royalties			() D	<u>▶ </u>					
	6-	Gross rents	(ı) Real		(II) Persona	' 					
	va	Gross rents									
	b	Less rental expenses									
	_	Rental income or									
	·	(loss)									
	d	Net rental income or (loss)			>					
	_		(ı) Securit	ies	(II) Other						
	7a	Gross amount from sales of									
		assets other than inventory									
	b	Less cost or									
		other basis and sales expenses									
	C	Gain or (loss)									
	d	Net gain or (loss) .				<u> </u>					
۸.	8a	Gross income from fund (not including \$		ents of							
Ju (contributions reported	on line 1c)								
₹ 		See Part IV, line 18 .		а	492,						
ď		Less direct expenses		ь	311,		101 12				101 125
Other Revenue		Net income or (loss) fro Gross income from gan			ents þ	<u> </u>	181,125	1			181,125
ŏ	Ju	See Part IV, line 19		63							
				a		627					
		Less direct expenses		ь	· ·	862	22.76		22.765		
		Net income or (loss) fro		activiti	ies	<u> </u>	33,765		33,765		
	TU	Gross sales of inventor returns and allowances	y, less								
				a	<u></u>						
	b	Less cost of goods solo	d	b							
	С	Net income or (loss) fro		ınvent							
ŀ	11	Miscellaneous Re	evenue		Business Coc	0099	54,503			54,503	
		a pull Tabs			90	0099	34,300	'[34,303	
					F.	1900	300		300		
	b	Advertising Revenue			54	1800	200	<u>'</u>	200		
						0000					
	C	Miscellaneous Revenue	•		90	0099	470		470		
		All other revenue .									
	е	Total. Add lines 11a-1	1d		•	·	55,173	3			
	12	Total revenue. See In	structions		,	•	278,615	5	38,063	54,503	181,125
							,			,	Form 990 (2017)

Form 990 (2017) Page **10** 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) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 81,585 81,585 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 25,182 25,182 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 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 9 Other employee benefits . **10** Payroll taxes . . 11 Fees for services (non-employees) a Management . **b** Legal 19,800 19.800 c Accounting 55,000 55,000 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column 2,818 2,818 (A) amount, list line 11g expenses on Schedule O) 900 900 **12** Advertising and promotion 17,286 13 Office expenses . 15,412 1.874 14 Information technology . 15 Royalties . 16 Occupancy . 2,002 1,735 267 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 5,131 5,131 **19** Conferences, conventions, and meetings 20 Interest . 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization . 23 Insurance . 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) 45 45 a Permits& Licenses 1,601 828 773 b Processing & Bank Fees 44,821 44,821 c Membership Dues

15,260

271,431

7.685

193,908

7.575

76,623

900

Form **990** (2017)

d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e 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)

30

31

32

33

34

Net

(B)

End of year

Page **11**

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

1	Cash-non-interest-bearing	511,168	1	511,906
2	Savings and temporary cash investments	59,316	2	59,334
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,850	4	6,191

(A)

Beginning of year

30

31

32

33

34

526,637

593.562

Form **990** (2017)

519,453

585.333

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L 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) 6

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . 10.769 8 11.745 1.230 9 4.386 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a 16,989 basis Complete Part VI of Schedule D

16.989 Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . 585.333 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 59.952 17 18 18 Grants payable . . .

19 1,890 19 Deferred revenue . . . Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

593,562 63,871 3,054 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

Liabilities 3.035 23 23 Secured mortgages and notes payable to unrelated third parties . . .

24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 1.003 25 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

65,880 26 Total liabilities. Add lines 17 through 25 . 26 66,925

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 519.453 27 526,637

27 Unrestricted net assets 28 28 Temporarily restricted net assets

Fund Balances 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

2c

3a

3b

No

Form 990 (2017)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software Version:

EIN: 94-2608029 Name: The Safari Club International - Alaska Chapter

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

To facilitate the perpetuation of outdoor activities, conservation of wildlife, and protection of hunters rights

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493056002329

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ 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. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Complet	601(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-E	3
f th	e organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, lin	ie 47 (Lobbying Activiti	es), then
•	Section 501(c)(3) organizations that	t have filed Form 5768 (election under s	ection 501(h)) Co	mplete Part II-A Do not	complete Part II-B
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta x			
	oxy Tax) (see separate instruction		i) (see separate ii	istractions, or rolling	70-LZ, 1 art v , mic 500
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III			
	i <mark>me of the organization</mark> e Safari Club International - Alaska Chapte	ar.		Employer ide	entification number
	·			94-2608029	
Pai	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 orgar	nization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instructions	s for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	· · · · · · · · · · · · · · · · · · ·			
Pal	rt I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b					
	<u> </u>	nization is exempt under sectio			-
1	, ,	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's func olitical organization, such	ls Also enter the amount
	(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-
L					
2					
3					
1					
5					
5					
or l	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C	(Form 990 or 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) 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

Explanation

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493056002329 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

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

Internal Revenue Service Name of the organization **Employer identification number** The Safarı Club International - Alaska Chapter 94-2608029 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	3111	Organizations Maintaining	Collections of	of Art, I	Histori	ical T	reası	ares, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, accest (check all that apply)	ssion, and other	records	, check	any of	the fo	llowing t	hat are a	a significant	use of it	s colle	ction	
а		Public exhibition			d		Loan	or excha	ange pro	grams				
b		Scholarly research			e		Othe	r						
c		Preservation for future generations	;											
4	Provide Part	de a description of the organization'	s collections and	l explain	how the	ey furtl	her th	e organız	ation's e	xempt purp	ose in			
5		g the year, did the organization soli s to be sold to raise funds rather th								nılar	□ Y	es	□ N-	o
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a X, line 21.		" on Fo	rm 990	, Part	IV, lı	ine 9, or	report	ed an amo	unt on	Form	990,	Part
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other	ıntermed	liary for	contri	bution	s or othe	er assets	not	□ y	es	□ N-	o
ь	If "Y∈	es," explain the arrangement in Part	XIII and comple	ete the fo	ollowing	table					Amount	:		-
С		ining balance	·		_			Ī	1c					_
d	Addıt	ions during the year						Ī	1d					_
е	Dıstrı	butions during the year						Ī	1e					_
f	Endın	ng balance						Ī	1f					_
2a	Dıd tl	ne organization include an amount o	on Form 990, Pai	t X, line	21, for	escrow	v or cu	ıstodıal a	ccount l	ability?	□ Y	es		0
b	If "Ye	s," explain the arrangement in Part			•			•					Ш	
Pa	rt V	Endowment Funds. Comple										T		
1-	Daguan	ung of vone balance	(a)Currer	nt year	(b) P	rior yea	r	(c)Two ye	ears back	(d)Three ye	ears back	(e)Fo	ur year	s back
	_	ung of year balance					\dashv							
		vestment earnings, gains, and losses	_				\rightarrow			+				
		or scholarships	` 				\rightarrow							
		expenditures for facilities					-+							
		ograms												
f	Admını	strative expenses												
g	End of	year balance												
2		de the estimated percentage of the	•	balance	e (line 1	g, colu	mn (a)) held a	s					
а	Board	d designated or quasi-endowment 🟲												
b	Perm	anent endowment 🟲												
С	Temp	orarily restricted endowment >												
		percentages on lines 2a, 2b, and 2c	•											
3a		here endowment funds not in the po nization by	ssession of the	organiza	tion tha	t are h	eld an	ıd admını	stered fo	or the		Г	Yes	No
	-	related organizations									3	a(i)		
		elated organizations										a(ii)		
b	If "Ye	es" on 3a(ii), are the related organiz	ations listed as i	required	on Sche	dule R	. ?				. [3b		
4	Descr	ribe in Part XIII the intended uses o	f the organizatio	n's endo	wment f	funds								
Pai	rt VI	Land, Buildings, and Equip		" on Fo	-m 000	Dort	T\ /	no 115	Coo Eo	rm 000 D	or+ ∨ lı	no 10		
	Descri	P. 1.	or other basis estment)		or other	•				depreciation			ok value	a
1-	المسط													
	Land													
	Buildin	·												
		old improvements												
		nent					16 000			16 000				
		Ines 1a through 1e (Column (d) mu	ist equal Form O	On Part	Y colu		16,989			16,989				
rota	ıı. Aad	iiiles Ta uirougn Te (C <i>olumn (d) mi</i>	ısı eyuai rorm 9	ou, Part	A, COIUI	ші (В)	, ime	10(C)) .	•	<u> </u>				

	See Form 990, Part X, line 12.						
	(a) Description of security or category (including name of security)		(b) Book value			thod of va I-of-year n	luation narket value
	l derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
:)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. Se	e Form 99	0, Part X	, line 13.
	<u> </u>		ook value		(c) Me	thod of va	
L)					SOSE OF EIR	. S. year II	THE VALUE
2)							
3)							
1)							
5)							
5)							
7)							
3)							
9)							
9) otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum	Other Assets. Complete if the organization answered 'Yes' or	on Forr	ກ 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
otal. (Colum Part IX		on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	rt X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes' or	on Form	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' or	on For	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX 2)	Other Assets. Complete if the organization answered 'Yes' or	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX 2) 3)	Other Assets. Complete if the organization answered 'Yes' or	on For	n 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX 2) 3)	Other Assets. Complete if the organization answered 'Yes' or	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX 2) 3) 4)	Other Assets. Complete if the organization answered 'Yes' or	on Form	m 990, Pa	rt IV, line 1	1d See For	m 990, Pa	
Part IX (Column Part IX (Column Part IX (Column Part IX (Column Part IX (C	Other Assets. Complete if the organization answered 'Yes' or	on Forr	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX (Column Part IX (Column Part IX (Column Part IX (Column Part IX (C	Other Assets. Complete if the organization answered 'Yes' or	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
Part IX	Other Assets. Complete if the organization answered 'Yes' or	on Form	m 990, Pa	rt IV, line 1	1d See Fori	m 990, Pa	
ptal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' of (a) Description					. •	(b) Book value
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1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII, line 12

Schedule D (Form 990) 2017

1

Page 4

_		, , , ,			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	ies	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem		per Return	1.
		ation answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	es	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	1
3	Subtract line $\mathbf{2e}$ from line 1			3	
4	Amounts included on Form 990, Pa	art IX, line 25, but not on line 1:			
а	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	
5	Total expenses Add lines 3 and 40	c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and			4, Part X, line 2, Part
ΧI,	lines 2d and 4b, and Part XII, lines 2	2d and 4b Also complete this part to provide	any additional informati	on	
	Return Reference	Explanation			

<u> </u>	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493056002329 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** The Safari Club International - Alaska Chapter 94-2608029 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **Banquet** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 492,244 492,244 2 Less Contributions. 3 Gross income (line 1 minus 492,244 line 2) 492,244 4 Cash prizes 5 Noncash prizes 18,368 18,368 Direct Expenses Rent/facility costs 86.116 86,116 7 Food and beverages 8 Entertainment 1,408 1,408 Other direct expenses 205,227 205,227 **10** Direct expense summary Add lines 4 through 9 in column (d) 311,119 11 Net income summary Subtract line 10 from line 3, column (d) . . . 181,125 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . 40,627 40,627 Expenses | 2 Cash prizes Noncash prizes 4,793 4,793 Direct 4 Rent/facility costs 5 Other direct expenses 2,069 2,069 Yes____ Yes **Yes**100 000 % 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 6,862 33,765 Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities AK ☑ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No If "Yes," explain _ Schedule G (Form 990 or 990-EZ) 2017

Sche	dule G (Form	990 or 990-EZ) 2017					Page 3
11	Does the or	ganızatıon conduct gamıng	activities with nonmember	s?		✓ Yes	□No
12		nization a grantor, beneficia dminister charitable gamin		a member of a partnership or other entity		☑ Yes	
13	Indicate the	percentage of gaming act	ivity conducted in				
а	The organiz	ation's facility			13a		%
b	An outside f	acılıty			13b		100 0 %
14	Enter the na	ame and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords		
	Name 🕨	BBB Services					
	Address 🕨	4701 N Werner Road Palmer, AK 99645					
15a	Does the orgrevenue?	ganızatıon have a contract		om the organization receives gaming		☑ Yes	 □ No
b				ganization 🕨 \$ and th	e		
			y the third party $ hildsymbol{\blacktriangleright}$ \$				
С	If "Yes," ent	ter name and address of th	ne third party				
	Name 🟲	Tudor Bingo					
	Address >	3411 E tudor Road Anchorage, AK 995241	.1113				
16	Gaming mai	nager information					
	Name 🟲						
	Gaming mai	nager compensation $ ightharpoons$					
	Description	of services provided >					
	☐ Directo	r/officer	☐ Employee	☐ Independent contractor			
17	Mandatory o	distributions					
а	_	nization required under stat tate gaming license?	te law to make charitable d	istributions from the gaming proceeds to		✓ Yes	□No
b		•	ired under state law distributies during the tax year	uted to other exempt organizations or spent \$			
Pai				tions required by Part I, line 2b, columns olicable. Also provide any additional infor			
	Retu	ırn Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493056002329 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** The Safarı Club International - Alaska Chapter 94-2608029 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017					Page 2
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete if the orga	inization answered "Yes	on Form 990, Part IV, line 22	-
(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) Legal Assistance	1	12,500		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Information	ation. Provide the inf	ormation required in F	Part I, line 2; Part III	, column (b); and any other ac	iditional information.
Datum Deference Evolum	ntion				

Additional Data

		Software ID: Software Version:	-							
				94-2608029						
		Name:	: The Safarı Club Inte	rnational - Alaska C:	Chapter					
		_								
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organizat	cions and Domest	ic 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			
Alaska Wild Sheep Foundation			34,585							
					1	1				
SCI Foundation			11,800	1		1				

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		
Outdoor Heritage Foundation			12,500						

Complete if the organization answered "Yes" on Form 990. Part IV, line 36a or 40b. Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990. Part IV, line 38a or 40b. Part III Loans to and/or From Interested Persons. Part III Loans to and/or From Interested Persons. Complete if the organization of loan Complete if the organization answered "Yes" on Form 990. Part IV, line 38a or 40b. Part III Loans to and/or From Interested Persons. Part III Complete if the organization answered "Yes" on Form 990. Part IV, line 38a or 40b. Part III	efile GRAPHI	C print - DO NO	T PROCESS	S As Fi	led Data -					DI	N: 93	4930	560	02329
Department of the Treasun Internal Revenue Service Department of the Treasun Internal Revenue Service	Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	Yes" on Form 990, Part IV, lines 25a, 25b, 26, 990-EZ, Part V, line 38a or 40b.						OMB No 1545-0047		
Semployer identification number 94-2608029 94-26080	•	asurv	ormation abo	out Schedu) and its inst	ructio	ns is	at	C)pen	to Pı	ıblic
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			napter						•	-	entifica	ition n	umb	er
(a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction organization organization organization answered transaction organization organization answered transaction organization organization of transaction organization organization of transaction organization organization organization organization of transaction organization organization organization or transaction organization organization organization or transaction organization														
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					Relationship be	tween disqua		$\overline{}$	(c) [escrip	tion of			rected?
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
To From Yes No Yes No Yes No To From Yes No To	4958 3 Enter the ar	mount of tax, if an ans to and/or nplete if the organ orted an amount of (b) Relationship	y, on line 2, al From Interestation answer in Form 990, P	bove, reimbested Per red "Yes" or Part X, line !	sons. 1 Form 990-EZ 15, 6, or 22 1to or from the	Part V, line 3	8a, or Form 9	90, Pai	rt IV,	line 26	h) ved by rd or	(i)Writ	ten
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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Purpose of as				То	From	-		Yes	No		1	Yes		No
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 (c) Amount of assistance (d) Type of assistance (e) Purpose of as														
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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 (c) Amount of assistance (d) Type of assistance (e) Purpose of as														
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 (c) Amount of assistance (d) Type of assistance (e) Purpose of as	Total					<u> </u>								
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Part IIII Gra				ested Perso	ns.		<u> </u>						
		rested person (b) Relationship erested persor	between n and the				of assı	stand	ce	(e) Pu	rpose o	of assi	stance
										+				
										+				

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's revenues?	
				Yes	No	
(1) Edward Grasser Consulting	Past president		Advocacy Payments		No	
(2) BBB Services	Conce Spouce		Bookkeening		No	

(1) Edward Grasser Consulting	Past president	Advocacy Payments	No
(2) BBB Services	Conss Spouse	Bookkeeping	No
(3) Edward Grasser	Past President	Donations to OHFA	No

Explanation

Schedule I (Form 990 or 990-FZ) 2017

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

Return Reference

Supplemental Information

Part V

efile GRAPH	93493056002329						
SCHEDUL (Form 990 or EZ)	990- Complete to p Form 99 Information above	orovide information fo 0 or 990-EZ or to prov ▶ Attach to Forn out Schedule O (Form	on to Form 990 or 95 or responses to specific question ide any additional information n 990 or 990-EZ. 990 or 990-EZ) and its instructor/form990.	ns on	OMB No 1545-0047 2017 Open to Public Inspection		
Memal Revenue Se Name of the org The Safarı Club Int 990 Schedule	ication number						
Return Reference			Explanation				
Officer directors etc family relationship Part VI line 2	Business Relationship						

Return Reference

The Board of Directors review the Form 990 Upon approval, the return is filed with the IRS

governing body review Part VI line

Return
Reference

Coverning
The Organization provides copies of governing documents and financial information upon request

Governing documents and financial information upon request etc available to public Part VI line 19

Return
Reference

List of other
fees for

fees for
services
expenses
Part IX line
11g

Return Explanation
Reference

24e

List of other expenses
Part IX line

Other Program, General and Administration, and Fundraising Epenses