

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization SAFARI CLUB INTERNATIONAL
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
4800 WEST GATES PASS ROAD
City or town, state or province, country, and ZIP or foreign postal code
TUCSON, AZ 85745

D Employer identification number
86-0974183

E Telephone number
(520) 620-1220

G Gross receipts \$ 21,947,763

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

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

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

H(c) Group exemption number 2663

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

J Website: WWW.SCIFIRSTFORHUNTERS.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 2000

M State of legal domicile AZ

Part I Summary

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

Table with 2 columns: Description and Amount. Rows include: 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 (246); 4 Number of independent voting members of the governing body (245); 5 Total number of individuals employed in calendar year 2018 (126); 6 Total number of volunteers (estimate if necessary) (295); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (1,554,338); 7b Net unrelated business taxable income from Form 990-T, line 34 (-50).

Table with 4 columns: Description, Prior Year, and Current Year. Rows include: 8 Contributions and grants (1,380,874 / 1,427,888); 9 Program service revenue (4,587,176 / 4,048,120); 10 Investment income (424,312 / 518,193); 11 Other revenue (7,744,982 / 8,158,771); 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (14,137,344 / 14,152,972); 13 Grants and similar amounts paid (2,332,815 / 2,060,944); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (6,326,394 / 6,637,373); 16a Professional fundraising fees (0 / 0); b Total fundraising expenses (Part IX, column (D), line 25) (1,388,477); 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) (5,218,638 / 4,928,198); 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) (13,877,847 / 13,626,515); 19 Revenue less expenses Subtract line 18 from line 12 (259,497 / 526,457).

Table with 4 columns: Description, Beginning of Current Year, and End of Year. Rows include: 20 Total assets (Part X, line 16) (15,292,686 / 19,104,770); 21 Total liabilities (Part X, line 26) (6,006,384 / 9,193,987); 22 Net assets or fund balances Subtract line 21 from line 20 (9,286,302 / 9,910,783).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: ***** Date: 2020-05-08
NATHAN BOLT CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
Check if self-employed PTIN P00317845
Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749
Firm's address 5255 EAST WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711 Phone no (520) 790-3500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,300,969 including grants of \$ 0) (Revenue \$ 2,698,345)
See Additional Data

4b (Code) (Expenses \$ 2,269,182 including grants of \$ 257,883) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 1,803,061 including grants of \$ 1,803,061) (Revenue \$ 0)
See Additional Data

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

4e Total program service expenses ▶ 9,373,212

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part 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	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	10
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>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</p>	2a	126			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	Yes	
<p>b If "Yes," enter the name of the foreign country ▶CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	Yes	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
13a					
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 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</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (246); 1b Enter the number of voting members included in line 1a, above, who are independent (245); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AK, AZ, AR, CA, FL, GA, HI, IL, KS, KY, MD, MN, NC, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV, AL, DC, MA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NATHAN BOLT 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 (520) 620-1220

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,427,888		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		1,427,888		

Program Service Revenue			Business Code			
	2a ADVERTISING/SPONSORSHIPS		541800	1,949,173	394,835	1,554,338
	b DUES AND SUBSCRIPTIONS		900099	1,800,092	1,800,092	
	c MEMBERSHIP SERVICES SALES		900099	298,855	298,855	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			4,048,120			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		284,484			284,484
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)			233,709		233,709
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	13,756,205			
	b Less direct expenses	b	5,798,079			
	c Net income or (loss) from fundraising events			7,958,126		7,958,126
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b	50,000				
c Net income or (loss) from gaming activities			-50,000		-50,000	
10a Gross sales of inventory, less returns and allowances	a	519,770				
b Less cost of goods sold	b	315,207				
c Net income or (loss) from sales of inventory			204,563	204,563		
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	900099		46,082		46,082	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			46,082			
12 Total revenue. See Instructions			14,152,972	2,698,345	1,554,338	8,472,401

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,812,971	1,812,971		
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	247,973	247,973		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,055,118	494,298	306,190	254,630
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,612,184	2,907,065	734,763	970,356
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	108,146	68,419	24,778	14,949
9 Other employee benefits	524,146	230,947	214,246	78,953
10 Payroll taxes	337,779	178,790	96,399	62,590
11 Fees for services (non-employees)				
a Management	45,815		45,815	
b Legal	210,708	477	210,231	
c Accounting	49,875		49,875	
d Lobbying	240,000	240,000		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	47,301		47,301	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	578,849	578,849		
12 Advertising and promotion	375,527	263,660	111,867	
13 Office expenses	410,151	291,275	118,876	
14 Information technology	138,627	23,720	114,907	
15 Royalties				
16 Occupancy	492,467	370,948	121,519	
17 Travel	418,336	248,675	169,661	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	268,187	32,891	235,296	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,352	26,817	183,536	6,999
23 Insurance	194,652	162,131	32,521	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	889,491	889,491		
b POSTAGE AND FREIGHT	132,114	131,977	137	
c PROGRAMS AND PROJECTS	125,165	95,552	29,613	
d PRINTING	64,076	57,650	6,426	
e All other expenses	29,505	18,636	10,869	
25 Total functional expenses. Add lines 1 through 24e	13,626,515	9,373,212	2,864,826	1,388,477
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,013,097	1	1,422,328
	2 Savings and temporary cash investments	1,276,545	2	1,966,681
	3 Pledges and grants receivable, net		3	81,200
	4 Accounts receivable, net	588,635	4	3,385,846
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	781,341	7	625,930
	8 Inventories for sale or use	256,315	8	375,031
	9 Prepaid expenses and deferred charges	686,790	9	676,524
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,184,721		
	b Less accumulated depreciation	10b 1,764,539	465,768	10c 420,182
	11 Investments—publicly traded securities	10,150,474	11	10,078,695
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	73,721	15	72,353
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,292,686	16	19,104,770	
Liabilities	17 Accounts payable and accrued expenses	1,273,509	17	1,220,254
	18 Grants payable		18	
	19 Deferred revenue	4,732,875	19	7,973,733
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,006,384	26	9,193,987
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,864,772	27	9,421,624
	28 Temporarily restricted net assets	421,530	28	489,159
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,286,302	33	9,910,783	
34 Total liabilities and net assets/fund balances	15,292,686	34	19,104,770	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,152,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,626,515
3	Revenue less expenses Subtract line 2 from line 1	3	526,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,286,302
5	Net unrealized gains (losses) on investments	5	98,024
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,910,783

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0974183

Name: SAFARI CLUB INTERNATIONAL

Form 990 (2018)

Form 990, Part III, Line 4a:

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 43,205 EXISTING MEMBERS PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

Form 990, Part III, Line 4b:

HUNTING ADVOCACY - SEE SCHEDULE O

Form 990, Part III, Line 4c:

CONSERVATION GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS PROJECTS INCLUDE WILDLIFE POPULATION SURVEYS, COLLARING AND MONITORING DNA ANALYSES, DISEASE TESTING AND DEVELOPMENT OF SCIENTIFIC PUBLICATIONS FIELD MANUALS REPORTS AND OTHER RESEARCH-BASED PAPERS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BABAZ PAUL D PRESIDENT	20 00	X		X				0	0	0
SKOLD STEVE PRESIDENT ELECT	20 00	X		X				0	0	0
CHAPMAN SCOTT DEPUTY PRESIDENT ELECT	20 00	X		X				0	0	0
MCLAURIN JOHN CORPORATE SECRETARY	20 00	X		X				0	0	0
HARTER DON C CORPORATE TREASURER	20 00	X		X				0	0	0
DETWILER DONALD VICE PRESIDENT	20 00	X		X				0	0	0
GRASSER EDWARD K VICE PRESIDENT	20 00	X		X				0	0	0
JERAULD ROBIN S VICE PRESIDENT	20 00	X		X				0	0	0
LEONARD MICHAEL J VICE PRESIDENT	20 00	X		X				0	0	0
LINDQUIST SVEN K VICE PRESIDENT	20 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MADDOX SHERRY D VICE PRESIDENT	20 00	X		X				0	0	0
ANDERSON KEVIN K SCI PAST PRESIDENT	5 00	X						0	0	0
BOLLMAN PATRICK SCI PAST PRESIDENT	5 00	X						0	0	0
CAPPELLI RAYMOND SCI PAST PRESIDENT	5 00	X						0	0	0
DONAU ALFRED SKIP SCI PAST PRESIDENT	5 00	X						0	0	0
EASTERBROOKSR ROBERT SCI PAST PRESIDENT	5 00	X						0	0	0
EDEWAARD VERN SCI PAST PRESIDENT	5 00	X						0	0	0
ERICKSONSR HYLAND B SCI PAST PRESIDENT	5 00	X						0	0	0
HIGGINS LARRY B SCI PAST PRESIDENT	5 00	X						0	0	0
JACKSONIII JOHN SCI PAST PRESIDENT	5 00	X						0	0	0

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOGNER GARY F SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
CUNNINGHAM RALPH S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
HORNII PETER L SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
KATZ LAWRENCE S SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
LEEDS JACK SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MONSON JOHN R SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
MORGAN DON R SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
ROGERSR MIKE SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
SIMPSON MIKE SCI/SCIF PAST PRESIDENT	5 00	X						0	0	0
ATKINSON HERB DIRECTOR-AT-LARGE	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARTELS RON DIRECTOR-AT-LARGE	5 00	X						0	0	0
BLACK DONALD E DIRECTOR-AT-LARGE	5 00	X						0	0	0
CALLENDER AMY LEIGH DIRECTOR-AT-LARGE	5 00	X						0	0	0
CRAWFORD MIKE DIRECTOR-AT-LARGE	5 00	X						0	0	0
CURTIS ED DIRECTOR-AT-LARGE	5 00	X						0	0	0
DANIELS TYLER D DIRECTOR-AT-LARGE	5 00	X						0	0	0
DREWNOWSKI MICHAEL J DIRECTOR-AT-LARGE	5 00	X						0	0	0
JOHNS LARRY J DIRECTOR-AT-LARGE	5 00	X						0	0	0
KENNEDYIII RICHARD R DIRECTOR-AT-LARGE	5 00	X						0	0	0
KIMBELL JEFFREY J DIRECTOR-AT-LARGE	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LANFORDDVM RONALD N DIRECTOR-AT-LARGE	5 00	X						0	0	0
LEONARD JAMES R DIRECTOR-AT-LARGE	5 00	X						0	0	0
MATTUSCH TOM DIRECTOR-AT-LARGE	5 00	X						0	0	0
MURRAY LEE D DIRECTOR-AT-LARGE	5 00	X						0	0	0
SIBERT C J DIRECTOR-AT-LARGE	5 00	X						0	0	0
SWANJR BILL S DIRECTOR-AT-LARGE	5 00	X						0	0	0
TENNISON GARY H DIRECTOR-AT-LARGE	5 00	X						0	0	0
WEBB LEW DIRECTOR-AT-LARGE	5 00	X						0	0	0
ALDRICH JEFFREY K REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ANSTINE MIA REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BING JAMES STONY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BOIDO BOBBY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
BUSH RANDALL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CAMPBELLSR CAL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CASHIN GORDON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
CREELMAN BARBARA E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DAHL JAMES E REGIONAL REPRESENTATIVE	5 00	X						0	0	0
DICKINSON LEN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ENGSTROM ANDERS N REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ERNST ALLEN R REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FIDLER JOHN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GEARHART GARY A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GERADS LARRY W REGIONAL REPRESENTATIVE	5 00	X						0	0	0
GOTSHALL RICHARD L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HAMMOND RAY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HLUSZIK BERNHARD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
HUDSPETH ORVILLE G REGIONAL REPRESENTATIVE	5 00	X						0	0	0
JOHNSON MARK D REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LANDGRAF JOHN F REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LAWSJR JOHN K REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEAKE WT SKIP REGIONAL REPRESENTATIVE	5 00	X						0	0	0
LOSA REVERTE JOSE MARIA REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MEYERL JEFFREY L REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MORELAND JIMMY REGIONAL REPRESENTATIVE	5 00	X						0	0	0
MULLER CHRISTOPHER B REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ORTMANN DWIGHT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
PARIS EMILIO REGIONAL REPRESENTATIVE	5 00	X						0	0	0
PORTER NEAL REGIONAL REPRESENTATIVE	5 00	X						0	0	0
ROBINSON MARK DONALD REGIONAL REPRESENTATIVE	5 00	X						0	0	0
RUSTEMEYER GREG J REGIONAL REPRESENTATIVE	5 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SIZEMORE JEFF REGIONAL REPRESENTATIVE	5 00	X						0	0	0
STEINER LARRY R REGIONAL REPRESENTATIVE	5 00	X						0	0	0
STOHLMAN JOHN REGIONAL REPRESENTATIVE	5 00	X						0	0	0
TALBOT J SCOTT A REGIONAL REPRESENTATIVE	5 00	X						0	0	0
VIEJO GONZALEZPHD JESUS REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WARGOLET CHARMAINE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WEMPLE JON REGIONAL REPRESENTATIVE	5 00	X						0	0	0
WOTTRICH STEPHANIE REGIONAL REPRESENTATIVE	5 00	X						0	0	0
D'ENTREVES UBERTO INTERNATIONAL DIRECTOR	5 00	X						0	0	0
ESTADE MIGUEL INTERNATIONAL DIRECTOR	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HIDVEGI BELA INTERNATIONAL DIRECTOR	5 00	X						0	0	0
JORGENSEN RAGNAR R INTERNATIONAL DIRECTOR	5 00	X						0	0	0
KOHALMI ZSOLT INTERNATIONAL DIRECTOR	5 00	X						0	0	0
ACORD GARY CHAPTER PRESIDENT	5 00	X						0	0	0
ANDERSON ROBERT J CHAPTER PRESIDENT	5 00	X						0	0	0
ATWOOD ALBERT LEROY CHAPTER PRESIDENT	5 00	X						0	0	0
AXTON BRETT CHAPTER PRESIDENT	5 00	X						0	0	0
BABAZ ABIGAIL CHAPTER PRESIDENT	5 00	X						0	0	0
BACHMANN JARRY CHAPTER PRESIDENT	5 00	X						0	0	0
BAGI SCOTT A CHAPTER PRESIDENT	5 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BAKER BRANDAN G CHAPTER PRESIDENT	5 00	X						0	0	0
BALLIS MARK S CHAPTER PRESIDENT	5 00	X						0	0	0
BARNES DEREK J CHAPTER PRESIDENT	5 00	X						0	0	0
BARRETT DOUGLAS H CHAPTER PRESIDENT	5 00	X						0	0	0
BAZZY CHUCK CHAPTER PRESIDENT	5 00	X						0	0	0
BEAVER JASON CHAPTER PRESIDENT	5 00	X						0	0	0
BEREMAN HUBERT E CHAPTER PRESIDENT	5 00	X						0	0	0
BIRCHELL ANNIE CHAPTER PRESIDENT	5 00	X						0	0	0
BODKER DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
BOYCE CYNTHIA CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOYETT BUDDY CHAPTER PRESIDENT	5 00	X						0	0	0
BRACEWELL ROBERT CHAPTER PRESIDENT	5 00	X						0	0	0
BRANDOW MALVIN W CHAPTER PRESIDENT	5 00	X						0	0	0
BREUNING STEPHEN E CHAPTER PRESIDENT	5 00	X						0	0	0
BROWN SCOTT M CHAPTER PRESIDENT	5 00	X						0	0	0
BUONOCOREJR GREGORY P CHAPTER PRESIDENT	5 00	X						0	0	0
CARRAWAY BRYAN CHAPTER PRESIDENT	5 00	X						0	0	0
CHANCLER RYAN CHAPTER PRESIDENT	5 00	X						0	0	0
CHEEK GREGORY R CHAPTER PRESIDENT	5 00	X						0	0	0
CIPRESSI FRANK CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLYMER GARY CHAPTER PRESIDENT	5 00	X						0	0	0
COLE LOUIS CHAPTER PRESIDENT	5 00	X						0	0	0
COLEMAN WALTER CHAPTER PRESIDENT	5 00	X						0	0	0
COSTARELLA DAVE CHAPTER PRESIDENT	5 00	X						0	0	0
CROWN BARBARA CHAPTER PRESIDENT	5 00	X						0	0	0
DAHLE CHAD CHAPTER PRESIDENT	5 00	X						0	0	0
DENNETT RYAN CHAPTER PRESIDENT	5 00	X						0	0	0
DETERS KELVIN L CHAPTER PRESIDENT	5 00	X						0	0	0
DETWILER SAM CHAPTER PRESIDENT	5 00	X						0	0	0
DEVANE DAVID L CHAPTER PRESIDENT	5 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DODDRIDGE PHILLIP CHAPTER PRESIDENT	5 00	X						0	0	0
DOYON DONALD J CHAPTER PRESIDENT	5 00	X						0	0	0
DUFFY RICK J CHAPTER PRESIDENT	5 00	X						0	0	0
DUKES JACKIE CHAPTER PRESIDENT	5 00	X						0	0	0
DUNBAR MYLES CHAPTER PRESIDENT	5 00	X						0	0	0
DUPUIS TODD CHAPTER PRESIDENT	5 00	X						0	0	0
EAVENSON BRETT W CHAPTER PRESIDENT	5 00	X						0	0	0
EBERSOLD RICHARD R CHAPTER PRESIDENT	5 00	X						0	0	0
EHRHARDT PATTY CHAPTER PRESIDENT	5 00	X						0	0	0
ELLIOTT GREG CHAPTER PRESIDENT	5 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ENGSTROM ERIK A O CHAPTER PRESIDENT	5 00	X						0	0	0
ERKER DANIEL CHAPTER PRESIDENT	5 00	X						0	0	0
FLOSNIK THOMAS M CHAPTER PRESIDENT	5 00	X						0	0	0
FOLKMAN DANIEL J CHAPTER PRESIDENT	5 00	X						0	0	0
FONTENOT JIMMY CHAPTER PRESIDENT	5 00	X						0	0	0
GABRIELSON ROD CHAPTER PRESIDENT	5 00	X						0	0	0
GALMEZ JUAN ANTONIO CHAPTER PRESIDENT	5 00	X						0	0	0
GARNESS JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
GARRETT SCOTT F CHAPTER PRESIDENT	5 00	X						0	0	0
GAUTHIER DANIEL G CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEPFREY DENNIS CHAPTER PRESIDENT	5 00	X						0	0	0
GIHA JOSE LUIS CHAPTER PRESIDENT	5 00	X						0	0	0
GIOTTONINI DON J CHAPTER PRESIDENT	5 00	X						0	0	0
GOLEMIS DEAN C CHAPTER PRESIDENT	5 00	X						0	0	0
GOLM NATE CHAPTER PRESIDENT	5 00	X						0	0	0
GOODWIN LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
GOULD JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
GRAY JON W CHAPTER PRESIDENT	5 00	X						0	0	0
GREENWELL STEVE M CHAPTER PRESIDENT	5 00	X						0	0	0
HAAKE DAVID CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAFLA TONY CHAPTER PRESIDENT	5 00	X						0	0	0
HAMILTON DAVID C CHAPTER PRESIDENT	5 00	X						0	0	0
HAMMILL JIM CHAPTER PRESIDENT	5 00	X						0	0	0
HARRISON GINO CHAPTER PRESIDENT	5 00	X						0	0	0
HARSIN MARTIN CHAPTER PRESIDENT	5 00	X						0	0	0
HAYES JIM CHAPTER PRESIDENT	5 00	X						0	0	0
HAZEN HERBERT CHAPTER PRESIDENT	5 00	X						0	0	0
HOROWITZ JONATHAN M CHAPTER PRESIDENT	5 00	X						0	0	0
HOSKINS MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
HOWELL MATT CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUNTER STEVEN L CHAPTER PRESIDENT	5 00	X						0	0	0
IRONS DAVID CHAPTER PRESIDENT	5 00	X						0	0	0
ITTERLY SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
IZOR DAVID E CHAPTER PRESIDENT	5 00	X						0	0	0
JABLONIC MARK CHAPTER PRESIDENT	5 00	X						0	0	0
JACKSON STEVEN W CHAPTER PRESIDENT	5 00	X						0	0	0
JAMES SHELDON K CHAPTER PRESIDENT	5 00	X						0	0	0
JANECEK TEX CHAPTER PRESIDENT	5 00	X						0	0	0
JOHNSON BURL CHAPTER PRESIDENT	5 00	X						0	0	0
JONES STEVE CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEETH ADAM CHAPTER PRESIDENT	5 00	X						0	0	0
KEIMDDS MICHAEL R CHAPTER PRESIDENT	5 00	X						0	0	0
KELLY RUSSELL CHAPTER PRESIDENT	5 00	X						0	0	0
KENNEDY JEFF C CHAPTER PRESIDENT	5 00	X						0	0	0
KILLORN KRISTOPHER C CHAPTER PRESIDENT	5 00	X						0	0	0
KLEINSMITH STACEE F CHAPTER PRESIDENT	5 00	X						0	0	0
KNOWLES MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
KOVALENKO ANATOLII CHAPTER PRESIDENT	5 00	X						0	0	0
LANGE BYRON P CHAPTER PRESIDENT	5 00	X						0	0	0
LAWSON ROBERT C CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LENCIONI BRAD CHAPTER PRESIDENT	5 00	X						0	0	0
LITTLE DAVID A CHAPTER PRESIDENT	5 00	X						0	0	0
LYNCH DONALD M CHAPTER PRESIDENT	5 00	X						0	0	0
LYTLE ZAC CHAPTER PRESIDENT	5 00	X						0	0	0
MACELLARO JORGE CARLOS CHAPTER PRESIDENT	5 00	X						0	0	0
MACLENNAN RUSSELL CHAPTER PRESIDENT	5 00	X						0	0	0
MAHAN COBY CHAPTER PRESIDENT	5 00	X						0	0	0
MARCUM RALPH M CHAPTER PRESIDENT	5 00	X						0	0	0
MASTERS TOM CHAPTER PRESIDENT	5 00	X						0	0	0
MAYES RANDAL R CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCCANN SEAN E CHAPTER PRESIDENT	5 00	X						0	0	0
MCCLLOUD LAWRENCE H CHAPTER PRESIDENT	5 00	X						0	0	0
MCDOWELL MICHAEL CHAPTER PRESIDENT	5 00	X						0	0	0
MCGEHEE CLIFF CHAPTER PRESIDENT	5 00	X						0	0	0
MCKINNON TIM D CHAPTER PRESIDENT	5 00	X						0	0	0
MIDDLETON MARY CHAPTER PRESIDENT	5 00	X						0	0	0
MIGLIORINI JUAN CARLOS CHAPTER PRESIDENT	5 00	X						0	0	0
MILLS JAMES CHAPTER PRESIDENT	5 00	X						0	0	0
MOORE C JONATHAN CHAPTER PRESIDENT	5 00	X						0	0	0
MOTHERAL ROBERT CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MUNRO WILSON RODRIGO GUILLERMO CHAPTER PRESIDENT	5 00	X						0	0	0
MUONIO MICHELE CHAPTER PRESIDENT	5 00	X						0	0	0
NELSON CATHIE CHAPTER PRESIDENT	5 00	X						0	0	0
NEMETH JOZSEF CHAPTER PRESIDENT	5 00	X						0	0	0
NETSCHERT SPENCIE CHAPTER PRESIDENT	5 00	X						0	0	0
NIELSON JEFF CHAPTER PRESIDENT	5 00	X						0	0	0
OLSON DANIEL CHAPTER PRESIDENT	5 00	X						0	0	0
OLSON JEFFREY G CHAPTER PRESIDENT	5 00	X						0	0	0
OSTERGAARDESQ ERIK CHAPTER PRESIDENT	5 00	X						0	0	0
OVERWEG SCOTT EDWARD CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMPLIN KEN CHAPTER PRESIDENT	5 00	X						0	0	0
PASCALE BILL CHAPTER PRESIDENT	5 00	X						0	0	0
PEDERSEN JOSEPH R CHAPTER PRESIDENT	5 00	X						0	0	0
PETERS DENNIS RAY CHAPTER PRESIDENT	5 00	X						0	0	0
PIBOULEAU DOMINIQUE MARIE CHAPTER PRESIDENT	5 00	X						0	0	0
POWELL MALCOLM SCOTT CHAPTER PRESIDENT	5 00	X						0	0	0
PRATES NUNO VICENTE CHAPTER PRESIDENT	5 00	X						0	0	0
PRIDMORE TYLER THOMAS CHAPTER PRESIDENT	5 00	X						0	0	0
RAINS KENT E CHAPTER PRESIDENT	5 00	X						0	0	0
REX MIKE CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARDS LARRY CHAPTER PRESIDENT	5 00	X						0	0	0
RIMKUS MARLA CHAPTER PRESIDENT	5 00	X						0	0	0
ROELL JAMIE CHAPTER PRESIDENT	5 00	X						0	0	0
ROGERSJR MIKE CHAPTER PRESIDENT	5 00	X						0	0	0
ROMERO NIETO EDUARDO CHAPTER PRESIDENT	5 00	X						0	0	0
SAGE JOE CHAPTER PRESIDENT	5 00	X						0	0	0
SCHULTZ ERIC CHAPTER PRESIDENT	5 00	X						0	0	0
SCHULZ ROGER B CHAPTER PRESIDENT	5 00	X						0	0	0
SENKOW WALTER J CHAPTER PRESIDENT	5 00	X						0	0	0
SHERRILL TRACY LEE CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISCO STAN CHAPTER PRESIDENT	5 00	X						0	0	0
SKINNER PHIL CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH BRIAN D CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH JASON CHAPTER PRESIDENT	5 00	X						0	0	0
SMITH ROBERT R CHAPTER PRESIDENT	5 00	X						0	0	0
SMITHII WILLIAM F CHAPTER PRESIDENT	5 00	X						0	0	0
SPIEWAK FRED CHAPTER PRESIDENT	5 00	X						0	0	0
ST MICHAEL ROXANE CHAPTER PRESIDENT	5 00	X						0	0	0
STECKLEY KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0
STILLMAN GERETH B CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STOKES DAVID D CHAPTER PRESIDENT	5 00	X						0	0	0
STOKES KAL CHAPTER PRESIDENT	5 00	X						0	0	0
STUBBERUD NILS-OLE CHAPTER PRESIDENT	5 00	X						0	0	0
TAKACS ISTVAN CHAPTER PRESIDENT	5 00	X						0	0	0
TALBOTT J KIM CHAPTER PRESIDENT	5 00	X						0	0	0
TAYLOR OSCAR D CHAPTER PRESIDENT	5 00	X						0	0	0
TAYLOR ROBERT V CHAPTER PRESIDENT	5 00	X						0	0	0
TERZI TIZIANO CHAPTER PRESIDENT	5 00	X						0	0	0
TIMKO NANCY CHAPTER PRESIDENT	5 00	X						0	0	0
TIMMERMAN CHRISTOPHER CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOMAN JEREMY ROBERT CHAPTER PRESIDENT	5 00	X						0	0	0
ULBERG MATT CHAPTER PRESIDENT	5 00	X						0	0	0
UNGER KEVIN GEORGE CHAPTER PRESIDENT	5 00	X						0	0	0
USZTICS IVAN CHAPTER PRESIDENT	5 00	X						0	0	0
VALLEY ALEX CHAPTER PRESIDENT	5 00	X						0	0	0
VALYEAR JASON CHAPTER PRESIDENT	5 00	X						0	0	0
VAN DE STEENE DONALD CHAPTER PRESIDENT	5 00	X						0	0	0
VAN NOTE THOMAS CHAPTER PRESIDENT	5 00	X						0	0	0
VENDITTOZZI ARMANDO CHAPTER PRESIDENT	5 00	X						0	0	0
VITRO ROBERT J CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTERS MICHAEL J CHAPTER PRESIDENT	5 00	X						0	0	0
WEBER KEN CHAPTER PRESIDENT	5 00	X						0	0	0
WEHINGER MARK T CHAPTER PRESIDENT	5 00	X						0	0	0
WEST CHRIS CHAPTER PRESIDENT	5 00	X						0	0	0
WEST SEAN CHAPTER PRESIDENT	5 00	X						0	0	0
WILT LANA CHAPTER PRESIDENT	5 00	X						0	0	0
WINTER A JAY CHAPTER PRESIDENT	5 00	X						0	0	0
WITCZAK MARTY CHAPTER PRESIDENT	5 00	X						0	0	0
WOODS KEVIN CHAPTER PRESIDENT	5 00	X						0	0	0
WOTTRICH JEREL CHAPTER PRESIDENT	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YORK KENT CHAPTER PRESIDENT	5 00	X						0	0	0
YOUNGIII WILLIAM D CHAPTER PRESIDENT	5 00	X						0	0	0
ZEGER WILLIAM L CHAPTER PRESIDENT	5 00	X						0	0	0
ZELTWANGER ANDREW CHAPTER PRESIDENT	5 00	X						0	0	0
ZUCCO MARK CHAPTER PRESIDENT	5 00	X						0	0	0
PARSONS RICHARD CEO	40 00			X				248,395	0	1,092
BOLT NATHAN CFO	30 00			X				163,593	0	12,140
GRIMES ELIZABETH CBO	10 00 40 00			X				180,116	0	13,980
HAMBERLIN WILLIAM LAIRD CEO BEGINNING 4/2019	30 00			X				0	0	0
SAGI ANGELIA ADVERTISING SALES DIRECTOR	10 00 40 00				X			188,903	0	16,257

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEIDMAN ANNA DIRECTOR OF LITIGATION	40 00				X			187,099	0	8,798
BURDIN DOUG SENIOR LITIGATION COUNSEL	40 00					X		181,105	0	13,829
GERICH MARTIN IT DIRECTOR	40 00					X		158,405	0	12,556
GREENE WILLIAM P DEPUTY DIRECTOR OF GOV'N'T AFFAIRS	40 00					X		153,796	0	1,210
COMUS STEPHEN DIRECTOR OF COMMUNICATIONS	40 00					X		128,936	0	9,022
ROQUNEI MICHAEL J DIRECTOR OF MEMBERSHIP & CHAPTER SERVICES	40 00					X		115,512	0	11,328

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 195,788

3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	305,998	208,150	110,700		
b Contributions	102,900	88,900	109,700	110,700	
c Net investment earnings, gains, and losses	18,458	11,761			
d Grants or scholarships					
e Other expenditures for facilities and programs	53,762	2,813	12,250		
f Administrative expenses					
g End of year balance	373,594	305,998	208,150	110,700	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		43,874	31,800	12,074
d Equipment		2,097,145	1,732,739	364,406
e Other		43,702		43,702
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				420,182

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,366,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	98,024
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	98,024
3	Subtract line 2e from line 1	3	20,268,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,301
b	Other (Describe in Part XIII)	4b	-6,163,286
c	Add lines 4a and 4b	4c	-6,115,985
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,152,972

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

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

1	Total expenses and losses per audited financial statements	1	19,742,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	6,163,286
e	Add lines 2a through 2d	2e	6,163,286
3	Subtract line 2e from line 1	3	13,579,214
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,301
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	47,301
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,626,515

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0974183

Name: SAFARI CLUB INTERNATIONAL

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SCI EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS AS OF JUNE 30, 2019 AND 2018, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES -5,798,079 GAMING EXPENSES DEDUCTED AGAI NST REVENUES -50,000 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES -315,207

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES 5,798,079 GAMING EXPENSES DEDUCTED AGAINST REVENUES 50,000 COST OF GOODS SOLD DEDUCTED AGAINST REVENUES 315,207

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	1	1			247,973
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	1	1			247,973

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S LARGEST GRANT IS TO SCI - CANADA, A RELATED ORGANIZATION FOR OTHER GRANTS THE ORGANIZATION MONITORS THE PERFORMANCE OF THE RECIPIENT PRIOR TO BESTOWING A GRANT TYPICALLY THESE GRANTS ARE GIVEN TO THE SAME REQUESTING ORGANIZATIONS YEAR AFTER YEAR BECAUSE THEY CONTINUE TO MEET SCI'S PERFORMANCE REQUIREMENTS

Additional Data

Software ID:

Software Version:

EIN: 86-0974183

Name: SAFARI CLUB INTERNATIONAL

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	224,133
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	23,840

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM AWARD	7,249	WIRE			
		NORTH AMERICA	PROGRAM AWARD	9,750	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM AWARD	14,540	WIRE			
		NORTH AMERICA	PROGRAM AWARD	14,845	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	OPERATING EXPENSES	180,788	WIRE			

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		CONVENTION (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,755,559			13,755,559
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,755,559			13,755,559
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	762,393			762,393
	7 Food and beverages	888,446			888,446
	8 Entertainment	433,018			433,018
	9 Other direct expenses	3,713,576			3,713,576
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				5,797,433
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,958,126

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S LARGEST GRANT IS TO SCIF, A RELATED ORGANIZATION FOR ALL OTHER SMALLER GRANTS, THE ORGANIZATION MONITORS THE PERFORMANCE OF THE RECIPIENT PRIOR TO BESTOWING A GRANT TYPICALLY THESE GRANTS ARE GIVEN TO THE SAME REQUESTING ORGANIZATIONS YEAR AFTER YEAR BECAUSE THEY CONTINUE TO MEET SCI'S PERFORMANCE REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 86-0974183
Name: SAFARI CLUB INTERNATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85743	86-0292099	501(C)(3)	217,644	1,529,578	FMV	DONATED GOODS AND EXPENSE FUNDING PROVIDED AT COST	WILDLIFE CONSERVATION AND OUTDOOR EDUCATION
ALASKA PROFESSIONAL HUNTERS ASSOCIATION PO BOX 240971 ANCHORAGE, AK 99524	92-0060165	501(C)(6)	25,750				CONSERVATION OF WILDLIFE RESOURCES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTER NATION 6700 SQUIBB ROAD MISSION, KS 66202	82-4684198	501(C)(3)	15,000				DONATION
NC SPORTSMEN FOR CONSERVATION 130 MINE LAKE COURT SUITE 200 RALEIGH, NC 27615	83-2052402	501(C)(3)	10,000				LEGISLATIVE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes			
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PARSONS RICHARD CEO	(i)	231,425	0	16,970	0	1,092	249,487	0
	(ii)	0	0	0	0	0	0	0
2 BOLT NATHAN CFO	(i)	163,452	0	141	5,550	6,590	175,733	0
	(ii)	0	0	0	0	0	0	0
3 GRIMES ELIZABETH CBO	(i)	178,944	0	1,172	7,350	6,630	194,096	0
	(ii)	0	0	0	0	0	0	0
4 SAGI ANGELIA ADVERTISING SALES DIRECTOR	(i)	152,665	34,333	1,905	6,949	9,308	205,160	0
	(ii)	0	0	0	0	0	0	0
5 SEIDMAN ANNA DIRECTOR OF LITIGATION	(i)	185,944	0	1,155	7,350	1,448	195,897	0
	(ii)	0	0	0	0	0	0	0
6 BURDIN DOUG SENIOR LITIGATION COUNSEL	(i)	180,417	0	688	7,350	6,479	194,934	0
	(ii)	0	0	0	0	0	0	0
7 GERICH MARTIN IT DIRECTOR	(i)	157,828	0	577	5,998	6,558	170,961	0
	(ii)	0	0	0	0	0	0	0
8 GREENE WILLIAM P DEPUTY DIRECTOR OF GOVN'T AFFAIRS	(i)	153,426	0	370	0	1,210	155,006	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 5	THE DIRECTOR OF ADVERTISING RECEIVES COMMISSIONS BASED UPON ADVERTISING SALES. THIS AMOUNT IS REPORTED IN THE BONUS COLUMN IN SCH J.

Return Reference	Explanation
PART I, LINE 6	SCI BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS NO BONUSES WERE PAID IN THE CURRENT YEAR



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MIKE ROGERS JR	FORMER DIRECTOR AND FAMILY MEMBER OF CURRENT DIRECTOR	222,502	VIDEO PRODUCTION/HOSTING		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	WORLDWIDE (1) PROTECT RIGHTS OF HUNTERS - TO ADVOCATE PRESERVE AND PROTECT THE RIGHTS OF ALL HUNTERS (2) PROMOTE HUNTING - TO PROMOTE SAFE LEGAL AND ETHICAL HUNTING AND RELATED ACTIVITIES (3) ENGAGE IN ADVOCACY - WITHIN LIMITS IMPOSED BY LAW AND REGULATION TO MONITOR SUPPORT EDUCATE OR OTHERWISE TAKE POSITIONS ON LOCAL NATIONAL AND INTERNATIONAL LEGISLATIVE EXECUTIVE JUDICIAL OR ORGANIZATIONAL ENDEAVORS THAT FOSTER AND SUPPORT THESE OBJECTIVES (4) EDUCATE PUBLIC REGARDING HUNTING - TO INFORM & EDUCATE THE PUBLIC CONCERNING HUNTING & RELATED ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	HUNTING ADVOCACY THIS CATEGORY REPRESENTS THE ARM OF THE ORGANIZATION THAT ADVOCATES THE PRESERVATION OF THE HUNTING HERITAGE, HUNTERS' RIGHTS AND THE SUSTAINABLE USE OF WILDLIFE SCI IS THE ACTIVE VOICE IN PROMOTING THE ROLE OF HUNTING AS AN EFFECTIVE WILDLIFE MANAGEMENT AND CONSERVATION TOOL AND IN EDUCATING THE PUBLIC AND GOVERNMENT DECISION-MAKERS ON THESE MATTERS SCI'S ADVOCACY EFFORTS INCLUDED SEVERAL PROJECTS IN STATE NATIONAL AND INTERNATIONAL FORUMS TOWARD DEVELOPMENT OF NEW REGULATIONS, LEGISLATION AND POLICIES TO SUPPORT HUNTING ACCESS AND/OR SUSTAINABLE USE WILDLIFE MANAGEMENT AND CONSERVATION, LITIGATION TO PROTECT HUNTING RIGHTS AND OPPORTUNITIES, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS THAT REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JAMES LEONARD AND MICHAEL LEONARD - FAMILY RELATIONSHIP MIKE ROGERS SR AND MIKE ROGERS JR - FAMILY RELATIONSHIP JEREL WOTTRICH AND STEPHANIE WOTTICH - FAMILY RELATIONSHIP ERIK A O ENGSTROM AND ANDERS N ENGSTROM - FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS, WHO MAY ALSO BE MEMBERS OF ONE OF THE APPROXIMATELY 200 LOCAL CHAPTERS WORLDWIDE, ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SAFARI CLUB INTERNATIONAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO AND CONTROLLER ONCE THE FORM 990 HAS BEEN REVIEWED NOTICE IS SENT TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS INVITING THEM TO REVIEW THE 990 AND SUBMIT COMMENTS OR QUESTIONS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO DIRECTORS AND OFFICERS TO DETERMINE CONFLICTS OF INTEREST, SAFARI CLUB INTERNATIONAL PERIODICALLY REVIEWS WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING AND WHETHER ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVIDUALS CONFORM TO WRITTEN POLICIES, ARE PROPERLY DOCUMENTED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER SAFARI CLUB INTERNATIONAL'S PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	GENERALLY SAFARI CLUB INTERNATIONAL WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE TO DO THIS, SAFARI CLUB INTERNATIONAL RELIES ON RELEVANT COMPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILAR SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDUAL WHOSE COMPENSATION IS BEING CONSIDERED THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, THE FORM 990, THE GOVERNING DOCUMENTS AND A COMPILATION OF SAFARI CLUB INTERNATIONAL POLICIES ARE POSTED ON SAFARI CLUB INTERNATIONAL'S WEBSITE

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) SAFARI CLUB INTERNATIONAL FOUNDATION 4800 W GATES PASS RD TUCSON, AZ 85745 85-0292099	WILDLIFE CONSERVATION	AZ	501(C)(3)	LINE 10	N/A		No
(2) SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W STE 200 OTTWA, ONTARIO K1R 7X6 CA	HUNTING ADVOCACY	CA			SAFARI CLUB INTERNATIONAL		No
(3) SAFARI CLUB INTERNATIONAL FOUNDATION OF CANADA 132 JEROME ST RR 1 LANARK, ONTARIO K0G 1K0 CA	WILDLIFE CONSERVATION	CA	501(C)(3)		SAFARI CLUB INTERNATIONAL		No
(4) HUNTER ACTION FUND 501 2ND ST NE WASHINGTON, DC 20002 46-1989048	HUNTING ADVOCACY	DC	527		SAFARI CLUB INTERNATIONAL		No
(5) SAFARI CLUB INTERNATIONAL - PAC 4800 W GATES PASS RD TUCSON, AZ 85745 41-1771039	HUNTING ADVOCACY	AZ	527		SAFARI CLUB INTERNATIONAL		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation