		** PUBLIC DISCLOSURE COPY	**	
Form 9	n	Return of Organization Exempt From		OMB No. 1545-0047
Form JC	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		
Department of a		Do not enter social security numbers on this form as it n		Open to Public Inspection
A For the		▶ Information about Form 990 and Its instructions is at we ar year, or tax year beginning JUL 1, 2015 and ending	JUN 30, 2016	Imspection
3 Check if		f organization	D Employer Identific	ation number
applicable		rorganization		
Address	SAFA	RI CLUB INTERNATIONAL		
		usiness as	86-09	974183
Letrick	Accession in the second se	and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	
Final return/		WEST GATES PASS ROAD		520-1220
termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	26,300,876
Amendes return		ON, AZ 85745	H(a) Is this a group re	
Applica- bion pending		nd address of principal officer: RICHARD PARSONS	for subordinates?	? 🗌 Yes 🗶 No
	SAME .	AS C ABOVE	H(b) Are all subordinates in	
				list. (see instructions)
		SCIFIRSTFORHUNTERS.ORG	H(c) Group exemption	
		X Corporation Trust Association Other ► L	Year of formation: 2000 M	State of legal domicile; A2
	Summary			
8 1 Bi		e the organization's mission or most significant activities: TO PROTE PROMOTE WILDLIFE CONSERVATION WORLDWI		
		x ► □ if the organization discontinued its operations or disposed of i		
		ing members of the governing body (Part VI, line 1a)	1 1	259
		ependent voting members of the governing body (Part VI, line 1a)		25
8 4 NI		of individuals employed in calendar year 2015 (Part V, line 2a)		13'
		of volunteers (estimate if necessary)		300
2 0 10 5 7 a To		d business revenue from Part VIII, column (C), line 12		2,162,603
<		business taxable Income from Form 990-T, line 34		-50
	or on a cluted		Prior Year	Current Year
a 8 C	ontributions	and grants (Part VIII, line 1h)	1,453,582.	1,374,248.
		ce revenue (Part VIII, line 2g)	5,440,683.	5,146,673.
8 10 In		come (Part VIII, column (A), lines 3, 4, and 7d)	671,135.	259,182.
[#] 11 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,272,544.	7,940,011.
		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,837,944.	14,720,114.
13 G	rants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)	3,156,339.	3,093,071.
14 Be	enefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
15 Sa	alaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,699,349.	5,425,488
		Indraising fees (Part IX, column (A), line 11e)	0.	0.
b To	otal fundralstr	ng expenses (Part IX, column (D), line 25) • 1,154,548.		5 400 850
112 Ot	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	5,918,952.	5,403,758
		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,774,640.	13,922,317.
	evenue less e	expenses. Subtract line 18 from line 12	1,063,304.	797,797.
Fund Balances 1 0 02 05 1 20 00 1	tal accest - /D	last V line 16)	Beginning of Current Year 13,889,256.	End of Year 14,086,043
20 10 21 To		'art X, line 16) (Part X, line 26)	6,896,769.	6,454,585
21 10 22 Ne		und balances. Subtract line 21 from line 20	6,992,487.	7,631,458
	Signature		0/00-710-01	
		declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and bellef, it is
•		Deelasation of preparer (other than officer) is based on all information of which prep		a,
1		CALOLUS X	5/8/1	7
lgn 📕	Signature	of officer .	Date	
ere		AN BOLT, CFO	97	ă
	Type or pr	rint name and tille		
	rint/Type prepa		Dale Check	PTIN
		E. LIVINGSTON, CP	- SALOI 7 self-employed	P00317845
		CLIFTONLARSONALLEN	Firm's EIN 🕨	41-0746749
se Only Fi	rm's address	5255 EAST WILLIAMS CIRCLE, STEV5000		
·		TUCSON, AZ 85711	Phone no. (5 2	
ay the IRS	discuss this	return with the preparer shown above? (see instructions)		. X Yes No
2001 12-18-1	5 LHA FO	or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2015

Form 990 (2015)

x:

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**	PUBLIC	DISCI	LOSURE	COPY	* *
Roturn of (Iraaniza	ation	Evemn	From	Incomo "

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundat ▶ Do not enter social security numbers on this form as it may be made public.

v -	OMB No. 1545-0047
▲ ations)	
	Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form **990**

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Α	For th	e 2015 calendar year, or tax year beginning $ m JUL1,2015$ and e	ending J	UN 30, 20)16		
B	Check in applicat	Re: C Name of organization		D Employer ide	entifi	cation number	
	Addrr chan	SAFARI CLUB INTERNATIONAL					
	Nam	Doing business as		86-0974183			
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	Impei	r	
	Final	4800 WEST GATES PASS ROAD 520-620-12					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		26,300,876.	
	Amer	ded TUCSON, AZ 85745		H(a) Is this a group return			
	Appli	F Name and address of principal officer: RICHARD PARSONS		for subordinates? Yes X No			
	pend	^{ng} SAME AS C ABOVE				ncluded? Yes No	
		empt status: 501(c)(3) 🛛 501(c) (4)◀ (insert no.) 4947(a)(1) o	ır 🛄 527	lf "No," atta	ich a	list. (see instructions)	
_		te: WWW.SCIFIRSTFORHUNTERS.ORG		H(c) Group exen	nptio	n number ▶ 2663	
-	-	forganization: 🗶 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year o	of formation: 20 C	0 O N	State of legal domicile; AZ	
Pi	art I	Summary			2		
ė	1	Briefly describe the organization's mission or most significant activities: TO PR	OTECT	THE FREE	DO	м то нимт	
anc		AND TO PROMOTE WILDLIFE CONSERVATION WORL	DWIDE	•			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	ed of more	than 25% of its r	net as		
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			3	259	
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	258	
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	137	
Activities &	6	Total number of volunteers (estimate if necessary)		6	300		
ç	7 a Total unrelated business revenue from Part VIII, column (C), line 12				7a	2,162,603.	
•						F 6	
4	b	Net unrelated business taxable income from Form 990-T, line 34			7ь	-50.	
-				Prior Year	-	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		Prior Year 1,453,58	2.	Current Year 1,374,248.	
_	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		Prior Year 1,453,58 5,440,68	2	Current Year 1,374,248. 5,146,673.	
Revenue	8 9 10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 1,453,58 5,440,68 671,13	2.	Current Year 1,374,248. 5,146,673. 259,182.	
_	8 9 10 11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year 1,453,58 5,440,68 671,13 8,272,54	2.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011.	
_	8 9 10 11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94	2. 3. 5. 4.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114.	
_	8 9 10 11 12 13	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		Prior Year 1,453,58 5,440,68 671,13 8,272,54	2. 3. 5. 4. 9.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071.	
Revenue	8 9 10 11 12 13 14	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33	2. 3. 5. 4. 9.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0.	
Revenue	8 9 10 11 12 13 14 15	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94	2. 3. 5. 4. 9. 0.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488.	
Revenue	8 9 10 11 12 13 14 15 16a	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34	12. 13. 15. 4. 9. 0. 9. 0.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0.	
_	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $ 1, 154, 54 $.8.	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34	12. 13. 15. 4. 9. 9. 0.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0.	
Revenue	8 9 10 11 12 13 14 15 16a b 17	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,154,54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8.	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95	2. 3. 5. 4. 9. 0. 9. 0.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758.	
Revenue	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8.	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64	12. 13. 15. 4. 9. 0. 9. 0. 2. 0.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317.	
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,154,54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30	22. 33. 55. 4. 4. 9. 9. 0. 9. 0. 2. 0. 4.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797.	
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1, 154, 54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 inning of Current Y	22. 33. 45. 44. 99. 0. 99. 0. 22. 0. 4. 4. 22.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year	
Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19 20	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $1, 154, 54$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 jinning of Current Y 13,889,25	22. 33. 45. 4. 99. 0. 99. 0. 99. 0. 2. 0. 4. 72.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043.	
et Assets or Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1, 154, 54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 inning of Current Y 13,889,25 6,896,76	22. 33. 55. 4. 4. 9. 0. 9. 0. 29. 0. 2. 0. 4. 4. 6. 9.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043. 6,454,585.	
Puet Assets or Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1, 154, 54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 jinning of Current Y 13,889,25	22. 33. 55. 4. 4. 9. 0. 9. 0. 29. 0. 2. 0. 4. 4. 6. 9.	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043.	
The Assets or Expenses Revenue	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1, 154, 54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,699,34 5,918,95 14,774,64 1,063,30 inning of Current Y 13,889,25 6,896,76 6,992,48	22. 33. 55. 44. 49. 00. 00. 00. 00. 00. 00. 00. 00. 00. 0	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043. 6,454,585. 7,631,458.	
The sector of th	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,154,54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 jinning of Current Y 13,889,25 6,896,76 6,992,48 nts, and to the best	22. 33. 55. 44. 49. 00. 00. 00. 00. 00. 00. 00. 00. 00. 0	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043. 6,454,585. 7,631,458.	
The sector of th	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1, 154, 54 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	8. Beg	Prior Year 1,453,58 5,440,68 671,13 8,272,54 15,837,94 3,156,33 5,699,34 5,918,95 14,774,64 1,063,30 jinning of Current Y 13,889,25 6,896,76 6,992,48 nts, and to the best	22. 33. 55. 44. 49. 00. 00. 00. 00. 00. 00. 00. 00. 00. 0	Current Year 1,374,248. 5,146,673. 259,182. 7,940,011. 14,720,114. 3,093,071. 0. 5,425,488. 0. 5,403,758. 13,922,317. 797,797. End of Year 14,086,043. 6,454,585. 7,631,458.	

Sign	Signature of officer	Date
Here	NATHAN BOLT, CFO Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	STEPHEN E. LIVINGSTON, CP	self-employed P00317845
Preparer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749
Use Only	Firm's address 5255 EAST WILLIAMS CIRCLE, STE 5000	
	TUCSON, AZ 85711	Phone no. (520) 790-3500
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
		- 000

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2015) SAFARI CLUB INTERNATIONAL	86-0974183 Pa
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices?
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t revenue, if any, for each program service reported.	to others, the total expenses, and
1	(Code:) (Expenses \$ 4,951,365. including grants of \$)	(Revenue \$ 3,301,74)
	MEMBER & CHAPTER SERVICES: SCI IS COMPRISED OF MEMBI	
	WORLDWIDE. THIS CATEGORY REPRESENTS THE OPERATING COS APPROXIMATE 49,734 EXISTING MEMBERS PROVIDING DIRECT	STS OF SERVING TH
	APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF	
	FUNDRAISING PRODUCING MONTHLY AND BI-MONTHLY PUBLICA	
	MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUN	
	WORLDWIDE.	
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,	(Code:) (Expenses \$ 2,391,398. including grants of \$ 187,550.)	(Revenue \$
,	(Code:) (Expenses \$ 2,391,398. including grants of \$ 187,550.) SEE SCHEDULE O.	(Revenue \$
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	SEE SCHEDULE O. (code:)(Expenses \$ 2,906,157. including grants of \$ 2,905,521.) CONSERVATION: GRANTS ARE MADE TO SAFARI CLUB INTERNA (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSE PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BI OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE	(Revenue S ATIONAL FOUNDATION ERVATION EFFORTS (OLOGICAL STUDIES LONG-TERM
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	SEE SCHEDULE O. SEE SCHEDULE O	(Revenue \$ ATIONAL FOUNDATION ERVATION EFFORTS (OLOGICAL STUDIES LONG-TERM HEIR ECOLOGICAL EVEYS, COLLARING LOPMENT OF

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1	1997 (B)	1.1
	as applicable.	*n (1 3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	V	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
L.	foreign organization report on Partix, counting (4), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1.5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		. I	
40	1c and Ba? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х

Form 990 (2015)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	h (1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04-	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a			x
5		24a		_
	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?	040		
Ы	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254	_	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	2.00		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	· ·	27 <u>5</u>	
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	unite.	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		·X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	

Form 990 (2015)

Forr	n 990 (2015) SAFARI CLUB INTERNATIONAL 86-0974	1183	F	age 5
Pa	rt 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 82	2 1 2		= ə
b)	3	
с			1	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- 3	
-	filed for the calendar year ending with or within the year covered by this return 2a 137	7	문왕	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		i ita:	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
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)?	4 a		X
b	If "Yes," enter the name of the foreign country:	·	1999 1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, i j j j j j j j j j j j j j j j j j j	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d		.**		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	45	المدين	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	2.		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		a [™] a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	2 ⁶ a 1	19 MR	
а	Gross income from members or shareholders 11a			4 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ый П		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		5.4	·]
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1941 - F 1713 - F		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		2 N.	ng tr
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c	-	E.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	146		

Form 990 (2015)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	
ection A. Governing Body and Management	

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Sec	tion A. Governing Body and Management			ليعما
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 259	-	1	
	If there are material differences in voting rights among members of the governing body, or if the governing			2 32
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	1
b			**	1 N 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	· · · ·	÷ 7.	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a				
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь	1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ter I	. ·	
12a		12a	X	
b		12b	X	
с				
-	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	

14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		14. 	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1.45	- <u>1</u> d
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			. 3
	event status with respect to such arrangements?	16h		

Section C. Disclosure

Form 990 (2015)

List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$ 17

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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.
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SAFARI CLUB INTERNATIONAL

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Tile Average hours per week float any back of the start hours of the and schedulated organization back of back of bac	(A)	(B)	(C)					(D)	(E)	(F)	
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(14)BOLLMAN, PATRICK5.0000.0.SCI PAST PRESIDENTX0.0.0.0.(15)CAPPELLI, RAYMOND5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.(16)CHERAMIE, ALBERT5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.(17)DONAU, ALFRED "SKIP"5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.	(13) ANDERSON, KEVIN K.	5.00									
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(15) CAPPELLI, RAYMOND5.000.0.0.SCI PAST PRESIDENTX0.0.0.0.(16) CHERAMIE, ALBERT5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.(17) DONAU, ALFRED "SKIP"5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.	(14) BOLLMAN, PATRICK	5.00									
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(16) CHERAMIE, ALBERT5.00X0.0.SCI PAST PRESIDENTX0.0.0.(17) DONAU, ALFRED "SKIP"5.00X0.0.SCI PAST PRESIDENTX0.0.0.	(15) CAPPELLI, RAYMOND	5.00									
SCI PAST PRESIDENTX0.0.0.(17) DONAU, ALFRED "SKIP"5.00X0.0.0.SCI PAST PRESIDENTX0.0.0.0.	SCI PAST PRESIDENT		X						0.	0.	0.
(17) DONAU, ALFRED "SKIP" 5.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(16) CHERAMIE, ALBERT	5.00									
SCI PAST PRESIDENT X 0. 0. 0.	SCI PAST PRESIDENT		X						0.	0.	0.
		5.00									
	SCI PAST PRESIDENT		X						0.	0.	

532007 12-16-15

Form 990 (2015)

Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)										(F)		
Name and title	Average Position (do not check more than on					one	Reportable	Reportable	8	stimate	ed	
	hours per	er box, unless person is both a officer and a director/trustee				is bot	h an	compensation	compensation	a	mount	of
	Week (list any	-			Т	37005			from related		other	
	(list any hours for	irecto						the	organizations		mpensa	
	related	eord	ee Ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th ganizat	
	organizations	truste	al trus		8	mpen		(** 2) 1035 (***00)		11	nd relat	
	below	Individual trustee or director	nstitutional trustee	5	Key employee	est co oyee	5				anizati	
	line)	Indiv	Instit	Othicer	Key e	Highest compensated employee	Former					
(18) EASTERBROOK, SR., ROBERT	5.00											
SCI PAST PRESIDENT		X						0.	0	•		0.
(19) EDEWAARD, VERN	5.00											
SCI PAST PRESIDENT		X						0.	0	•		0.
(20) ERICKSON, SR., HYLAND B.	5.00											
SCI PAST PRESIDENT		X						0.	0	•		0.
(21) JACKSON, III, JOHN J.	5.00											
SCI PAST PRESIDENT		X			·			0.	0	•		0.
(22) KAUFFMAN, CRAIG L.	5.00				2							
SCI PAST PRESIDENT		X						0.	0	·		0.
(23) KIRN, DON J.	5.00								_			_
SCI PAST PRESIDENT	F 0.0	х					_	0.	0	·		0.
(24) NORRIS, LANCE H.	5.00	_										
SCI PAST PRESIDENT		х				\square		0.	0	•		0.
(25) OLDFIELD, ANDY M.	5.00	_							_			
SCI PAST PRESIDENT		X						0.	0	•		0.
(26) PARKER, WARREN K.	5.00											_
SCI PAST PRESIDENT		X					_	0.	0	_		0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part VI								1,435,681.	0		26,7	
d Total (add lines 1b and 1c)							_	1,435,681.	0	12	26,7	02.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	DOVE	e) wh	o r	eceived more than \$100	,000 of reportable			10
compensation from the organization		_				_	_				1	12
										r	Yes	No
3 Did the organization list any former officer,		stee	, ke	y en	nplo	yee,	or	highest compensated er	nployee on		<u>.</u>	92. L
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su											X	15
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a					-		lat	ed organization or indivi	dual for services		· · · ·	
rendered to the organization? If "Yes," complete Schedule J for such person5 X												
Section B. Independent Contractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from												
the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C) Name and business address Description of services Compensation												
BROTHERS & COMPANY		-		-	_		+	Description of se		Joinpe	msauo	
4860 SOUTH LEWIS, TULSA,	08 7/10	5						MARKETING SEI		רכ	4,0	77
FENNEMORE CRAIG CORP, 239			T.P	AC	ĸ	-	-	MANELING SEI		57	4 ,0	
RD, STE 600, PHOENIX, AZ		an 19	כנינו	AC	.11		4	LEGAL SERVICI	29	20	7,7	31
The second secon	220T0						- 14	TOUT OPERATCI	- UE	43	1,1	<u>• + c</u>

SPURWING MEDIA, INC.		
1880 HARBOR ISLAND DR, SAN DIEGO, CA 92101	VIDEO PRODUCTION	241,556.
CROSSROADS STRATEGIES		
	CONSULTING SERVICES	185,739.
RESULTS DIRECT, 5210 EAST WILLIAMS CIRCLE		
SUITE 640, TUCSON, AZ 85711	IT SERVICES	175,292.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	the state of the s
\$100,000 of compensation from the organization > 9		ari harik

SEE PART VII, SECTION A CONTINUATION SHEETS 12-16-15

Form 990 (2015)

Form 990

SAFARI CLUB INTERNATIONAL

86-0974183

(A) Name and title	(B)	1		(0	- 34					
Name and title								(D)	(E)	(F)
	Average	6			ition		4.4	Reportable	Reportable	Estimated
	hours per	-{C	heck		Inat	app	iy) T	compensation from	compensation from related	amount of other
	week					8		the	organizations	compensation
	(list any	- in the second				yold		organization	(W-2/1099-MISC)	from the
	hours for	r director				na ba		(W-2/1099-MISC)	(organization
	related	stee o	trustee			ensat				and related
	organizations	al trus	nal tr		loyee	comp				organizations
	below line)	Individual trustee or	Institutional	Officer	Key employee	Highest compensated employee	Former			
(27) POCIUS, E. WAYNE	5.00	Ē	Ë	5	Ъ,	Ŧ	æ			
SCI PAST PRESIDENT	5.00	x						0.	0.	0.
(28) SHEPARD, MERLE A.	5.00	11						0.	Ŭ.	0.
SCI PAST PRESIDENT		x						0.	0.	0.
(29) URSEM, RICHARD E.	5.00			_		_				
SCI PAST PRESIDENT		x						ο.	Ο.	0.
(30) VAN HORNE, NORDEN	5.00									
SCI PAST PRESIDENT		x						0.	0.	0.
(31) WHIPPLE, JOHN S.	5.00									
SCI PAST PRESIDENT		X						0.	Ο.	0.
(32) YAJKO, R. DOUGLAS	5.00									
SCI PAST PRESIDENT		X						0.	0.	0.
(33) BEAL, JACK E.	5.00									
SCICF PAST PRESIDENT		Х						0.	0.	0.
(34) HORN, II, PETER L.	5.00									
SCICF PAST PRESIDENT		Х						0.	0.	0.
(35) LEEDS, JACK	5.00						0 - 1)			
SCICF PAST PRESIDENT		х						0.	0.	0.
(36) MORGAN, DON R.	5.00									-
SCICF PAST PRESIDENT		X	_	_	_	_	_	0.	0.	0.
(37) RIPEPI, PHILIP P.	5.00									
SCICF PAST PRESIDENT	F 00	X			_	_	_	0.	0.	0.
(38) ANDERSON, DENNIS	5.00									0
SCI/SCIF PAST PRESIDENT	F 00	X		_	_	_		0.	0.	0.
(39) BANKS, GEORGE SCI/SCIF PAST PRESIDENT	5.00	v						0		0
(40) BOGNER, GARY F.	5 00	X	-	_	-	_	_	0.	0.	0.
SCI/SCIF PAST PRESIDENT	5.00	x						ο.	0.	0
(41) CUNNINGHAM, RALPH S.	5.00	•	_	-	-	_	_		U.	0.
SCI/SCIF PAST PRESIDENT	5.00	x		- 1				ο.	0.	0.
(42) KATZ, LAWRENCE S.	5.00	-	-	+	-	-	-	0.	0.	0.
SCI/SCIF PAST PRESIDENT	5.00	x						Ο.	0.	0.
(43) MONSON, JOHN R.	5.00		-	-	-+	-	-			
SCI/SCIF PAST PRESIDENT	5.00	x						0.	ο.	0.
(44) ROGERS, SR., MIKE	5.00		-	+	+				5.	
SCI/SCIF PAST PRESIDENT		x						0.	ο.	0.
45) SIMPSON, MIKE	5.00		-	+	+					
CI/SCIF PAST PRESIDENT		x						ο.	0.	0.
46) BARTELS, RON	5.00		\rightarrow	-					- •	
DIRECTOR-AT-LARGE		x						0.	0.	Ο.
otal to Part VII, Section A, line 1c								······		

SAFARI	CLUB	INTERNATIONAL

	CLUB INT								4183	
Part VII Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	es, a	nd I	ligh	nest	Compensated Employ		
(A)	(8)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	hecl	< all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	2				loyee		the	organizations	compensation
	(list any hours for	Irecto				a a		organization	(W-2/1099-MISC)	from the
	related	e or d	e			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		Aee	Highest compensated employee				organizations
	below	dual	tion	5	Key employee	st co	5			organizations
	line)	Ma	Instit	Officer	Key &	Hgh	Former	·		
(47) BAZZY, CHUCK	5.00									•
DIRECTOR-AT-LARGE		X						0.	0.	0.
(48) BLACK, DONALD E.	5.00									
DIRECTOR-AT-LARGE		X						0.	0.	0.
(49) BYRUM, J. VIRGINIA	5.00				1					
DIRECTOR-AT-LARGE		x						0.	0.	0.
(50) CURTIS, ED	5.00									
DIRECTOR-AT-LARGE		x				ľ!		0.	Ο.	0.
(51) DREWNOWSKI, MICHAEL J.	5.00									· · · · · · · · · · · · · · · · · · ·
DIRECTOR-AT-LARGE		x						0.	Ο.	0.
(52) GEARHART, GARY A.	5.00									
DIRECTOR-AT-LARGE		x						0.	Ο.	0.
(53) GREENWELL, STEVE M.	5.00				-					
DIRECTOR-AT-LARGE		x						0.	Ο.	0.
(54) JOHNS, LARRY J.	5.00									
DIRECTOR-AT-LARGE		x						0.	0.	0.
(55) LANFORD, RONALD N.	5.00									
DIRECTOR-AT-LARGE		х				_		0.	ο.	0.
(56) LEONARD, MICHAEL J.	5.00									
DIRECTOR-AT-LARGE		X						0.	0.	0.
(57) LINDQUIST, SVEN K.	5.00									
DIRECTOR-AT-LARGE		х	1					0.	ο.	0.
(58) MATTUSCH, TOM	5.00				-1					
DIRECTOR-AT-LARGE		х						Ο.	0.	0.
(59) MURRAY, LEE D.	5.00									
DIRECTOR-AT-LARGE		x						0.	ο.	0.
(60) SWAN, JR., BILL S.	5.00			-						
DIRECTOR-AT-LARGE		x						0.	ο.	0.
(61) SWASEY, SCOTT	5.00				-		- 1			
DIRECTOR-AT-LARGE		x						ο.	ο.	0.
(62) TENNISON, GARY H.	5.00								.	
DIRECTOR-AT-LARGE		x						0.	ο.	0.
(63) WEBB, LEW	5.00				+				.	
DIRECTOR-AT-LARGE		x						0.	ο.	0.
(64) ADAMS, DON	5.00	-	+	+	+					
INTERNATIONAL DIRECTOR		x						0.	0.	0.
(65) DAY, ABIGAIL	5.00	_	+	+	+	+		v •		
INTERNATIONAL DIRECTOR		x						ο.	ο.	0.
(66) D'ENTREVES, UBERTO	5.00			+	-	-			.	
INTERNATIONAL DIRECTOR		x						ο.	0.	0.
		<u> </u>	_	1			-		`	
Total to Part VII, Section A, line 1c										
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(A) (B) Average hours for select al that apply for week (ist any hours for related organizations below line) (c) (D) (E) (E) (F) Estimated annunt of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) Estimated anount of other compensation from related organizations (W-2/1099-MISC) (67) KOHALMI _ ZSOLT 5.00 X 0 0 0 (163) MULHOLLAND, DANIEL H. 5.00 X 0 0 0 (69) PARIS _ EMILIO 5.00 X 0 0 0 0 (71) BARRETT, DEBORAH J. 5.00 X 0 0 0 0 (72) DING _ AMES STONY 5.00 X 0 0 0 0 (73) D	Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee	es, a	ind l	ligh	nest	Compensated Employ	rees (continued)	
Name and title Average box (c) Position (c) Reportable compensation (c) Estimated compensation (c) (61) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01) (01)											(F)
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(85) GOTSHALL, RICHARD L. 5.00 0.00.00.00. REGIONAL REPRESENTATIVE X 0.00.00.00. (86) HAGEN, MIKE 5.00 X 0.00.00.00. REGIONAL REPRESENTATIVE X 0.00.00.00.00.	•		x						0	0	0
X O. O. O. (86) HAGEN, MIKE 5.00 X O. O. O. REGIONAL REPRESENTATIVE X O. O. O. O.		5.00			-	-				· ·	· ·
(86) HAGEN, MIKE 5.00 X 0.0.0.0. REGIONAL REPRESENTATIVE X 0.0.0.0.			x						<u>^</u>	0	n
REGIONAL REPRESENTATIVE X 0. 0. 0.		5 00	**		-		-		.	<u>_</u>	<u>U.</u>
	-	5.00	x						0.	0	0.
Total to Part VII, Section A, line 1c							_	-			· · ·
	Total to Part VII, Section A, line 1c	·····	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>				

SAFARI	CLUB	INTERNATIONAL

Form 990 SAFAR1 (Part VII Section A. Officers, Directors, 1	CLUB INT	_	-				est	Compensated Employ	86-097	4101
(A)	(B)	T	Jee		C)	9		(D)	(E)	(F)
Name and title	Average				-, ition	I		Reportable	Reportable	Estimated
	hours	(c	heck	c all '	that	арр	oly)	compensation	compensation	amount of
	per				Г			from	from related	other
	week					oyee		the	organizations	compensation
	(list any	Irecto		ĺ –		นี้ พื		organization	(W-2/1099-MISC)	from the
	hours for related	eord	fe			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	2			- 5
	line)	10 I	Instil	Officer	Key	튤	Former			
(87) HAMMOND, RAY	5.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0
(88) HUDSPETH, ORVILLE G.	5.00									
REGIONAL REPRESENTATIVE		X		_				0.	0.	0
(89) JOHNSON, MARK D.	5.00								0	0
REGIONAL REPRESENTATIVE	- F 00	X					_	0.	0.	0 .
(90) JURAK, JOHN-MARK	5.00									
REGIONAL REPRESENTATIVE	E OO	X						0.	0.	0.
(91) KEICHER, ROBERT J.	5.00							0	0	0
REGIONAL REPRESENTATIVE	5.00	X			-			0.	0.	0
(92) KEIM, JEFF REGIONAL REPRESENTATIVE	5.00	x						0.	0.	0
(93) KNUDSEN, JENS KJAER	5.00		-		-	_	-	0.		0.
REGIONAL REPRESENTATIVE	5.00	x						0.	ο.	0.
(94) LEAKE, W.T. SKIP	5.00	•		-		_			· · ·	
REGIONAL REPRESENTATIVE	5.00	x						0.	Ο.	0.
(95) LOSA REVERTE, JOSE MARIA	5.00	41		-	-	_		0.		
REGIONAL REPRESENTATIVE	5100	x						ο.	Ο.	0
(96) MEYERL, JEFFREY L.	5.00					-				
REGIONAL REPRESENTATIVE		x						0.	0.	0.
(97) OHLMANN, MIKE	5.00			-		-				
REGIONAL REPRESENTATIVE		x						0.	0.	0.
(98) ORTMANN, DWIGHT A.	5.00									
REGIONAL REPRESENTATIVE		x						ο.	Ο.	0.
(99) PORTER, NEAL	5.00	_						· · · ·		
REGIONAL REPRESENTATIVE		х						0.	0.	0.
(100) POWELL, MALCOLM SCOTT	5.00									
REGIONAL REPRESENTATIVE		X			_			0.	0.	0.
(101) ROBINSON, MARK DONALD	5.00								¥.	
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(102) SALDIAS, J. THOMAS	5.00									
REGIONAL REPRESENTATIVE		Х						0.	0.	0.
(103) SIZEMORE, JEFF	5.00									
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(104) STOHLMAN, JOHN	5.00									
REGIONAL REPRESENTATIVE		х						0.	0.	0.
(105) TALBOT, J. SCOTT A.	5.00								_	
REGIONAL REPRESENTATIVE		X						0.	0.	0.
(106) THUMMLER, HUBERT	5.00							_		-
REGIONAL REPRESENTATIVE	1	x	. II.					0.	0.	0.

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SAFARI CLUB INTERNATIONAL

 Form 990
 SAFARI
 CLUB
 INTERNATIONAL
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 Part VII
 Section A.
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors, Tr		T	uyee		C)	ıığı	est	(D)		(E)
(A) Name and title	(B)			رہ Pos	-				(E) Departable	(F) Estimated
Name and the	Average hours	6	heck				ĿΛ	Reportable compensation	Reportable compensation	amount of
	per week (list any hours for related organizations below line)		Γ		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indiv.	Institu	Otticer	Key ei	Hgh	Former			1
(107) ULLMANN, NORBERT	5.00					-				
REGIONAL REPRESENTATIVE		1x						0.	0.	0.
(108) WARGOLET, CHARMAINE	5.00					-				
REGIONAL REPRESENTATIVE		x						0.	0.	0.
(109) WEMPLE, JON	5.00				_					
REGIONAL REPRESENTATIVE		x						0.	0.	0.
(110) WEST, MARY LYNN	5.00									
REGIONAL REPRESENTATIVE	•	X						0.	0.	0.
(111) ACORD, GARY	5.00									
CHAPTER PRESIDENT		x						0.	0.	0.
(112) ADAIR, LARRY	5.00				_					
CHAPTER PRESIDENT		x						0.	0.	Ο.
(113) ANDERSON, DAVID G.	5.00									
CHAPTER PRESIDENT		x						0.	0.	Ο.
(114) ANDERSON, ROBERT J.	5.00		-							
CHAPTER PRESIDENT		x						0.	0.	0.
(115) AWE, JERRY	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(116) AXTON, BRETT	5.00								· · · · · · · · · · · · · · · · · · ·	
CHAPTER PRESIDENT		X	·) (0.	0.	0.
(117) BACHMANN, JARRY	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(118) BAGI, SCOTT A.	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(119) BARBISAN, DAVID J.	5.00									
CHAPTER PRESIDENT		X	_					0.	0.	0.
(120) BARNARD, DANIEL	5.00					()	i – i			
CHAPTER PRESIDENT		X						0.	Ο.	Ο.
(121) BARRINGER, BRETT ADAM	5.00									
CHAPTER PRESIDENT		X		_				0.	0.	0.
(122) BAUMAN, RANDY	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(123) BEAVER, JASON	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(124) BEREMAN, HUBERT E.	5.00									
CHAPTER PRESIDENT		х						0.	0.	0.
(125) BETHANCOURT, JR., VAN C.	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(126) BETTERS, MICHAEL	5.00			T						
		X				n 11		0.	0.	0.

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Part VII Section A. Officers, Directors, 7 (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Ι.		Pos				Reportable	Reportable	Estimated
	hours	(c	heck	c all :	that	app	oly)	compensation	compensation	amount of
	per week							from the	from related organizations	other compensation
	(list any	jä				ploye		organization	(W-2/1099-MISC)	from the
	hours for	l di fe				ed en		(W-2/1099-MISC)	(organization
	related	stee	ustee			ensat				and related
	organizations	altu	onalt		loyee	E E				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) BIEBER, SUZI L.	5.00	<u> </u>	-	0	×	Ŧ	æ			
CHAPTER PRESIDENT		x						0.	0.	0
(128) BIRCHELL, ANNIE	5.00									
CHAPTER PRESIDENT		x						0.	0.	0
(129) BODKER, DAVID	5.00				-					
CHAPTER PRESIDENT		x						0.	Ο.	0
(130) BORS, THOMAS D.	5.00									
CHAPTER PRESIDENT		x						0.	Ο.	0
(131) BOYCE, CYNTHIA	5.00									
CHAPTER PRESIDENT		x						0.	Ο.	0
(132) BOYD, JEFFERY W.	5.00									
CHAPTER PRESIDENT		1x						0.	0.	0
(133) BRANDOW, MALVIN W.	5.00									
CHAPTER PRESIDENT		x						0.	0.	0
(134) BROOKS, THOMAS	5.00						-			
CHAPTER PRESIDENT		X						. 0.	Ο.	0
(135) BROWN, MELISSA	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(136) BROWN, DOUGLAS W.	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(137) BROWN, KENNETH A.	5.00									
CHAPTER PRESIDENT		x						0.	Ο.	0
(138) BRUMMEL, CHAD	5.00									
CHAPTER PRESIDENT		X						0.	ο.	0
(139) BRUNSON, MIKE	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(140) BUONOCORE, JR., GREGORY P.	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(141) BURT, RYAN	5.00									
CHAPTER PRESIDENT	,	X						0.	ο.	0
(142) CAGLE, RALPH N.	5.00			-						
CHAPTER PRESIDENT		x						0.	ο.	0
(143) CALLAIS, MARK W.	5.00			\neg						
CHAPTER PRESIDENT		х						0.	ο.	0.
(144) CALLAIS, LINDA	5.00			-						
CHAPTER PRESIDENT		х						0.	ο.	0
(145) CARRAWAY, BRYAN	5.00					-	-			· · · · · · · · · · · · · · · · · · ·
CHAPTER PRESIDENT		x						0.	0.	0
(146) CASSIDAY, MICHAEL W.	5.00			-		+				
CHAPTER PRESIDENT		x						0.	Ο.	0

Form 990

SAFARI CLUB INTERNATIONAL

86-0974183

)		(E)	(F)
ion Re	(D) eportable	Reportable	Estimated
	npensation	compensation	amount of
	from	from related	other
loyee	the	organizations	compensation
	ganization /1099-MISC)	(W-2/1099-MISC)	from the
usatec	/1033-14130		organization and related
over 1			organizations
Key employee Hightest compensated employee Former			
	ο.	Ο.	0.
	0.	Ο.	0.
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Form 990

(B) Average hours per week (list any hours for related organizations below line) 5.00 5.00	F	hecł	Pos	C) sition that		oty)	(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
hours per week (list any hours for related organizations below line) 5 • 0 0	Individual trustee or director	Γ				oty)	compensation from the organization	compensation from related organizations	amount of other compensation from the
week (list any hours for related organizations below line) 5 • 0 0		Institutional trustee	Officer	Key employee	ghest compensated employee		the organization	organizations	compensation from the
(list any hours for related organizations below line) 5 • 0 0		Institutional trustee	Officer	Key employee	ghest compensated employee		organization	-	from the
5.00		Institutional trustee	Officer	Key employee	ghest compensated emp			(W-2/1099-MISC)	
5.00		Institutional trustee	Officer	Key employee	ghest compensated		(W-2/1099-10150)		
5.00		Institutional trus	Officer	Key employee	ighest compen			1	and related
5.00		Institution	Officer	Key emplo	ghest co				organizations
5.00		Instit	Office	Key e	<u></u>	5			organizations
5.00					コート	Former			
	X								
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2.00									
	x						0.	0.	0.
5.00									
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5.00					_				
	x						ο.	0.	0.
5.00									
	X						ο.	0.	0.
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	X						0.	0.	Ο.
5.00									
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	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	x 5.00 x 5.00 <	X 5.00 X 5.00	X X 5.00 X	$\begin{array}{c c c c c c c } & x & & & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline 5.00 & x & & & & \\ \hline \end{array}$	$\begin{array}{c c c c c c c c } & x & x & x & x & x & x & x & x & x & $	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	x 0.0.0.0. x 0.0.0.0.

SAFARI CLUB INTERNATIONAL Di • T

Part VII Section A. Officers, Directors	Trustees, Key E	mpl	oyee	es, a	nd I	ligh	nest	Compensated Employ	ees (continued)	6-0974183 Jed)		
(A)	(B)	T	-		C)	~~~		(D)	(E)	(F)		
Name and title	Average				ition	1		Reportable	Reportable	Estimated		
	hours	(c	heci	c all	that	app	oly)	compensation	compensation	amount of		
	per					1	r i	from	from related	other		
	week					oyee		the	organizations	compensation		
	(list any	recto				empi		organization	(W-2/1099-MISC)	from the		
	hours for	ord	8			ated		(W-2/1099-MISC)		organization		
	related organizations	ustee	trust		e	bens				and related		
	below	nal t	tional		npioy	t col				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(187) GOODWIN, BRANDON S.	5.00	-	-	-	<u> </u>	-	-					
CHAPTER PRESIDENT		x						0.	Ο.	0		
(188) GRAY, RICK	5.00											
CHAPTER PRESIDENT		x						0.	Ο.	0		
(189) GRAY, JON W.	5.00									÷-		
CHAPTER PRESIDENT		x						0.	0.	0		
(190) GRIM, LANA	5.00											
CHAPTER PRESIDENT		X						0.	0.	0		
(191) GRINER, DERRELL	5.00					1						
CHAPTER PRESIDENT		X						0.	0.	0		
(192) HAFLA, TONY	5.00							_				
CHAPTER PRESIDENT		X						0.	0.	0		
(193) HAMILTON, DAVID C.	5.00											
CHAPTER PRESIDENT	- F 00	X			_			0.	0.	0		
(194) HAMMILL, JIM	5.00											
CHAPTER PRESIDENT	E 00	X	_	_	_			0.	0.	0		
(195) HANLEY, JOYCE CHAPTER PRESIDENT	5.00	x		d l				ο.	· 0.	0		
(196) HARRISON, GINO	5.00	^	-	-	-	_	_		- 0.	0		
CHAPTER PRESIDENT	5.00	x						0.	ο.	0		
(197) HAZEN, HERBERT	5.00				-	-	-			0		
CHAPTER PRESIDENT		x					1	0.	ο.	0		
(198) HENDERSHOT, LANCE	5.00				-	_	-	0.		0		
CHAPTER PRESIDENT	5.00	x						0.	ο.	0		
(199) HENDRICK, CAL	5.00			-		-				0		
CHAPTER PRESIDENT		x						0.	ο.	0		
(200) HENRY, JOHN	5.00			+	+		-	······································		<u>v</u>		
CHAPTER PRESIDENT		x						0.	ο.	0		
201) HEROLD, KARL G.	5.00				-							
HAPTER PRESIDENT		x						0.	0.	0		
202) HILL, JESUS S.	5.00		\neg	\neg	+							
HAPTER PRESIDENT		x						Ο.	0.	0		
203) HINEBAUCH, MARIAN	5.00											
HAPTER PRESIDENT		x						0.	0.	0		
204) HLUSZIK, BERNHARD	5.00											
HAPTER PRESIDENT		X						.0.	0.	0.		
205) HOOKER, THOMAS R.	5.00	T			T							
HAPTER PRESIDENT		x						0.	0.	0		
206) HOSKINS, MICHAEL	5.00	T	T	T	T	T	T					
HAPTER PRESIDENT		x	- 1					0.	0.	0.		

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	SAFARI CLUB INTH	ERNATIONAL
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Form 990 SAFARI (86-0974183		
Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee	es, a	nd I	High	nest	Compensated Employ	rees (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(c	hecl	< all	that	app	oly)	compensation	compensation	amount of	
	per				l i			from	from related	other	
	week	1				loyee		the	organizations	compensation	
	(list any hours for	recto				emp		organization	(W-2/1099-MISC)	from the	
	related		e			sated		(W-2/1099-MISC)		organization and related	
	organizations	ruste	T at		8	ladu	L			organizations	
	below	In	E a		log u	stcol	۱.,			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(207) HOWELL, MATT	5.00										
CHAPTER PRESIDENT		X						0.	0.	0.	
(208) HUNTER, STEVEN L.	5.00										
CHAPTER PRESIDENT		X						0.	0.	0.	
(209) HUNTSMAN, KARL	5.00										
CHAPTER PRESIDENT		X						0.	0.	0.	
(210) JABLONIC, MARK	5.00										
CHAPTER PRESIDENT		x						0.	0.	0.	
(211) JACKSON, STEVEN W.	5.00			·					· · · · · · · · · · · · · · · · · · ·		
CHAPTER PRESIDENT		X						0.	0.	0.	
(212) JAMES, SHELDON K.	5.00										
CHAPTER PRESIDENT		X						0.	Ο.	0.	
(213) JONES, JOHN	5.00										
CHAPTER PRESIDENT		x						0.	Ο.	Ο.	
(214) KEIM, MICHAEL R.	5.00				-						
CHAPTER PRESIDENT		x						0.	Ο.	0.	
(215) KENNEDY, JEFF C.	5.00										
CHAPTER PRESIDENT		x						0.	Ο.	0.	
(216) KENNEY, DANIEL E.	5.00										
CHAPTER PRESIDENT		x						0.	Ο.	0.	
(217) KIDD, CAMERON	5.00						1				
CHAPTER PRESIDENT		X						0.	Ο.	0.	
(218) KILLORN, KRISTOPHER C.	5.00		-								
CHAPTER PRESIDENT		x						0.	Ο.	0.	
(219) KLEINSMITH, STACEE F.	5.00						-				
CHAPTER PRESIDENT		x						0.	ο.	0.	
(220) KLOPPENBURG, PHIL	5.00					_					
CHAPTER PRESIDENT		x						0.	ο.	0.	
(221) KNOOP, JR., GEORGE	5.00										
CHAPTER PRESIDENT		x						0.	0.	0.	
(222) KNOWLES, MICHAEL	5.00	_		_	_						
CHAPTER PRESIDENT		x						ο.	ο.	0.	
(223) KOSTUCHOWSKI, CORY RICHARD	5.00	_			_						
CHAPTER PRESIDENT		x						0.	0.	0.	
(224) KOVALENKO, ANATOLII	5.00	-	-	-			-				
CHAPTER PRESIDENT		x						ο.	ο.	0.	
(225) KRUSZEWSKI, LEONARD A.	5.00										
CHAPTER PRESIDENT		x						0.	ο.	0.	
(226) LALOV, LUDMIL	5.00	_									
CHAPTER PRESIDENT		x						ο.	0.	0.	
		لتب									
Total to Part VII, Section A, line 1c											

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SAFARI CLUB INTERNATIONAL

	CLUB INT								86-097							
Part VII Section A. Officers, Directors,		mpl	oyee			High	nest									
(A)	(B)				C)			(D)	(E)	(F)						
Name and title	Average				itior			Reportable	Reportable	Estimated						
	hours		hecł	< all	that	app	oly)	compensation	compensation	amount of						
	per week							from	from related	other						
	(list any	lä				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the						
	hours for	direc				d en d		(W-2/1099-MISC)	(1055-10130)	organization						
	related	ee or	stee			Insate				and related						
	organizations	Individual trustee or director	Institutional trustee		yee	a de				organizations						
	below	ldua	tutlor	5	Key employee	esto										
	line)	i per	Inst	Officer	Key	훝	Former									
(227) LAMBERTSON, TODD	5.00							0	0	0						
CHAPTER PRESIDENT		X		_	_			0.	0.	0.						
(228) LANGE, BYRON P.	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(229) LAWSON, ROBERT C.	5.00									_						
CHAPTER PRESIDENT		X						0.	0.	0.						
(230) LEI, WANG	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(231) LITTLE, DAVID A.	5.00															
CHAPTER PRESIDENT		x						0.	0.	0.						
(232) LYTLE, ZAC	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(233) MACELLARO, JORGE CARLOS	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(234) MACGREGOR, DONALD	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(235) MACLENNAN, RUSSELL	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(236) MADDUX, LARRY	5.00															
CHAPTER PRESIDENT		Х						0.	0.	0.						
(237) MAHAN, COBY	5.00															
CHAPTER PRESIDENT		Х						0.	0.	0.						
(238) MANN, SR., DENNIS D.	5.00			•												
CHAPTER PRESIDENT		Х						0.	0.	0.						
(239) MARCUM, BETHANY L.	5.00															
CHAPTER PRESIDENT		Х		_				0.	0.	0.						
(240) MASTERS, TOM	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(241) MAY, JR., RICHARD M.	5.00															
CHAPTER PRESIDENT		X						0.	0.	0.						
(242) MCCLOUD, LAWRENCE H.	5.00															
CHAPTER PRESIDENT	•	x						0.	0.	0.						
(243) MCCROSKEY, MATT	5.00															
CHAPTER PRESIDENT		x						0.	0.	0.						
(244) MCDOWELL, MICHAEL	5.00				1											
CHAPTER PRESIDENT		x						0.	0.	0.						
(245) MCKINNON, TIM D.	5.00															
CHAPTER PRESIDENT		x						ο.	0.	0.						
(246) MCNAMEE, LISA	5.00															
CHAPTER PRESIDENT		x						0.	0.	0.						
Total to Part VI, Section A, line 1c																

Form 990

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	es, a	and I	High	nest	Compensated Employ	ees (continued)	
(A)	(B)	Г		((C)			(D)	(E)	(F)
Name and title	Average hours	(c	heck	Pos	ition		oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(247) MCWHORTER, JAMES	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(248) MICO, PEDRO	5.00									0
CHAPTER PRESIDENT		X						0.	0.	0.
(249) MORELAND, JIMMY	5.00									0
CHAPTER PRESIDENT (250) MULDERS, JOSEPH H.	5.00	X			_			. 0.	0.	0.
(250) MOLDERS, JOSEPH H. CHAPTER PRESIDENT	5.00	x							0	0
(251) MULLER, CHRISTOPHER B.	5.00		-			_	-	0.	0.	0.
CHAPTER PRESIDENT	5.00	x						ο.	ο.	0.
(252) MUNG LIM, JR., MELVIN E.	5.00			1		_	_			
CHAPTER PRESIDENT	- 3.00	x						ο.	ο.	0.
(253) MUNRO WILSON, RODRIGO GUILLER	5.00					_				
CHAPTER PRESIDENT		x						ο.	ο.	0.
(254) NESBITT, ARCHIE J.	5.00					_	_			
CHAPTER PRESIDENT		x						ο.	0.	0.
(255) NETSCHERT, HELEN S.	5.00									
CHAPTER PRESIDENT		X						0.	ο.	0.
(256) NILSEN, RICHARD B.	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(257) O'FARRELL, SCOTT	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(258) OLSON, DANIEL .	5.00									
CHAPTER PRESIDENT		х	_			_		0.	0.	0.
(259) ORT, CALVIN J.	5.00									_
CHAPTER PRESIDENT		Х		_	_			0.	0.	0.
(260) OVERWEG, SCOTT EDWARD	5.00									
CHAPTER PRESIDENT	F 00	X	-	_	_	_	_	0.	0.	0.
(261) PASCALE, BILL	5.00	v								0
CHAPTER PRESIDENT (262) PATTERSON, LORIN	5.00	X	-		-		_	0.	0.	0.
CHAPTER PRESIDENT	5.00	x						0.	ο.	0.
(263) PEACORE, JERRY J.	5.00	-	-	+	\rightarrow	-	-	<u>v</u> ,		0.
CHAPTER PRESIDENT	5.00	x						ο.	ο.	0.
(264) PETERS, JODEAN	5.00		\neg	+	+	-	+			
CHAPTER PRESIDENT		x						ο.	ο.	0.
(265) PJEVACH, MIKE	5.00			+	-					
CHAPTER PRESIDENT		x						0.	ο.	0.
(266) POLK, AARON C.	5.00			-1						
CHAPTER PRESIDENT		x	- 1	- 1			- 1	0.	0.	Ο.

Name and titleAve hohopwe(listhourrelationorganitionbelline(267) PORTER, MIKECHAPTER PRESIDENT(268) POWELL, DAVID C.CHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMASCHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMASCHAPTER PRESIDENT(270) PULLANO, FRANKCHAPTER PRESIDENT(271) QUINTANA, GILBERT(271) QUINTANA, GILBERT(272) REESE, GERALD V.CHAPTER PRESIDENT	B) erage eurs er eek any rs for ated	X X Individual trustee or director) Pos	C) ition	I		(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
ho p we (list hour rela organi be lin (267) PORTER, MIKE 5 CHAPTER PRESIDENT (268) POWELL, DAVID C. 55 CHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS 55 CHAPTER PRESIDENT (270) PULLANO, FRANK 55 CHAPTER PRESIDENT (271) QUINTANA, GILBERT 55 CHAPTER PRESIDENT (272) REESE, GERALD V. 55 CHAPTER PRESIDENT	urs er eek any rs for ated zations low e) • 0 0 • 0 0 • 0 0	X X Individual trustee or director	heck	all ·	that	app		compensation from the organization	compensation from related organizations	amount of other compensation from the organization
Pwee(listhounrelationorganitionbellim(267) PORTER, MIKECHAPTER PRESIDENT(268) POWELL, DAVID C.CHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMASCHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMASCHAPTER PRESIDENT(270) PULLANO, FRANKCHAPTER PRESIDENT(271) QUINTANA, GILBERTCHAPTER PRESIDENT(272) REESE, GERALD V.CHAPTER PRESIDENT	er eek any rs for ated zations low ne) . 0 0 . 0 0 . 0 0	X X Individual trustee or director						from the organization	from related organizations	other compensation from the organization
wee (list hour relation organit bel lin (267) PORTER, MIKE CHAPTER PRESIDENT (268) POWELL, DAVID C. (269) PRIDMORE, TYLER THOMAS SCHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS SCHAPTER PRESIDENT (270) PULLANO, FRANK SCHAPTER PRESIDENT (271) QUINTANA, GILBERT SCHAPTER PRESIDENT (271) QUINTANA, GILBERT SCHAPTER PRESIDENT (272) REESE, GERALD V. SCHAPTER PRESIDENT	eek any rs for atted zations low ne) . 0 0 . 0 0 . 0 0	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	the organization	organizations	compensation from the organization
(ist hour relation organit bellin (267) PORTER, MIKE 5 CHAPTER PRESIDENT (268) POWELL, DAVID C. 55 CHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS 55 CHAPTER PRESIDENT (270) PULLANO, FRANK 55 CHAPTER PRESIDENT (271) QUINTANA, GILBERT 55 CHAPTER PRESIDENT (272) REESE, GERALD V. 55 CHAPTER PRESIDENT	any rs for ated zations low ne) . 0 0 . 0 0 . 0 0	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	organization		from the organization
hour relations organit bellin (267) PORTER, MIKE 5 CHAPTER PRESIDENT (268) POWELL, DAVID C. 55 CHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS 55 CHAPTER PRESIDENT (270) PULLANO, FRANK 55 CHAPTER PRESIDENT (271) QUINTANA, GILBERT 55 CHAPTER PRESIDENT (272) REESE, GERALD V. 55 CHAPTER PRESIDENT	rs for ated zations low he) .00 .00 .00	x x	Institutional trustee	Otticer	Key em ployee	Highest compensated emp	mer		(W-2/1099-MISC)	organization
rela organi bel lin (267) PORTER, MIKE 5 CHAPTER PRESIDENT (268) POWELL, DAVID C. 55 CHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS 55 CHAPTER PRESIDENT (270) PULLANO, FRANK 55 CHAPTER PRESIDENT (271) QUINTANA, GILBERT 55 CHAPTER PRESIDENT (272) REESE, GERALD V. 55 CHAPTER PRESIDENT	ated zations low ne) . 0 0 . 0 0 . 0 0	x x	Institutional trustee	Officer	Key employee	Highest compensated	mer	(W-2/1099-WISC)		1 -
organi bellin (267) PORTER, MIKE 5 CHAPTER PRESIDENT (268) POWELL, DAVID C. 55 CHAPTER PRESIDENT (269) PRIDMORE, TYLER THOMAS 55 CHAPTER PRESIDENT (270) PULLANO, FRANK 55 CHAPTER PRESIDENT (271) QUINTANA, GILBERT 55 CHAPTER PRESIDENT (272) REESE, GERALD V. 55 CHAPTER PRESIDENT	zations low ne) . 0 0 . 0 0 . 0 0	x x	Institutional trus	Officer	Key employee	Highest compen	mer			
bel lir (267) PORTER, MIKE CHAPTER PRESIDENT (268) POWELL, DAVID C. (269) PRIDMORE, TYLER THOMAS (269) PRIDMORE, TYLER THOMAS SCHAPTER PRESIDENT (270) PULLANO, FRANK (271) QUINTANA, GILBERT (272) REESE, GERALD V. SCHAPTER PRESIDENT	kow ne) • 0 0 • 0 0 • 0 0	x x	Institution	Officer	Key emplo	Highest co	mer			organizations
(267) PORTER, MIKE5CHAPTER PRESIDENT(268) POWELL, DAVID C.5CHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMAS5CHAPTER PRESIDENT(270) PULLANO, FRANK5CHAPTER PRESIDENT(271) QUINTANA, GILBERT5CHAPTER PRESIDENT(272) REESE, GERALD V.5CHAPTER PRESIDENT(272) REESE, GERALD V.5	.00 .00 .00	x x	Instit	Office	Keye	Highe	Ē			organizations
CHAPTER PRESIDENT(268) POWELL, DAVID C.(269) PRIDMORE, TYLER THOMAS(269) PRIDMORE, TYLER THOMAS(269) PRIDMORE, TYLER THOMAS(270) PULLANO, FRANK(270) PULLANO, FRANK(271) QUINTANA, GILBERT(271) QUINTANA, GILBERT(272) REESE, GERALD V.(272) REESE, GERALD V.(274) PRESIDENT	.00 .00	x				_	2			
(268) POWELL, DAVID C.5CHAPTER PRESIDENT7(269) PRIDMORE, TYLER THOMAS5CHAPTER PRESIDENT7(270) PULLANO, FRANK5CHAPTER PRESIDENT7(271) QUINTANA, GILBERT5CHAPTER PRESIDENT7(272) REESE, GERALD V.5CHAPTER PRESIDENT5	.00	x	-							
CHAPTER PRESIDENT(269) PRIDMORE, TYLER THOMAS(269) PRIDMORE, TYLER THOMASCHAPTER PRESIDENT(270) PULLANO, FRANK(271) PULLANO, FRANK(271) QUINTANA, GILBERT(271) QUINTANA, GILBERT(272) REESE, GERALD V.CHAPTER PRESIDENT(272) REESE, GERALD V.CHAPTER PRESIDENT	.00							0.	0.	0.
(269) PRIDMORE, TYLER THOMAS5CHAPTER PRESIDENT(270) PULLANO, FRANK5CHAPTER PRESIDENT(271) QUINTANA, GILBERT5CHAPTER PRESIDENT(272) REESE, GERALD V.5CHAPTER PRESIDENT(272) REESE, GERALD V.5CHAPTER PRESIDENT(272) REESE, GERALD V.5	.00									
CHAPTER PRESIDENT(270) PULLANO, FRANK(270) PULLANO, FRANKCHAPTER PRESIDENT(271) QUINTANA, GILBERT(271) QUINTANA, GILBERT(272) RESE, GERALD V.(272) RESE, GERALD V.CHAPTER PRESIDENT	.00	_	r I					0.	0.	0.
(270) PULLANO, FRANK5CHAPTER PRESIDENT(271) QUINTANA, GILBERT5CHAPTER PRESIDENT(272) REESE, GERALD V.5CHAPTER PRESIDENT(272) REESE, GERALD V.5		1								
CHAPTER PRESIDENT (271) QUINTANA, GILBERT 5 CHAPTER PRESIDENT (272) REESE, GERALD V. 5 CHAPTER PRESIDENT		X	ŀ					0.	Ο.	0.
(271) QUINTANA, GILBERT 5 CHAPTER PRESIDENT 5 (272) REESE, GERALD V. 5 CHAPTER PRESIDENT 5	.00							-		
CHAPTER PRESIDENT (272) REESE, GERALD V. 5 CHAPTER PRESIDENT	.00	X						0.	0.	0.
(272) REESE, GERALD V. 5 CHAPTER PRESIDENT										
CHAPTER PRESIDENT		X						0.	0.	Ο.
	.00									
(273) REIGER, TIMOTHY E. 5		X						0.	0.	Ο.
	.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(274) REX, MIKE 5	.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(275) RHODES, JEFF 5	.00									
CHAPTER PRESIDENT		X						0.	0.	Ο.
(276) RICHARDS, LARRY 5	.00			-						
CHAPTER PRESIDENT		Х						0.	0.	0.
(277) RIMKUS, DALE 5	.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(278) ROELL, JAMIE 5	.00									
CHAPTER PRESIDENT		X				_		0.	0.	0.
(279) ROGNEY, GRAHAM 5	.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(280) ROHAULT DE FLEURY, JEAN 5	.00									
CHAPTER PRESIDENT		X						0.	0.	Ο.
(281) ROMERO NIETO, EDUARDO 5	.00									
CHAPTER PRESIDENT		X						0.	· 0.	0.
(282) RUSSO, BRIAN F. 5	.00									
CHAPTER PRESIDENT		X		_				0.	0.	0.
(283) RUSSO CORCEIRO, JOAO 5.	.00									
CHAPTER PRESIDENT		X						0.	0.	Ο.
(284) RYAN, CALVIN J. 5.	.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(285) SACKMAN, MARYANN 5.	.00		T	T	T	T				
CHAPTER PRESIDENT		x						0.	0.	0.
(286) SAGE, JOE 5.	.00		T	T	T	T	T			
CHAPTER PRESIDENT		X								
			_					0.	0.	0.
Total to Part VII, Section A, line 1c						_	-	0.	0.	0.

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 Form 990
 SAFARI
 CLUB
 INTERNATIONAL

 Part VII
 Section A.
 Officers, Directors, Trustees, Key Employees, and Highest Comp
 atod En (continued) a la

(A) Nome and title	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c	heck		ition that		oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(287) SANTOS, TREVOR W.	5.00									
CHAPTER PRESIDENT		X						0.	Ο.	0
(288) SAVARNO, EDWARD A.	5.00									
CHAPTER PRESIDENT		X	_					0.	0.	C
(289) SCHREDER, CLAY	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(290) SEAGER, TIM	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(291) SEFTON, DAVID	5.00	-								
CHAPTER PRESIDENT	F 0.0	X						0.	0.	0
(292) SIDDONS, MICHAEL A.	5.00									
CHAPTER PRESIDENT	E 00	X			_			0.	0.	0
(293) SMITH, ROBIN M. R. CHAPTER PRESIDENT	5.00	v						0		
294) SMITH, JASON	5.00	X		_				0.	0.	0
CHAPTER PRESIDENT	5.00	x						0.	ο.	
(295) SMITH, BRIAN D.	5.00	•	-	_	-	-		0.	U .	0
CHAPTER PRESIDENT	5.00	x						ο.	ο.	0
(296) SNOW, WILLIAM L.	5.00		-	-						0
CHAPTER PRESIDENT	5.00	x						ο.	ο.	0
297) SOINE, DAVID	5.00			-	-		-		0.	
CHAPTER PRESIDENT		x						Ο.	ο.	0
298) SOLER, FERNANDO	5.00									
CHAPTER PRESIDENT		x						0.	ο.	. 0
299) SPEVAK, NELS	5.00									
HAPTER PRESIDENT		x						ο.	ο.	0
300) SPOHR, FREDERICK C.	5.00									
HAPTER PRESIDENT		x						0.	0.	0
301) ST. MICHAEL, ROXANE	5.00									
HAPTER PRESIDENT		x						0.	0.	0
302) STAFFORD, RON	5.00			T						
HAPTER PRESIDENT		x						0.	0.	0
303) STECKLEY, KEVIN	5.00			T	T		T			
HAPTER PRESIDENT		X						0.	0.	0
304) STEINER, LARRY R.	5.00			T			T			
HAPTER PRESIDENT		X						0.	0.	0
305) STOKES, DAVID D.	5.00									
HAPTER PRESIDENT		X			_			0.	0.	0
306) STOKES, KAL	5.00	_								
HAPTER PRESIDENT		X	_		_			0.	0.	0

22

Part VII Section A. Officers, Directors, (A)	(B)	T			C)			(D)	(E)	(F)
Name and title	Average				sition	I		Reportable	Reportable	Estimated
	hours	(c			that		oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	lrecto				ดี่มูอ		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	te			sated		(W-2/1099-MISC)		organization
	organizations	truste			ke	mpen				and related organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	5			organizations
	line)	Indiv	Instit	Officer	Key e	Hgh	Former			
(307) STRAUSS, JANIS	5.00						-			
CHAPTER PRESIDENT		x		_		_		0.	0.	0.
(308) SUMMERS, NICHOLAS	5.00									
CHAPTER PRESIDENT		x						0.	0.	0.
(309) TAKACS, ISTVAN	5.00									
CHAPTER PRESIDENT		X						0.	Ο.	0.
(310) TERZI, TIZIANO	5.00									
CHAPTER PRESIDENT		X				_		0.	0.	0.
(311) THOMPSON, ERIK	5.00								1	
CHAPTER PRESIDENT		x						0.	Ο.	Ο.
(312) ULBERG, MATT	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(313) VALDENEBRO, ENRIQUE	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(314) VAN DE STEENE, DONALD	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(315) VANDEMARK, LARRY	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(316) VENDITTOZZI, ARMANDO	5.00									
CHAPTER PRESIDENT		Х						0.	Ο.	0.
(317) VIEJO GONZALEZ, JESUS	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(318) VINING, TIM	5.00									
CHAPTER PRESIDENT		Х						0.	0.	Ο.
(319) VOINOVSKI, DANIEL DENI	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(320) VOLLMAR, GARY	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0.
(321) VRHOVNIK, DAMIR	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(322) WADDLE, WILLIAM	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(323) WALLACE, ERIC	5.00									
CHAPTER PRESIDENT		X						0.	0.	0.
(324) WATSON, KEITH	5.00									
CHAPTER PRESIDENT		x						0.	0.	0.
(325) WAUGH, SETH	5.00			T			T			
CHAPTER PRESIDENT		x						0.	0.	0.
(326) WEBER, KEN	5.00			T		T				
CHAPTER PRESIDENT		x	- 1	1		- 1	- 1	0.	0.	0.

Part VII Section A. Officers, Directors, Tr	usiees, Key E	T	oyee	, a		ng	iest			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours		heck	(all 1	that	app	oly)	compensation	compensation	amount of
	per week							from the	from related	other
	(list any	ē				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d e l		(W-2/1099-MISC)	(** 2/1000/10/00)	organization
	related	ee or	stee			nsate				and related
	organizations	trust	altru		yee	dub	0.1			organizations
	below	Individual	Institutional trustee	5	Key employee	Highest compensated employee	۱ <u>۱</u>			Ū
	line)	1 age	Inst	Otticer	Key	물	Former			
(327) WEHINGER, MARK T.	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(328) WEST, SEAN	5.00									_
CHAPTER PRESIDENT		X						0.	0.	0
(329) WHITCOME, MYOSOOK H.	5.00									-
CHAPTER PRESIDENT	F 00	X		_	_			0.	0.	0
(330) WILLARD, KIRK R.	5.00								•	^
CHAPTER PRESIDENT	5.00	x			-	-		0.	0.	0 .
(331) WILLIAMS, CHRIS S. CHAPTER PRESIDENT	5.00	x						ο.	0.	_
(332) WILMOT, SUZANNE	5.00	 ^						U.	<u> </u>	0
CHAPTER PRESIDENT	5.00	x						ο.	Ο.	0
(333) WINDER, WADE T.	5.00	1		-			-	0.		0
CHAPTER PRESIDENT		x						ο.	ο.	0
(334) WOTTRICH, STEPHANIE	5.00									
CHAPTER PRESIDENT		x						ο.	ο.	0 .
(335) YUNK, MATT	5.00			-						
CHAPTER PRESIDENT		X						0.	0.	0
(336) ZANELLI, PIERRE	5.00									
CHAPTER PRESIDENT		X						0.	0.	-0
(337) ZUCCO, MARK	5.00									
CHAPTER PRESIDENT		Х						0.	0.	0
(338) ZUCCOLILLO, PEDRO EDUARDO	5.00									
CHAPTER PRESIDENT		X						0.	0.	0
(339) DELONE, PHILIP	40.00								-	
CEO			_	X				259,539.	0.	15,568
(340) BOLT, NATHAN	30.00									
CFO	10.00			X	_	_		131,403.	0.	12,340
(341) SEIDMAN, ANNA	40.00							100 000		
DIRECTOR OF LITIGATION	40.00			-	X	_	_	192,298.	0.	5,869.
(342) SAGI, ANGELA	40.00				Ψ			100 004		10 110
ADVERTISING SALES DIRECTOR	40.00	_	_	\rightarrow	X			189,824.	0.	19,446.
(343) GRIMES, ELIZABETH DIRECTOR OF CONVENTIONS & EVENTS	40.00					x		144,604.	_	14 077
(344) GERICH, MARTIN	40.00	-	+	-	-	^		144,004.	0.	14,877.
IT DIRECTOR						x		141,245.	0.	10 501
(345) COMUS, STEPHEN	40.00	-	-	+	-+	-	-		U•	12,501.
DIRECTOR OF PUBLICATIONS	10.00					x		133,368.	0.	14,925.
(346) BURDIN, DOUG	40.00		+	+	+		-	100,000	· ·	17,743.
· · · · · · · · · · · · · · · · · · ·		- 1				x		130,137.	ο.	12,584.
SENIOR LITIGATION COUNSEL						~ '		1.30 . 1.37 . 1		12 774

Form 990 SAFARI C	LUB INT	ER	NA	FI (ON	AL			86-0974183			
Part VII Section A. Officers, Directors, Tr	ustees, Key E	Employees, and Highest (C)						Compensated Employ	vees (continued)			
(A) Name and title	(B) Average hours per	Average hours (ch				n app	oly) T	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em pioyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(347) MACKLEY, NITA DIRECTOR OF MEMBERSHIP SERVICES	40.00					x		112 262	0	10 501		
DIRECTOR OF READERSHIP SERVICES								113,263.	0.	18,592		
									1			
•					-							
					_							
				_								
			_	_	_	_	+					
				-			+			5		
otal to Part VII, Section A, line 1c	I							1,435,681.		126,702		

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Grants mounts	1 a	Federated campaigns	1a			
our	1	Membership dues	16			
, Gifts, G nilar Am	c	Fundraising events				[[사육] 전 사
ar l			1d			
s,		Government grants (contribut				a dan san
<u>n</u> isi		All other contributions, gifts, gran				
the		similar amounts not included abo		1,374,248.		
EO	a	Noncash contributions included in lines		· · ·	내 내 여	
Contributions, and Other Sim		Total. Add lines 1a-1f		•	1,374,248.	
				Business Code		- 22 - 14 C - 1 - 12 - 14
ø	2 a	ADVERTISING/SPONSORSHI	PS	541800	2,656,154.	493,551
ž.	Ь	DUES AND SUBSCRIPTIONS		900099	2,181,522.	
Se	c	MEMBERSHIP SERVICES SA	LES	900099	308,997.	
Program Service Revenue	d			•:		
ЪĞ	e			-		
Å	f	All other program service reve	nue	-		
	q				5,146,673.	l i stati k
_	3	Investment income (including				
	-	other similar amounts)			231,456.	
	4	Income from investment of ta			,	
	5	Royalties		· · · ·		
	Ŭ		(i) Real	(ii) Personal		and the second of the
	6 9	Gross rents	Uncar			
		Less: rental expenses			에 관망하는 가 기억	a an thair an thair an an thair an
		Rental income or (loss)				
		Net contal in a serie or (loss)	a'		la strative ist	<u></u>
		Gross amount from sales of	(i) Securities			
	7 a	assets other than inventory	3,544,01			
	h	Less: cost or other basis	5,511,01			12:11 · · · · · · · · · · · · · · · · · ·
	U		3,516,28	4		niko na pre- niko na pre-
		and sales expenses				ing ing the second s
		Gain or (loss)			27 726	
		Net gain or (loss)		····	27,726.	
Other Revenue	8 a	Gross income from fundraising			i ini Na	a stranger and
-er		including \$	of			
Re l		contributions reported on line	•	15 215 400		
her		Part IV, line 18		a 15,215,488.		이 것 같아 *
ð		Less: direct expenses		b 7,598,602.	7 616 006	
		Net income or (loss) from fund	-		7,616,886.	
	9 a	Gross income from gaming ac				
		Part IV, line 19		a	na na pr Ng Balan na	i en de de la
				b	, in the second seco	and a state
		Net income or (loss) from gam		··········		
	10 a	Gross sales of inventory, less		792 547		
		and allowances		a 783,547.		
		-		b 465,876.	21.0 (01	24.0.004
ŀ	С	Net income or (loss) from sales			317,671.	317,671.
ł		Miscellaneous Revenue	e	Business Code		
	11 a	MISCELLANEOUS INCOME		900099	5,454.	
	b			·		
	C					
		All other revenue	••••••	L		
			••••••	🛃	5,454.	A CALLER AND
	12	Total revenue. See instructions.	•••••••	▶	14,720,114.	3,301,741.
532009	9 12-16-	-15			26	

SAFARI CLU

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

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Form 990 (2015) Part VIII Statement of Revenue

В	INTERNATIONAL	

(A)

Total revenue

(B) Related or exempt function

revenue

(C) Unrelated business

revenue

2,162,603

(D) Revenue excluded from tax under sections 512 - 514

Zuritin

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27,726.

7,616,886.

÷. . .

5,454.

231,456.

7,881,522. Form 990 (2015)

2,162,603.

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SAFARI CLUB INTERNATIONAL 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 . (A) Total expenses (B) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,898,758 2,898,758. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 194,313. 194,313. Benefits paid to or for members 4 Compensation of current officers, directors, 5 795,264. 531,493. trustees, and key employees 221,176. 42,595. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,793,656. 2,294,279. 576,713. 922,664. 7 Pension plan accruals and contributions (include 8 50,673. 97,357. 29,865. 16,819. section 401(k) and 403(b) employer contributions) 454.114. 195,010. 168,600. 90,504. 9 Other employee benefits 285,097. 155,571. 70,919. 58,607. 10 Payroll taxes Fees for services (non-employees): 11 112,456. 112,456. Management а 351,410. 339,444. 11,966. b Legal _____ 44,500. 44,500. Accounting С 196,000. 196,000. d Lobbying Professional fundraising services. See Part IV, line 17 е 41,797. 41,797. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) 335,149. 335,149. 356,035. 251,459. 104,576. Advertising and promotion 12 160,459. -57,616. 218,075. Office expenses 13 155,309. 34,455. 120,854. 14 Information technology 15 Royalties 525,100. 384,129. 140,971. 16 Occupancy _____ 423,402. 259,808. 163,417. 177. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 276,255. 25,938. 250,317. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 185,370. 143,531. 18,657. 23,182. Depreciation, depletion, and amortization 22 232,541. 188,870. 43,671. 23 Insurance _____ Other expenses. Itemize expenses not covered 24 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 0.) 1,438,849. PRODUCTION COSTS 1,438,849. а 225,381. PROGRAMS AND PROJECTS 218,219. h 7,162. POSTAGE AND FREIGHT 170,137. 153,648. 16,489. С 8,139. 131,541. PRINTING 123,402. d 42,067. 28,402. 13,665. e All other expenses 2,518,849. 13,922,317. 10,248,920. Total functional expenses. Add lines 1 through 24e 1,154,548. 25 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 killer if following SOP 98-2 (ASC 958-720)

532010 12-16-15

Form 990 (2015)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,174,282.	1	1,424,118.
	2	Savings and temporary cash investments		2	1,430,550.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	919,465.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		19	
		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		132 11 1	
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	927,061.	7	770,564.
∢	8	Inventories for sale or use	455,645.	8	422,899.
	9	Prepaid expenses and deferred charges	654,799.	9	667,276.
	10a	Land, buildings, and equipment: cost or other		21	
		basis. Complete Part VI of Schedule D 10a 1,991,189			· 描述 人名法 建空气 (11)
	b	Less: accumulated depreciation 10b 1,474,950	. 374,203.	10c	516,239.
	11	Investments - publicly traded securities	9,319,212.	11	7,855,741.
	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	77,016.	15	79,191.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,889,256.	16	14,086,043.
	17	Accounts payable and accrued expenses	1,558,552.	17	1,244,334.
	18	Grants payable		18	
	19	Deferred revenue	5,338,217.	19	5,210,251.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·
ŝ	22	Loans and other payables to current and former officers, directors, trustees,	e e tana di pinana di	-	법 이 제 관광법
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		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	6,896,769.	26	6,454,585.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and	ع بيد ¹ ت⊷ي [−]	F . 1	
ŝ		complete lines 27 through 29, and lines 33 and 34.		100	
anc	27	Unrestricted net assets	6,954,925.	27	7,512,983.
3ali	28	Temporarily restricted net assets	37,562.	28	118,475.
p	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃	이 원은 그가 나라.	14: 	
ç		and complete lines 30 through 34.			
iets		Capital stock or trust principal, or current funds		30	
Ass		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	6,992,487.	33	7,631,458.
		Total liabilities and net assets/fund balances	13,889,256.	34	14,086,043.

Form 990 (2015)

ation	of Net Ass	ets		

Pa	rt 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)	4	14	720,	114.
2	Total expenses (must equal Part IX, column (A), line 25)	2		922,	
3	Revenue less expenses. Subtract line 2 from line 1	3		797,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		992,	
5	Net unrealized gains (losses) on investments	5	—	158,	826.
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	7,	631,	458.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Ye	s No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		1.2.		
2a				2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	1.3	1
	separate basis, consolidated basis, or both:				: -
b	Were the organization's financial statements audited by an independent accountant?			2b X	

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Consolidated basis

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

Form 990 (2015)

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3a

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SAFARI CLUB INTERNATIONAL

Form 990 (2015)

consolidated basis, or both:

X Separate basis

**	PUBLIC	DISCLOSURE	COPY	* *

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

S.	AFARI CLUB INTERNATIONAL	86-0974183		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\mathbf{X} 501(c)(4) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$11,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,002.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$66,052.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,456.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,657.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SAFARI CLUB INTERNATIONAL

86-0974183

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
7		\$			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
8		\$ 9,458. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
9		\$ 15,247. Person X \$ 15,247. Payroll Image: Second structure (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
10		\$\$ 5,000. Person X Payroll Payroll Payroll (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		\$			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
12		\$6,073. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2015)
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Part I

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$5,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$13,984.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17		\$44,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$7,745.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	· · · · · · · · · · · · · · · · · · ·	\$5,721.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$12,181.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$11,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$11,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24		\$5,874.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I

86-0974183

SAFARI CLUB INTERNATIONAL

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$41,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$8,646.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$16,567.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

SAFARI CLUB INTERNATIONAL

86-0974183

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) . Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$11,381.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$14,975.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		\$11,393.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39		\$13,017.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42		\$6,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
43		\$11,148.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$40,278.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,574.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$16,768.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$17,606.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,006.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Employer identification number

SAFARI CLUB INTERNATIONAL

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>49</u>		\$40,122.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u> </u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$5,001.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
52		\$21,971.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
53		\$6,605.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
54		\$28,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55		\$15,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$13,292.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$12,926.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$18,372.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$6,734.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$13,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
63		\$8,000 [′] .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>64</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65		\$44,530.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

A			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 67 </u>		\$9,822.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69 		\$5,018.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,703.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72 523452 10-28-15		\$6,228.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$6,913.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74		\$9,890.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No,	Name, address, and ZIP + 4	Total contributions	Type of contribution
75		\$15,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76		\$12,488.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

86-0974183

SAFARI CLUB INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No. Name, address, and ZIP + 4 Total contributions Proof 79			
\$ 25,228. Payrail Nonceash (a) (b) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Person (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (a) (b) (c)			
No. Name, address, and ZIP + 4 Total contributions Type of contributions 80	<u></u>	\$25,228.	Payroli Noncash (Complete Part II for
(a) (b) (c) (c) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 (c) Type of contributions (a) (b) (c) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) No. Name, address, and ZIP + 4 Total contributions Person X (a) (b) (c) (c) (d) Noncash (Complete Part II for noncash contributions) (a) Name, address, and ZIP + 4 Total contributions Type of contributions) (a) Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (b) No. <td< td=""><td></td><td></td><td></td></td<>			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 81	<u>80</u> 	\$33,575.	Payroli Noncash (Complete Part II for
(a) (b) (c) (d) 82 (c) (d) Total contributions 82 (c) (d) (d) (a) Name, address, and ZIP + 4 Total contributions Person X 82 (c) (d) Person X Payroll			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 82	<u></u>	\$6,354.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 83			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 83	<u></u>	 \$17,391.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 84			
No. Name, address, and ZIP + 4 Total contributions Type of contribution 84	<u>83</u>	\$15,000.	Payroll Noncash (Complete Part II for
\$ 16,500. Payroll (Complete Part II for			
523452 10-28-15 Schedule B (Form 990, 990-EZ, or 990-PF) (20			Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SAFARI CLUB INTERNATIONAL

86-0974183

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$7,262.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$9,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$9,602.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$6,796.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SAFARI CLUB INTERNATIONAL

86-0974183 **Contributors** (see instructions). Use duplicate copies of Part Lif additional space is needed

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
91		\$5,000.	Person X Payroll . Noncash . (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
92		\$19,982.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
93		\$9,488.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No <i>.</i>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
94		\$19,938.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
95		\$6,022.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
96		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

с. 14 С. 14

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97		\$9,365.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
98		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
99		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
100		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
101	· · · · · · · · · · · · · · · · · · ·	\$11,776.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
102		\$10,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

86-0974183

SAFARI CLUB INTERNATIONAL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) [.] Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

n any one contributor. Complete	e columns (a) through (e) and the follow pus, charitable, etc., contributions of \$1,000 or nal space is needed. (c) Use of gift 	less for the year. (Enter this info. once.) ► \$ (d) Description of how gift is held						
n any one contributor. Complete III, enter the total of exclusively religio te copies of Part III if addition Purpose of gift	e columns (a) through (e) and the follow pus, charitable, etc., contributions of \$1,000 or nal space is needed. (c) Use of gift (e) Transfer of gift and ZIP + 4	ine entry. For organizations less for the year. (Enter this info. once.) (d) Description of how gift is held						
Purpose of gift	(c) Use of gift	Relationship of transferor to transferee						
ansferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
	and ZIP + 4	Relationship of transferor to transferee						
Purpose of gift	(c) Use of gift							
insferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift								
nsferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift							
nsferee's name, address, a	•	Relationship of transferor to transferee						
	Purpose of gift	Purpose of gift (c) Use of gif						

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	For Org Comple	Political Campaign ganizations Exempt From Inco te if the organization is descril about Schedule C (Form 990 or 990	me Tax Under sectio bed below. ► Attack	n 501(c) and section 1 to Form 990 or Form	527 1 990-EZ.	OMB No. 1545-0047 2015 Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization 	anizations: Co r than section 5 ations: Complet	-	complete Part I-C. te Parts I-A and C belo	w. Do not complete Pa	art I-B.	
 Section 501(c)(3) org Section 501(c)(3) org 	janizations that janizations that wered "Yes," o	n Form 990, Part IV, line 4, or I have filed Form 5768 (election have NOT filed Form 5768 (elec n Form 990, Part IV, line 5 (Pro	under section 501(h)): ction under section 50	Complete Part II-A. Do 1(h)): Complete Part II-	not compl B. Do not c	ete Part II-B. complete Part II-A.
 Section 501(c)(4), (5) 	, or (6) organiza	itions: Complete Part III.				
Name of organization		CLUB INTERNATION			8	identification number 6-0974183
Part I-A Comple	ete if the or	ganization is exempt un	der section 501(d) or is a section !	527 orga	nization.
2 Political expenditure	es	zation's direct and indirect politi			► \$	256,636.
Part I-B Comple	te if the or	ganization is exempt une	der section 501/c	-)(3)		
		incurred by the organization un			► s	
		incurred by organization manage				
		on 4955 tax, did it file Form 4720				Yes No
b If "Yes," describe in			•••••••••••••••••	•••••••		
Part I-C Comple	ete if the org	ganization is exempt une	der section 501(c), except section	501(c)(3).
1 Enter the amount di	rectly expende	d by the filing organization for se	ection 527 exempt fun	ction activities	► s	<u> </u>
		ization's funds contributed to o				
exempt function act	ivities		5		▶ \$	
3 Total exempt function		s. Add lines 1 and 2. Enter here				
line 17b					. ► \$	
4 Did the filing organiz	ation file Form	1120-POL for this year?				Yes No
5 Enter the names, ad made payments. Fo contributions receiv	ldresses and er r each organiza ed that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	IN) of all section 527 p id from the filing organ a separate political or	oolitical organizations t nization's funds. Also e ganization, such as a s	o which the nter the arr	nount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	er-0 p	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0
				t		
For Paperwork Reduction	on Act Notice,	see the Instructions for Form	990 or 990-EZ.	Sched	ule C (For	m 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 SAF2	ARI CLU	B INTERNATIC	NAL	86-0	974183 _{Pa}	ige 2
Part II-A Complete if the organiza	ation is exe	empt under section	on 501(c)(3) and fi	led Form 5768 (e	election unde	r
section 501(h)).						
A Check b if the filing organization be			n Part IV each affiliated	d group member's nam	ne, address, EIN,	
expenses, and share of expenses and share of	, ,					
B Check F if the filing organization ch	ecked Dox A a	and limited control pr	ovisions apply.	(a) Filing	(b) Affiliated gro	
Limits on L (The term "expenditures	obbying Expo * means amo)	organization's totals	totals	Jup
1 a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)				
b Total lobbying expenditures to influence						
c Total lobbying expenditures (add lines 1a	and 1b)					
				-		
e Total exempt purpose expenditures (add						
f Lobbying nontaxable amount. Enter the a						
If the amount on line 1e, column (a) or (b) is:		bbying nontaxable arr		tan an a		c = 1
Not over \$500,000		f the amount on line 1e		sain ais jurits	1	
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc		a fara di		
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,000,00	0 \$225,0 \$1,000	00 plus 5% of the exce	ess over \$1,500,000.	en an		
Over \$17,000,000				1931 		
	(
g Grassroots nontaxable amount (enter 259	, ,	······				
 h Subtract line 1g from line 1a. If zero or les i Subtract line 1f from line 1c. If zero or less 						
j If there is an amount other than zero on e		r line 1 i did the organiz				
reporting section 4911 tax for this year?		nine n, did the organiz		Г	Yes	No
		eraging Period Under				1110
(Some organizations that ma	de a section {		have to complete all	of the five columns b	elow.	
L	obbying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))		r al col Marth	و الرواد المالي	Notifica - Carlos S		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount			2 2. I.			
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures				Schedule C /Earm		

Schedule C (Form 990 or 990-EZ) 2015

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86-0974183 Page 3

Schedule C (Form 990 or 990 EZ) 2015 SAFARI CLUB INTERNATIONAL 86-097418 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	(a)	(1)
of the lobbying activity.	Yes	No	Amo	ount
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? 			341 - 10 -	ult setter i
d Mailings to members, legislators, or the public?				11990-11 E
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		3		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1 13 5.	24.1
b If "Yes," enter the amount of any tax incurred under section 4912		13 CÁ		
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?			Ш. — 54 с.	1. a. i.
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				Х
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members			t III-A, Iir	ne 3, is
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).	licai			
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
uces the organization agree to carryover to the reasonable estimate of nondeolocible lobbying and	•	4		
	· · · · · · · · · · · · · · · · · · ·			
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	in list): Part (and 2/see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp list); Part I		and 2 (see	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:		I-A, lines 1 :		
sependiture next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: THE ORGANIZATION IS NOT INVOLVED IN ANY DIRECT POLIT:	ICAL CA	MPAIG	N	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	ICAL CZ L CAMPZ	A lines 1	N CTIVII	יצי

TWO POLITICAL ACTION COMMITTEES (PAC).

SCH	IEDULE D		al Financial Statements				1545-00	47
(Form	990)	Complete if the org	anization answered "Yes" on Form 990,	, h		Z U	010)
	ent of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	U.		Open		olic
	Revenue Service		m 990) and its instructions is at www.in	s.gov/fc		Inspe		
	of the organizati	SAFARI CLUB INTERN				veridentificat 86-0974	183	
Part	I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	s or A	ccount	S.Complete if	the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Funds	and other acc	ounts	
		nd of year						
		f contributions to (during year)						
		f grants from (during year)						
		t end of year						
	-	on inform all donors and donor advisors in n's property, subject to the organization's	÷			Yes	r	No
		n s property, subject to the organization's on inform all grantees, donors, and donor a					L	
		oses and not for the benefit of the donor of			-			
		ate benefit?			-	Yes		No
Part		ation Easements. Complete if the org					have	- 110
1 8		ervation easements held by the organizati						
		of land for public use (e.g., recreation or e		orically i	importan	t land area		
	Protection of	f natural habitat	Preservation of a certi	ified his	toric stru	icture		
	Preservation	of open space						
2 (Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form (of a cor	nservatio	n easement o	n the la	ist
C	day of the tax year				in the He	ld at the End of	the Tax	Year
		onservation easements			2a			
		icted by conservation easements			2b			
		vation easements on a certified historic str			2c		_	
		vation easements included in (c) acquired a	-					
		al Register			2d			
		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organi	zation du	iring the tax		
-	/ear	where property subject to concernition and						
		where property subject to conservation east ion have a written policy regarding the per						
		procement of the conservation easements it				Yes		No
	•	r hours devoted to monitoring, inspecting,					e vear	
							s you	
7 Å	mount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion eas	sements o	during the yea	r	
	▶\$		U			0 7		
8 D	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170((h)(4)(B)	0			
a	Ind section 170(h)	(4)(B)(ii)?				🛄 Yes		No
9 li	n Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense	statem	ent, and	balance sheet	, and	
ir	nclude, if applicab	le, the text of the footnote to the organizat	ion's financial statements that describes t	the orga	anization	's accounting	for	
_	conservation easer							
Part		tions Maintaining Collections of		ther S	imilar .	Assets.		
		the organization answered "Yes" on Form						
		elected, as permitted under SFAS 116 (AS						
		, or other similar assets held for public exh		nce of p	oublic ser	vice, provide,	in Part	: XIII,
		note to its financial statements that describ						
		elected, as permitted under SFAS 116 (AS						
		similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	DIC Serv	nce, prov	nde the followi	ng am	ounts
	elating to these ite							
		led on Form 990, Part VIII, line 1			5			
•			nurse, or other similar agents for financial		► \$			
	-	received or held works of art, historical trea		gam, p	rovide			
		nts required to be reported under SFAS 11	· · · ·		•			
		on Form 990, Part VIII, line 1 Form 990, Part X						
<u> </u>					P Q			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Sche	edule D (Form 990) 2015 SAFARI	CLUB INTER	NATIONAL			86-0	974183	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical	Treasures, or	r Other	Similar Ass	ets(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of t	ne following that	are a sign	ificant use of it	s collection i	tems
	(check all that apply):							
а	Public exhibition	c	bl ∐ Loan or e	xchange prograr	ns			
b	Scholarly research	e	e L Other					
С	Preservation for future generations							•
4	Provide a description of the organization's c	ollections and expla	in how they furthe	r the organizatio	n's exemp	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit of							
L	to be sold to raise funds rather than to be m						Yes	NoNo
Pa	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "	res" on Fo	orm 990, Part IV	/, line 9, or	
·	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						- 1	<u> </u>
_	on Form 990, Part X?				••••••	L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
							Amount	
c	Beginning balance					ic		
d	Additions during the year					1d		
e	Distributions during the year					1e	_	
T 0-	Ending balance Did the organization include an arriount on F						Yes	Na
	If "Yes," explain the arrangement in Part XIII.							No
	t V Endowment Funds. Complete i							
L		(a) Current year	(b) Prior year			Three years bac	(e) Four ye	ars back
1a	Beginning of year balance	(a) content year	(b) Horyear	(c) two yourd		Throu youro buo		
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment	-	%					
b	Permanent endowment	%						
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administere	ed for the	organization		
	by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule F	R?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o		st or other	(c) Accu		(d) Book v	alue
	· · · · · · · · · · · · · · · · · · ·	basis (investr	nenu Dasi	s (other)	depree	Jauon		
	Land					L		
	Buildings			45,544.	2	4,563.	10	981.
	Leasehold improvements			<u>45,544.</u> 95,400.		4,363.		013.
	Equipment		<u>, o</u>	50,245.	1,44	0,307.		245.
	Other		Y column /DL line			-		239.
Total	Add intes ha through he. (Column la) must e	quai ronn 990, Pan	л, сошни (в), ине	· (UL.)			510	

Schedule D (Form 990) 2015

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. (Col. (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)
 (a)
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (2)
 (a)
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (3)
 (a)
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (4)
 (b)
 (c)
 (c)

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)			에 가지 않는 것이 가지 않는 것 같은 것 같이 있었다. 24 년 사이 가지 같은 것 같은 것 같은 것 같이 있다.
(3)			
(4)			
(5)			
(6)			· ~ ~ · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		and a star of a star in the star

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

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 SAFARI CLUB INTERNATIONAL			86-	0974183 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	22,625,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-158,826.	=	
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c		:	
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	-158,826.
3	Subtract line 2e from line 1			3	22,784,594.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			L .	
b	Other (Describe in Part XIII.)	. 4b	-8,064,480.		
с	Add lines 4a and 4b	4c	-8,064,480.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,720,114.		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements			1	21,986,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	а			
а	Donated services and use of facilities	. 2a		a.	
b	Prior year adjustments	. 2b			
C,	Other losses	. 2c			
d	Other (Describe in Part XIII.)		8,064,480.		
е	Add lines 2a through 2d			2e	8,064,480.
3	Subtract line 2e from line 1			3	13,922,317.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	a .		÷	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,922,317.
na	t 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.

PART X, LINE 2:

SCI	EVALUATES	ITS	UNCERTAIN	ТАХ	POSITIONS,	IF	ANY.	ON	Α	CONTINUAL	BASIS
004				~ ~ ~ ~ ~				0.1	~~	CONTA ANTONIA	21010

THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX

FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AS OF JUNE 30, 2016 AND

2015, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES	-7,598,602.
COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	-465,876.
ROUNDING	-2.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-8,064,480.

Schedule D (Form 990) 2015 SAFARI CLUB INTERNATIONAL Part XIII Supplemental Information (continued) INTERNATIONAL	86-0974183 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES	7,598,602.
COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	465,876.
ROUNDING	2.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,064,480.

-

SCHEDULE F (Form 990)			ivities Outside the U		ates –	OMB No. 1545-0047
	Complete it	the organizatio	on answered "Yes" on Form 990, Par Attach to Form 990.	(1 v , ine 140, 1		ZUIJ
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.	Open to Public Inspection
Name of the organization					Employer identi	fication number
SAFARI CLUB INT					86-09741	
		Activities Ou	tside the United States. Comp	lete if the organ	ization answered	'Yes" on
Form 990, Part N 1 For grantmakers, Does		n maintain recor	ds to substantiate the amount of its g	ante and other	anaistanaa	
			the selection criteria used to award th			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and o	ther assistance ou	tside the
3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	1	vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type ce(s) in region	expenditures for and investments in region
		in region				
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADV	OCACY	162,164.
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADV	OCACY	29,575.
						1
EAST ASIA AND THE						
PACIFIC	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADV	OCACY	2,574.
· · · · · · · · · · · · · · · · · · ·						
·						
2 a Subtrated		1		N. C. C. L	<i>u</i>	101 010
3 a Sub-total b Total from continuation		1	l styl - State L style Ref - 1995			194,313.
sheets to Part I	0	0			بني الالات الارتباط الاليــــــــــــــــــــــــــــــــــ	0.
c Totals (add lines 3a				1.		+
and 3b)	1	1				194,313.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

	ed more than \$5,	000. Part II can be dupli	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.					
1 (a) Name of organization and	(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	25 000	WIRE			
	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	NORTH AMERICA	OPERATING EXPENSES		WIRE	0		
	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NORTH AMERICA	PROGRAM AWARD		СНЕСК			
2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro	pient organizatior grantee or counse	Isted above that are r has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	empt by		

10-01-15

Page 3	8	 (h) Method of valuation (book, FMV, - appraisal, other) 					Schedule F (Form 990) 2015
	V, line 16.	(g) Description of non-cash assistance					Schedi
86-0974183	on Form 990, Part I	(f) Amount of non-cash assistance					
86	ne organization answered "Yes" c	(e) Manner of cash disbursement					
NAL	tes. Complete if th	(d) Amount of cash grant					
NTERNATIC	e the United Sta d.	c) Number of recipients			-		
SAFARI CLUB INTERNATIONAL	e to Individuals Outsid Iditional space is neede	(b) Region					
Schedule F (Form 990) 2015 S.	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

-

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015 SAFARI CLUB INTERNATIONAL 86-0974183 Page 5
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.
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.
, ,

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.							
Name of the organization	anormation a	about Schedule G (Form 990 or 990-EZ	j and it	รากรษ	uctions is at www.ns.g	jovn		Inspection dentification number
		CLUB INTERNATIONAL	_				86-097	
required to	complete this par						7. Form 990-	EZ filers are not
a Aail solicitat b Internet and c Phone solicit d In-person sol	ions email solicitations ations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events		ar.	
key employees liste	ed in Form 990, P a highest paid ind	Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	orofess	ional	undraising services?		Y	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
		1						
-								
Total 3 List all states in which or licensing.	h the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990 EZ) 2015 SAFARI CLUB INTERNATIONAL

		gross income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	1
			<u>, , , , , , , , , , , , , , , , , , , </u>	NONE	(d) Total events
		CONVENTION	· ·		(add col. (a) through
aniaau		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	15,215,488.			15,215,488
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15,215,488.			15,215,488
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,299,585.	· .		1,299,585
	7 Food and beverages	1,725,527.	· ·		1,725,527
	8 Entertainment	298,730.			298,730
L	9 Other direct expenses				4,274,760
	10 Direct expense summary. Add lines 4 throu	gh 9 in column (d)		►	7,598,602
	11 Net income summary. Subtract line 10 from				7,616,886
41	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
Г	\$13,000 011 0111 030 EZ, ine 0a.		(b) Pull tabs/instant		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
-	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
L					
	5 Other direct expenses				
		Yes%	Yes%	Yes%	1111 日本大学
	6 Volunteer labor		Yes%	Yes%	
		Yes%		No	
	 Volunteer labor Direct expense summary. Add lines 2 through 	Yes% No gh 5 in column (d)	□ No [□ No ►	
	6 Volunteer labor	Yes% No gh 5 in column (d)	□ No [□ No ►	
	 Volunteer labor Direct expense summary. Add lines 2 through 	Yes % No % gh 5 in column (d)	□ No [□ No ►	
E	 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 	gh 5 in column (d)	No [Yes No
	 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net garning income summary. Subtract line Enter the state(s) in which the organization conditioned in the organizationed in the organ	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No [Yes No
E	 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net garning income summary. Subtract line Enter the state(s) in which the organization condition licensed to conduct garning income summary. 	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No [Yes No
	 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conduct gaming income to conduct gaming if "No," explain: 	Yes % No % gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	▶ No	
 	 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net garning income summary. Subtract line Enter the state(s) in which the organization condition licensed to conduct garning income summary. 	Yes % No	states?	▶ No	

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Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 SAFARI CLUB INTERNATIONAL	86-0974183 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
	15.
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 🕨 \$	int
of gaming revenue retained by the third party \triangleright \$	
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 Mandatan distributiona	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 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 P	art III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ)		and the second se	INTERNATIONAL
Part IV Supplemental Infor	mation (cont	inued)	

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i arciv Supplemental	monnation (contrated)	 	
£			
·			
			 y
•			

SCHEDULE I (Form 990)		Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22} .	J Other Assistance to Organizations, :s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organ s in the Uni on Form 990, Pai	izations, ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Informati	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	► Attach to Form 990. (Form 990) and its instru	n 990. i instructions is a	t www.lrs.gov/form99	ö	Open to Public Inspection
fthe	ion SAFARI CLUB	UB INTERN	INTERNATIONAL					Employer identification number 86-0974183
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate th∈	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	tion
	criteria used to award the grants or assistance?	tance?					· · · · · · · · · · · · · · · · · · ·	X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and recipient th	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 duninested if additional second diagonal diagona	Domestic Organi	izations and Domestic be duminated if addition	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or gov	1 (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
I CLUB I ATION -	NTERNATIONAL 4800 WEST GATES PASS						DONATED GOODS AND SERVICES PROVIDED AT	TO ASSIST WITH PROGRAM
ROAD - TUCSON, AZ	1 85743	86-0292099	501(C)(3)	652,616.	2,206,592.FMV	PMV PM	COST.	AND OPERATING COSTS.
ALASKA PROFESSIONAL HUNTERS ASSOCIATION - P.O. BOX 2409 ANCHORAGE, AK 99524	AL HUNTERS). BOX 240971 - 224	92-0060165		25,750.	. 0			ONGOING AND NECESSARY PROJECTS
								-
			-					
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations list	nd government on	ganizations listed in the	ed in the line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table	**********************				
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

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Schedule I (Form 990) (2015) SAFARI CLUB INTERNATIONAL	ERNATION	АГ			86-0974183 Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	• organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		-			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	le 2, Part III, column	(b), and any other ac	iditional information.	
PART I, LINE 2:					
THE ORGANIZATION'S LARGEST GRANT I	IS TO SCIF,	A	RELATED ORGANIZATION.	ATION. FOR	
ALL OTHER SMALLER GRANTS, THE ORGA	NIZATION	THE ORGANIZATION MONITORS THE	THE PERFORMANCE	MANCE 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	х.				
-					
532102 10-28-15		68			Schedule I (Form 990) (2015)

SCHEDULE J Compensation Information	OMB No.	1545-00	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	15	
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	IU	
Department of the Treasury Attach to Form 990.	Open to		
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form9		ection	
-	ployer identificati		mber
SAFARI CLUB INTERNATIONAL	86-097418	3	
Part I Questions Regarding Compensation			
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,	4	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel Housing allowance or residence for personal Travel for companions			
Travel for companions Payments for business use of personal reside			
Discretionary spending account	* **	i el	
) 	i.e.	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		13	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		135.1
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 		۰	
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		10.0	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n's	da.	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization		*.	,
establish compensation of the CEO/Executive Director, but explain in Part III.	~	т. н. Ин	
X Compensation committee	:		
Independent compensation consultant	. =	l i i i i i i i i i i i i i i i i i i i	
Form 990 of other organizations	mittee		
	1	<u>.</u>	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		Ŕ	
organization or a related organization:		$1 \equiv 1$	
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	12		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			÷.
contingent on the revenues of:	5		
a The organization?	<u>5a</u>	X	x
b Any related organization?			<u> </u>
If "Yes" to line 5a or 5b, describe in Part III.	2	12	
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:		X	
a The organization?		•	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			**
7 For persons listed on Form 990, Part VI, Section A, line 1a, did the organization provide any non-fixed payments		1971 - 1911 - 1971 - 19	
not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8	šar tel	X
 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 		1 =	34.54
Regulations section 53.4958-6(c)?	9	<u>.</u>	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forr	n 990)	2015

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Schedule J (Form 990) 2015 SAFARI	н М	CLUB INTERNAT	NATIONAL		86-0974183	183		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.		oyees, and Highest (Compensated Emp	loyees. Use duplica	te copies if additional s	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.	t be re 7 Forn	sported on Schedule n 990, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	om related organizatio	ns, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)()-(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.	ted in	ldividual must equal t	he total amount of I	⁻ orm 990, Part VII, S	ection A, line 1a, applic	cable column (D) and (E) amounts for that inc	lividual.
		(B) Breakdown of '	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits		in column (B) reported as deferred on prior Form 990
(1) DELONE, PHILIP	Ξ	234,51	25,000.	25.	5,400.	10,168.	275,107.	.0
	(ii)		.0			.0	0	.0
(2) SEIDMAN, ANNA	Ξ	183,47	8,821.		5,40	469.	198,16	0
ECTOR OF		4						•
(3) SAGI, ANGELA Advertisting sales differinde	€ (183,91	5,884.	7	4,98	14,	209,27	0
		1 25 750				d	1	
ECTOR OF C	Ξŝ	, CC1	9, 841.	.02	- NCK / F	9,92	159,48	0
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IT DIRECTOR			0		e	-		
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10-14-15

Schedule J (Form 990) 2015 SAFARI CLUB INTERNATIONAL	86-0974183	Page 3
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.	bart for any additional information.	
PART I, LINE 5:		
THE DIRECTOR OF ADVERTISING RECEIVES COMMISSIONS BASED UPON ADVERTISING		
SALES.		
PART I, LINE 6:		E.
BOARD APPROVED BONUS PLAN.		
PART I, LINE 7:		
BONUS PAYMENTS WERE MADE BASED UPON MEETING ORGANIZATIONAL GOALS AND ARE AT		
THE DISCRETION OF THE EXECUTIVE COMMITTEE.		
	Schedule J (Form 990) 2015	90) 2015

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SCHEDULE L. (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	 Complete if 	the c	organization an 28b, or 28c, Atta	swere or For ach to	ed "Ye m 990 Form	s" on Form 990, Pa -EZ, Part V, line 38 990 or Form 990-E -EZ) and its instructio	art IV Ba or E Z .	/, line 25a, 25b, 3 r 40b.			0	мв No. 20 Преп Т Паресі	15 o Put)
Name of the organization									Em	ploye	r ident	tificat	on nu	mber
Value - Parallel - Andrew -			UB INTEF								741	83		
Part I Excess Be	nefit Trans	acti	ons (section 5	01(c)(3), sec	tion 501(c)(4), and 5	601(c	c)(29) organization	ns onl	y).				
Complete if th	e organizatior					art IV, line 25a or 25	ōb, c	or Form 990-EZ, P	art V,	line 4	0b.	_		
1 (a) Name of disgualified	d person	(b) F	Relationship bet person and o			lified	(c) []	escription of tran	sactio	n		(d)	Corre	cted?
		_	person and o	rganiz	ation							<u> </u>	es	No
				_						_			_	_
										-		_		
(a												-		
										1.1.1.1.1.1.		-	-	
									_					
2 Enter the amount of ta	x incurred by	the o	rganization mar	nagers	or dis	qualified persons di	urinc	the year under					-	101-27
						• •				▶ \$				
3 Enter the amount of ta	x, if any, on li	ne 2, :	above, reimburs	sed by	the or	ganization				▶ \$				
van zen en e				• •										
Part II Loans to a	nd/or Fron	n Int	erested Per	sons	i.									
						, Part V, line 38a or	For	m 990, Part IV, lin	ie 26;	or if tł	ne orga	anizati	on	
			, Part X, line 5, 6				-			_	VIA	nrovor		
(a) Name of interested person	(b) Relation with organia		(c) Purpose of loan	fror	oan to or n the	(e) Original principal amount	(f) Balance due) In ault?	by bo	proved ard or	(i) W	ritten ment?
interested person	with organia	Lauon	onoan	<u> </u>	ization?	philopai amount				-	cómn	r		r
				To	From		+-		Yes	No	Yes	No	Yes No	
<u>b</u>							+-							
				-			+							
ýseren se							+-			·				
							+							
									_					-
										-				
					-		1							
Total						> \$					κ			
Part III Grants or A	ssistance	Ben	efiting Inter	reste	d Pe	rsons.								
Complete if the	e organization	answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested	d person	(b) Relationship interested pers the organiza 	son an		(c) Amount of assistance	(c) Amount of (d) Type					(e) Purpose of assistance		
		1												_
									_					
							-							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990 EZ) 2015 SAFARI CLUB INTERNATIONAL 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			between inter the organizati		(c) Amount of transaction		ription of action	(e) Shi organi rever	aring of zation's nues?
					-			Yes	No
MIKE ROGERS, JR	OWNER	OF	SAFARI	VID	238,341.	VIDEO	PRODU	Γ	X
N		_		_		}		<u> </u>	
		_						<u> </u>	L

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MIKE ROGERS, JR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF SAFARI VIDEO PRODUCTIONS AND SON OF A MEMBER OF BOARD OF DIRECTORS

(D) DESCRIPTION OF TRANSACTION: VIDEO PRODUCTION/HOSTING

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service)-EZ	OMB No. 1545-0047 2015 Open to Public Inspection								
Name of the organizatio	SAFARI CLUB INTERNATIONAL		identification number 974183							
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION	:							
WORLDWIDE. (1) PROTECT RIGHTS OF HUNTERS - TO ADVOCATE PRESERVE AND										
PROTECT THE RIGHTS OF ALL HUNTERS (2) PROMOTE HUNTING - TO PROMOTE SAFE										
LEGAL AND ET	HICAL HUNTING AND RELATED ACTIVITIES (3) ENGA	GE IN	ADVOCACY							
- WITHIN LIM	ITS IMPOSED BY LAW AND REGULATION TO MONITOR	SUPPOR	T							
EDUCATE OR O	THERWISE TAKE POSITIONS ON LOCAL NATIONAL AND	INTER	NATIONAL							
LEGISLATIVE	EXECUTIVE JUDICIAL OR ORGANIZATIONAL ENDEAVOR	S THAT	FOSTER							
AND SUPPORT	THESE OBJECTIVES (4) EDUCATE PUBLIC REGARDING	HUNTI	NG – TO							
INFORM & EDU	CATE THE PUBLIC CONCERNING HUNTING & RELATED	ACTIVI	TIES.							

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: 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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15 Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

FORM 990, PART VI, SECTION A, LINE 2:

LAIRD HAMBERLIN AND LOUIS COLE - FAMILY RELATIONSHIP

ARCHIE NESBITT AND NATALIE NESBITT - FAMILY RELATIONSHIP

JAMES LEONARD AND MICHAEL LEONARD - FAMILY RELATIONSHIP

MIKE ROGERS SR AND MIKE ROGERS JR. - FAMILY RELATIONSHIP

LINDA CALLAIS AND RON BARTELS - FAMILY RELATIONSHIP

MARK CALLAIS AND RON BARTELS - FAMILY RELATIONSHIP

MARK CALLAIS AND LINDA CALLAIS - FAMILY RELATIONSHIP

PAUL BABAZ AND JOHN MONSON - BUSINESS RELATIONSHIP

PAUL BABAZ AND LAIRD HAMBERLIN - BUSINESS RELATIONSHIP

GREGORY BUONOCORE AND FRANK PULLANO - BUSINESS RELATIONSHIP

RON BARTELS AND EJ DEUBLER - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6:

SAFARI CLUB INTERNATIONAL HAS MEMBERS.

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.

FORM 990, PART VI, SECTION B, LINE 11:

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.

Name of the organization

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.

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.

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

 532212 09-02-15
 Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	• Page 2
Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
INTERNATIONAL'S WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS	FOR THE AUDIT OR
ITS SELECTION PROCESS FOR INDEPENDENT AUDITORS DURING T	HE YEAR.
	······································
•	
	n - 1 - 1 - 1 - 1 - 1 - 1
N	

	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.frs.gov/form990.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, Attach to Form 990. edule R (Form 990) and its instructions is at www.lrs.gov/fo	rtnerships line 33, 34, 35b, 3 <u>t www.lrs.gov/for</u> m	6, or 37. 1990.		OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization SAFARI CLUB IN	INTERNATIONAL				Employer identification number 86-0974183	fication number 183
Part I Identification of Disregarded Entities Complete if the organization	e if the organization answered "Yes'	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)	r Total income	me 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.	ations Complete if the organization (answered "Yes" on Form 990	, Part IV, line 34 be	cause it had one	or more related tax-exe	ampt
(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	Section 512(bX13) controlled entity?
SAFARI CLUB INTERNATIONAL FOUNDATION - 85-0292099, 4800 W GATES PASS RD, TUCSON, AZ 85745	WILDLIFE CONSERVATION	ARIZONA	501(C)(3)	6 LINE 9		
SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W, STE 200 OTTWA ONTARIO CANADA KIB 7X6		e de entre				
CLUB INTERNATIONAL FOUNDATION		4 Million			The	4
CANADA, 132 JEROME ST RR 1, LANARK, ONTARIO, CANADA KOG 1KO	WILDLIFE CONSERVATION	CANADA			SCI	×
HUNTER ACTION FUND - 46-1989048 501 2ND ST NE WASHINGTON DC 20002			E C			-
duction Act Notice, see the Instruction	is for Form 990.	VIGNOTAL IN TATUTATA	1 7 1		Schedule R	Schedule R (Form 990) 2015

09-08-15 LHA

SAFARI CLUB INTERNATIONAL	Part II Continuation of Identification of Related Tax-Exempt Organizations
CLUI	Related
SAFARI	of Identification of F
Schedule R (Form 990)	Continuation c
Schedule	Part II

86-0974183

	(q)	(c)		(e)		(g) Section 512(bY13)
of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?
				501(c)(3))		Yes No
SARFARI CLUB INTERNATIONAL - PAC - 41-1771039, 4800 W GATES PASS RD, TUCSON, AZ						
	HUNTING ADVOCACY	ARIZONA	527		scI	X
						-

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532222 04-01-15

Page 2		(j) (k) General or Percentage managing ownership			e related	(I) Section 512(b)(13) controlled entity?			990) 2015
86-0974183	more related	(j) (j) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			 on Form 990, Part IV, line 34 because it had one or more related	(h) Percentage ownership			Schedule R (Form 990) 2015
86-0	it had one or	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it ha	(g) Share of end-of-year assets			Sche
	34 because	(h) Disproportionate allocations?	2		art IV, line 34				
), Part IV, line	(g) Share of end-of-year assets			Form 990, P ₂	y Share of total rp, income			
	es" on Form 99((f) Share of total income			wered "Yes" on	(c corp, S corp, or trust)			
	ion answered "Y				n or Trust Complete if the organization answered "Yes"	(d) Direct controlling entity			
	the organizat	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			mplete if the	(C) Legal domicile (state or foreign country)			80
IONAL	ership Complete if	(d) Direct controlling entity			rration or Trust Co ear.	(b) Primary activity			
INTERNATIONAL	as a Partne tax year.	(C) Legal domicile (state or foreign country)	- H		as a Corpo ing the tax y	Prime			
LI CLUB IN'	anizations Taxable	(b) Primary activity			anizations Taxable ooration or trust dur	7			
Schedule R (Form 990) 2015 SAFARI	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			Part IV Identification of Related Organizations Taxable as a Corporation or Corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			532162 09-08-15

INTERNATIONAL
CLUB
SAFARI
Schedule R (Form 990) 2015

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
a Receipt of (i) interest. (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity.	his with one of filore r tv	eialeu organizations listec		>
				۷ ×
c Gift, grant, or capital contribution from related organization(s)				-
d Loans or loan guarantees to or for related organization(s)				×
e Loans or loan guarantees by related organization(s)				-
f Dividencie from related occanization(a)				
 Balle of assets to related organization(s) 		*****	4	
Purchase of assets from related organization(s)	****		10	
	*****			*
j Lease of facilities, equipment, or other assets to related organization(s)				
k ease of facilities and inment or other activity from calendary facilities.				
Deformance of anti-interity of online assets interined of galization ()				×
 Performance of services of membership of fundralsing solicitations for related org: m Performance of services of membership of fundralsing solicitations for related org: 	lated organization(s)		1	×
Chamber of familiers and interribership of runturalship solicitations by re	lated organization(s)	*****************		
	tion(s)		1n	X
 Sharing of paid employees with related organization(s) 			10	×
remousement paid to related organization(s) for expenses			1p	-
A meininguisemeine paid by related organization(s) tor expenses			19	×
r Other transfer of cash or property to related organization(s)				×
6				×
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	who must complete t	his line, including covered		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1) SAFARI CLUB INTERNATIONAL CANADA	ф	135,914.	FMV	
(2) SAFARI CLUB INTERNATIONAL FOUNDATION	Ŕ	652,616.	FMV	
(3) SAFARI CLUB INTERNATIONAL FOUNDATION	G	231,509.	FMV	
(4) SAFARI CLUB INTERNATIONAL FOUNDATION	М	585,595.	FMV	
(5) SAFARI CLUB INTERNATIONAL FOUNDATION	0	688,835.	FMV	
(6) SAFARI CLUB INTERNATIONAL FOUNDATION	ъ	1,517,757.FMV	FMV	
532163 Da-D8-15	81		Schedule R (Form 990) 2015	m 990) 2015

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Schedule R (Form 990) SAFARI CLUB INTERNATIONAL			86-0974183
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	rm 990), Part V, line 2)		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Method of determining amount involved
(7)SAFARI CLUB INTERNATIONAL FOUNDATION	Д	250,423.FMV	
(8)SAFARI CLUB INTERNATIONAL FOUNDATION	æ	235,234.FMV	PMA
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
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Page 4		venue)	(k) Percentage ownership					Schedule R (Form 990) 2015
83		oss re	(j) General or managing partner?					Form
741		or gro	10 Gen	3	 	 	 	 le R (
86-0974183		y total assets	(h) (i) (j) (k) Dispropor- tionatic allocations? Code V-UBI anount in box 20 managing of Schedule K-1 partner? General or partner? Kk) Vac. No. (Form 1065) Vac. No. Vac. No.					Schedul
		red b	Dispropor- Dispropor- tionate allocations?					
		leasu	alloc Dis		 			
	37.	t of its activities (m	(g) Share of end-of-year assets					
	990, Part IV, line (e than five percen	(f) Share of total income					
	Form	d mor	er orgs?				 	
	s" on	ducte s.	Partne					
	organization answered "Yes" on Form 990, Part IV, line 37.	the organization con estment partnership:	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
INTERNATIONAL		hip through which t sion for certain inve	(c) Legal domicile (state or foreign country)					
CLUB	ole as a Partnership Cor	ntity taxed as a partnersl tructions regarding exclu	(b) Primary activity					
Schedule R (Form 990) 2015 SAFARI	Part VI Unrelated Organizations Taxable as a Partnership Complete if the	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				
	Enter fil	er's identifying number, see instructions			
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
due date for filing your return. See instructions.	SAFARI CLUB INTERNATIONAL	86-0974183			
	Number, street, and room or suite no. If a P.O. box, see instructions. 4800 WEST GATES PASS ROAD	Social security number (SSN)			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85745				

Enter the Return code for the return that this application is for (file a separate application for each return	ר)	0 1
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Application		Return	Application			Return	
Is For			Is For			Code	
Form 990 or Form 990-EZ							
Form 990-BL			Form 1041-A				
Form 4720 (individual)			Form 4720 (other than individual)				
Form 990-PF			Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069 11				
Form 990-T (trust other than above)		06	Form 8870 1				
• Tł	P! Do not complete Part II if you were not already granted NATHAN BOLT ne books are in the care of elephone No. 520-620-1220						
• If	the organization does not have an office or place of business this is for a Group Return, enter the organization's four digit	Group Exe	nited States, check this box If the provided states is the second states of the secon	nis is fo	r the whole group		
4 5 6 7	For calendar year, or other tax year beginning						
8a b	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069			8a	\$. 0.	
	tax payments made. Include any prior year overpayment all previously with Form 8868.	owed as a	credit and any amount paid	8b	\$	0.	
с	Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	n unis ionn, it requirea, by using				

EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Title 🕨 CPA

Form 8868 (Rev. 1-2014)

Date 🕨

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