DLN: 93493317076589 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization SOUTHERN NM CHAPTER OF SAFARI CLUB INTERNATIONAL D Employer identification number B Check if applicable ☐ Address change 85-0433845 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (575) 734-5415 City or town, state or province, country, and ZIP or foreign postal code DEXTER, NM $\,\,$ 88230 $\,\,$ G Gross receipts \$ 286,295 Name and address of principal officer H(a) Is this a group return for LARRY MARSHALL ☐Yes **☑**No subordinates? PO BOX 399 H(b) Are all subordinates DEXTER, NM 88230 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) (4) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SNMSAFARICLUB ORG M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ NM Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT OF LOCAL SPORTSMEN'S ORGANIZATIONS, WILDLIFE CONSERVATION ACTIVITIES AND YOUTH EDUCATION Activities & Governance 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) . 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 40 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 18,828 Ravenua 38,592 9 Program service revenue (Part VIII, line 2g) . 114,601 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4,325 61,136 110,276 118,556 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 133,903 98,092 98,092 133,903 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -23,627 20,464 Assets or displaying Beginning of Current Year End of Year 158.519 20 Total assets (Part X, line 16) . 178,983 21 Total liabilities (Part X, line 26) . 158,519 178,983 22 Net assets or fund balances Subtract line 21 from line 20 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 2019-11-13 Signature of officer Sign Here ARRY MARSHALL TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-11 P01320074 Paid self-employed Firm's name ► CARR RIGGS & INGRAM LLC Firm's EIN ► 76-1396621 Preparer Use Only Firm's address ► 400 N PENN SUITE 800 Phone no (575) 622-4667 ROSWELL, NM 88201 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	Accomplishments	3		
	Check If Sche	dule O contains a respon	se or note to any line i	n this Part III		🗹
1	Briefly describe the o	organization's mission				
<u>TO P</u>	ROVIDE SUPPORT OF I	LOCAL SPORTSMEN'S OR	GANIZATIONS,WILDLI	FE CONSERVATION	ACTIVITIES AND YOUTH EDUCA	ATION
2	Did the organization	undertake any significan	t program services dur	ing the year which v	vere not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sche	dule O			
3	Did the organization	cease conducting, or ma	ke significant changes	in how it conducts,	any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	0			
4	Section 501(c)(3) an		s are required to repor		st program services, as measur nts and allocations to others, th	
4a	(Code) (Expenses \$	24,697 including	g grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	13,420 including	g grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	29,928 includin	g grants of \$) (Revenue \$	38,592)
	See Additional Data					
	(Code) (Expenses \$	11,015 including	g grants of \$) (Revenue \$)
	CONSERVATION AND V	ARIOUS OTHER PROJECTS				
4d	Other program servi	ces (Describe in Schedule	e O)			
	(Expenses \$	11,015 includ	ling grants of \$)	(Revenue \$)
		vice expenses ▶	79,060			

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 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? 5 Yes 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

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

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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

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

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

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

- Nο
- 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No
- 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο

11f

12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

22

Yes

Nο

Nο

No

Nο

No

No

Nο

No

Nο

Nο

Nο

Νo

Nο

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	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
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)			
а	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		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

Yes

Yes

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No

38

0

0

1a

Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

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

14b

15

No

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pai	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O		,	onse to	lines 🗹
Se	ction	A. Governing Body and Management					
_				1		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	12	:		
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are independent	1b	12			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2	Yes	
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the power to bers of the governing body?	o elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		e organization contemporaneously document the meetings held or written actions illowing	undert	aken during the year by			
а	The g	overning body?			8a	Yes	,
b	Each o	committee with authority to act on behalf of the governing body?			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who c ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>		be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenu	e Code	e.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pi			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Descri	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
b		officers, directors, or trustees, and key employees required to disclose annually int cts?	erests	that could give rise to	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy •	? If "Yes," describe in	12c		
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	e organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review and, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or sii le entity during the year?	mılar a	rrangement with a	16a		No
Ь	ın join	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegu	ard th				
	status	s with respect to such arrangements?			16b		
Se	ction	C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed▶ NM					
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the	at app	ply			
		Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in So		•			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do, and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organic RIGGS & INGRAM LLC 400 N PENN SUITE 800 ROSWELL NM 88201 (575) 622-		's books and records			

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)		ne bo	ox, u n of or/t	t che unles ficer rust	ss pers	son	(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
(1) KIM TALBOTT PRESIDENT	2 00	х		х				0	0	0
(2) CHARLIE THOMPSON VICE PRESIDENT	2 00	Х		х				0	0	0
(3) LARRY MARSHALL TREASURER	2 00	Х		х				0	0	0
(4) PHILLIP KLOPPENBURG SECRETARY	2 00	Х		x				0	0	0
(5) HERB ATKINSON MEMBER	2 00	X						0	0	0
(6) HUD RHEA MEMBER	2 00	X						0	0	0
(7) BART HANSON MEMBER	2 00	X						0	0	0
(8) DON WENNER MEMBER	2 00	X						0	0	0
(9) GARY HEBBERT MEMBER	2 00	X						0	0	0
(10) PANCHO MAPLES MEMBER	2 00	X						0	0	0
(11) DAVID BROWN MEMBER	2 00	Х						0	0	0
(12) NATHAN WENNER ALTERNATE MEMBER	2 00	X						0	0	0
								I		Form 990 (2018)

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		2/1099-MISC)	organization and related organizations

	4		at ed		

1b Sub-Total			*		

1b Sub-Total				•	▶ _			
c Total from continuation sheets to Pa	art VII , Section	Α			▶			
d Total (add lines 1b and 1s)					-	Λl	Δl	0

1b Sub-Total	-	 _	*		

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section A	١		▶			
-						1	

Yes

3

4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

2

3

4

5

Part	VIII										
		Check if Schedul	e O contains	a respo	onse or note to any						
							(A) revenue	Rel	(B) ated or	(C) Unrelated	(D) Revenue
									xempt nction	business revenue	excluded from tax under sections
	T4 .	- Endowstad assessed						re	venue		512 - 514
ats st		Federated campaig		1a	<u> </u>						
ran Our		b Membership dues		1b							
Am S		c Fundraising events		1c	<u> </u>						
ar jig		d Related organizatio		1d	<u> </u>						
s, (e Government grants (co		1e	1						
ion		f All other contributions, and similar amounts n		1f	18,828						
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contribution	ne included		,						
들으		in lines 1a - 1f \$	ons included								
S E		h Total. Add lines 1a	-1f		•		18,828				
a.					Busines	s Code					
) Luci	2 a	SPORTING CLAY EVENT				110000		31,932	31	,932	
Program Service Revenue	b	MEMBERSHIP DUES AND) AS			812900		6,660	6	,660	
C.e.	c										
χerν	d										
E .	e	•									
ogra	f	All other program se	rvice revenue								
Ĕ	g	Total. Add lines 2a-2	lf		>	38,592					
	3	Investment income (ii	ncluding divid	ends, i	interest, and other						
		similar amounts)				<u> </u>					
		Income from investme Royalties				`					
		Noyanies I I I	(ı) Rea		(II) Personal						
	6a	Gross rents									
	ŀ	Less rental expenses				-					
	•	,									
	•	Rental income or (loss)									
	c	Net rental income o	r (loss)		· · · •	\dashv					
			(ı) Securit	ies	(II) Other	1					
	7a	Gross amount from sales of									
		assets other than inventory									
	ŀ	Less cost or				-					
	•	other basis and sales expenses									
	c	Gain or (loss)									
		l Net gain or (loss) .			•						
ø.	8a	Gross income from for form for the contract of		ents of							
Other Revenue		contributions reporte	ed on line 1c)			_					
eve		See Part IV, line 18		a b							
F.		Less direct expense : Net income or (loss)					59,03	6			59,03
the		Gross income from g	amıng actıvıtı								
0		See Part IV, line 19		a	2,100	,					
	ŀ	Less direct expense	c	ь		5					
		: Net income or (loss)					2,10	0			2,10
	10	Gross sales of invent				1					
		returns and allowand	ces	a	}						
	Ŀ	Less cost of goods s	sold	b		-					
		Net income or (loss)									
		Miscellaneous			Business Code						
	11	.a									
				_							
	Ŀ)									
	(
		All other revenue									
		Total. Add lines 11a			•						
	12	Total revenue. See	Instructions				118,55	6	38,592		0 61,13
											Form 990 (2018

	art IX Statement of Functional Expenses				Page 10
	tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must com	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
Do 7b,	not include amounts reported on lines 6b, 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	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				
5	Compensation of current officers, directors, trustees, and key employees				
6	Gompensation 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				
8	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				
ı	b Legal				
	c Accounting	1,771		1,771	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	F				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses	734		734	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,174		8,174	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
	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 SPORTING CLAY EVENT	29,928	29,928		
	b EDUCATION AND AWLS	24,697	24,697		
	c YOUTH HUNTS	13,420	13,420		
	d DONATIONS	10,750	10,750		
	e All other expenses	8,618	265	8,353	
25	Total functional expenses. Add lines 1 through 24e	98,092	79,060	19,032	0
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)				

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

27 28

29

32

33

34

0 26

0 30

0 31

158,519

158.519

158,519

158.519

End of year

(A)

Beginning of year

Page **11**

178,983

178.983

0

0

178,983

178,983

178,983

Form **990** (2018)

Check	ıf	Sch	edu	le	0

Cash–non-interest-bearing	158,519	1	
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net		4	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	

contains a response or note to any line in this Part IX .

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 . Assets Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Form	990 (2018)				Page 12
Pai	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			118,556
2	Total expenses (must equal Part IX, column (A), line 25)	2			98,092
3	Revenue less expenses Subtract line 2 from line 1	3			20,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			158,519
5	Net unrealized gains (losses) on investments	5			
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			178,983
Pa	TXII 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				
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 separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b		

Form **990** (2018)

Additional Data

Software Version: **EIN:** 85-0433845

Software ID:

Name: SOUTHERN NM CHAPTER OF SAFARI CLUB INTERNATIONAL

Form 990 (2018)

Form 990, Part III, Line 4a:

AMERICAN WILDERNESS LEADERSHIP SCHOOL

Form 990, Part III, Line 4b: YOUTH HUNTS

Form 990, Part III, Line 4c: SPORTING CLAY

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493317076589

Open to Public Inspection

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. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• S	ection 501(c)(3) organizations Con	nplete Parts I-A and B Do not complete	Part I-C	•			tivities), the	n:
		01(c)(3)) organizations Complete Parts	s I-A and C below	Do not complete	Part I-E	3		
If the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tas s), then	section 501(h)) Conder section 501(h	mplete Part II-A)) Complete Part	Do not a	comp o not	olete Part II-E . complete Pa	art II-A
Nar	me of the organization			Emple	yer ide	entifi	ication num	nber
SOL	JTHERN NM CHAPTER OF ARI CLUB INTERNATIONAL			85-04	22045			
		nization is exempt under section	on 501(c) or is			nizat	tion.	
1	Provide a description of the organ "political campaign activities")	ızatıon's dırect and ındırect political car	mpaign activities in	Part IV (see inst	ructions	s for (definition of	
2	Political campaign activity expend	itures (see instructions)			>	\$_		
3	Volunteer hours for political camp	,				_		
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).					
1	Enter the amount of any excise ta	x incurred by the organization under se	ection 4955		>	\$_		
2	Enter the amount of any excise ta	x incurred by organization managers u	nder section 4955		>	\$_		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the organ	nization is exempt under section	n 501(c), exce	pt section 50	1(c)(3	3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	>	\$_		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ction 527 exemp	t •	\$_		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n 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 ame that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organizatio olitical organizati	n's fund	ds Al	lso enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiz funds If none -0-	atıon's		(e) Amount contributions and promp directly delives separate proganization	s received otly and vered to a political

				enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2018

ь	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								
f	Lobbying nontaxable amount Enter the amount fron columns	obbying nontaxable amount Enter the amount from the following table in both							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							
				•					
g	Grassroots nontaxable amount (enter 25% of line 1f)							
h	Subtract line 1g from line 1a If zero or less, enter -()-							

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 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

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

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)? b 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 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο 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 C 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317076589 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 Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization SOUTHERN NM CHAPTER OF SAFARI CLUB INTERNATIONAL 85-0433845 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 Internet and email solicitations 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 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

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		☐ Yes ☐ No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract virevenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$		- · · · · · · · · · · · · · · · · · · ·	
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93493317076589
SCHEDUL (Form 990 or EZ)	Z 2018 Open to Public Inspection				
Name & the of g SOUTHERN NM CH SAFARI CLUB INTE 990 Schedul	APTER OF ERNATIONAL	emental Informatio	on	85-0433	yer identification number 3845
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 2	RELATED BROTHER		AMONG OFFICERS NATHAN WENNE	ER DONNIE WENNER II	II MEMBER MEMBER

Return Explanation

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, MEMBERS OR OTHERS PERSONS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY PART VI, SECTION A,

990 Schedule O, Supplemental Information Return Explanation Reference TREASURER REVIEWS AND SIGNS THE 990

FORM 990. PART VI, SECTION B.

LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, SOUTHERN NEW MEXICO CHAPTER OF SAFARI CLUB INTERNATIONAL MAKES ALL OF ITS GOVERNING DOCUME PART VI, NTS, POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C, AT THEIR PHYSICAL LOCATION OR BY MAIL UPON WRITTEN REQUEST

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317076589 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization SOUTHERN NM CHAPTER OF SAFARI CLUB INTERNATIONAL 85-0433845 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organization	ns Complete if the orga	anization answered "	Yes" on Form 990,	Part IV, line 34 bed	ause 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	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)

or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) SAFARI CLUB INTERNATIONAL CONSERVATION ΑZ 501(C)(4) lνο 4800 WEST GATES PASS ROAD TUSCON, AZ 857459490 86-0974183 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization		(state or foreign		Primary Legal Direct activity domicile controlling (state entity		income(related, unrelated, excluded from tax under sections 512-		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					514)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Schedule R (Form 990) 2018		Pa	ge 3
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		No
c Gift, grant, or capital contribution from related organization(s)	1c	\neg	No
d Loans or loan guarantees to or for related organization(s)	1 d		No
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		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
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)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

- 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)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
		· · · · · · · · · · · · · · · · · · ·								Schedul	e R (Forn	n 99	0) 2018

Schedule R (Form 990) 2018 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation GROUP EXEMPTION RELATIONSHIPS SOUTHERN NM CHAPTER OF SAFARI CLUB INTERNATIONAL IS RECOGNIZED BY SAFARI CLUB INTERNATIONAL, THE CENTRAL ORGANIZATION, AS AN AFFILIATED IUNIT AT ITS INSTITUTION DATE AND IS AN ACTIVE ORGANIZATION IN GOOD STANDING THIS ORGANIZATION IS INCLUDED UNDER A GROUP EXEMPTION RULING FROM THE INTERNAL REVENUE SERVICE INITIALLY ISSUED IN 2000 TO THE SAFARI CLUB INTERNATIONAL. EXEMPTING IT FROM FEDERAL INCOME TAX PURSUANT TO INTERNAL REVENUE CODE 501(C)(4)

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