

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

SAFARI CLUB INTERNATIONAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

4800 WEST GATES PASS ROAD

City or town, state or province, country, and ZIP or foreign postal code

TUCSON, AZ 85745

F Name and address of principal officer: **RICHARD PARSONS**

SAME AS C ABOVE

D Employer identification number

86-0974183

E Telephone number

520-620-1220

G Gross receipts \$

26,300,876.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **2663**

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(4) (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.SCIFIRSTFORHUNTERS.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **2000**

M State of legal domicile: **AZ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	259
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	258
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,162,603.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-50.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,453,582.	1,374,248.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,440,683.	5,146,673.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	671,135.	259,182.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,272,544.	7,940,011.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,837,944.	14,720,114.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,156,339.	3,093,071.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,699,349.	5,425,488.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,154,548.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,918,952.	5,403,758.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,774,640.	13,922,317.
19 Revenue less expenses. Subtract line 18 from line 12	1,063,304.	797,797.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,889,256.	14,086,043.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,896,769.	6,454,585.

Part II Signature Block

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

Sign Here ▶ Signature of officer **NATHAN BOLT, CFO** Date **5/8/17**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name **STEPHEN E. LIVINGSTON, CPA** Preparer's signature **[Signature]** Date **5/8/17** Check if self-employed ☐ PTIN **P00317845**
Firm's name ▶ **CLIFTON LARSON ALLEN LLP** Firm's EIN ▶ **41-0746749**
Firm's address ▶ **5255 EAST WILLIAMS CIRCLE, STE 5000** Phone no. (520) **790-3500**
TUCSON, AZ 85711

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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C Name of organization**SAFARI CLUB INTERNATIONAL**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

4800 WEST GATES PASS ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

TUCSON, AZ 85745**F** Name and address of principal officer: **RICHARD PARSONS****SAME AS C ABOVE****D** Employer identification number**86-0974183****E** Telephone number**520-620-1220****G** Gross receipts \$ **26,300,876.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **2663****I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SCIFIRSTFORHUNTERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2000** **M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	259
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	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,154,548.		
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Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 13,889,256.	End of Year 14,086,043.
	21	Total liabilities (Part X, line 26)	6,896,769.	6,454,585.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,992,487.	7,631,458.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	NATHAN BOLT, CFO			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	STEPHEN E. LIVINGSTON, CP			
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	PTIN P00317845	
	Firm's address ▶ 5255 EAST WILLIAMS CIRCLE, STE 5000 TUCSON, AZ 85711	Phone no. (520) 790-3500		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,951,365. including grants of \$) (Revenue \$ 3,301,741.)
 MEMBER & CHAPTER SERVICES: SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE. THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 49,734 EXISTING MEMBERS PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE.

4b (Code:) (Expenses \$ 2,391,398. including grants of \$ 187,550.) (Revenue \$)
 SEE SCHEDULE O.

4c (Code:) (Expenses \$ 2,906,157. including grants of \$ 2,905,521.) (Revenue \$)
 CONSERVATION: GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS. PROJECTS INCLUDE WILDLIFE POPULATION SURVEYS, COLLARING AND MONITORING DNA ANALYSES, DISEASE TESTING AND DEVELOPMENT OF SCIENTIFIC PUBLICATIONS FIELD MANUALS REPORTS AND OTHER RESEARCH-BASED PAPERS.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 10,248,920.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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	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		
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	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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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 as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28c 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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 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

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 137		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	259			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		258		
b Enter the number of voting members included in line 1a, above, who are independent				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				X

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

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

Section C. Disclosure

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HIGGINS, LARRY B. PRESIDENT	20.00	X		X				0.	0.	0.
(2) BABAZ, PAUL D. PRESIDENT ELECT	20.00	X		X				0.	0.	0.
(3) CHAPMAN, SCOTT VICE PRESIDENT	20.00	X		X				0.	0.	0.
(4) EAVENSON, BRUCE W. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(5) GRASSER, EDWARD K. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(6) HAMBERLIN, W. LAIRD VICE PRESIDENT	20.00	X		X				0.	0.	0.
(7) HARTER, DON C. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(8) KOSICH, VERONICA M. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(9) MADDOX, SHERRY D. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(10) SKOLD, STEVE VICE PRESIDENT	20.00	X		X				0.	0.	0.
(11) MAKI, ALAN W. CORPORATE SECRETARY	20.00	X		X				0.	0.	0.
(12) MCLAURIN, JOHN CORPORATE TREASURER	20.00	X		X				0.	0.	0.
(13) ANDERSON, KEVIN K. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(14) BOLLMAN, PATRICK SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(15) CAPPELLI, RAYMOND SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(16) CHERAMIE, ALBERT SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(17) DONAU, ALFRED "SKIP" SCI PAST PRESIDENT	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EASTERBROOK, SR., ROBERT SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(19) EDEWAARD, VERN SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(20) ERICKSON, SR., HYLAND B. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(21) JACKSON, III, JOHN J. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(22) KAUFFMAN, CRAIG L. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(23) KIRN, DON J. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(24) NORRIS, LANCE H. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(25) OLDFIELD, ANDY M. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(26) PARKER, WARREN K. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,435,681.	0.	126,702.
d Total (add lines 1b and 1c)								1,435,681.	0.	126,702.

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

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- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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) Name and business address	(B) Description of services	(C) Compensation
BROTHERS & COMPANY 4860 SOUTH LEWIS, TULSA, OK 74105	MARKETING SERVICES	374,077.
FENNEMORE CRAIG CORP, 2394 E. CAMELBACK RD, STE 600, PHOENIX, AZ 85016	LEGAL SERVICES	297,731.
SPURWING MEDIA, INC. 1880 HARBOR ISLAND DR, SAN DIEGO, CA 92101	VIDEO PRODUCTION	241,556.
CROSSROADS STRATEGIES 1156 15TH ST NW, WASHINGTON, DC 20005	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 listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) POCIUS, E. WAYNE SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(28) SHEPARD, MERLE A. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(29) URSEM, RICHARD E. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(30) VAN HORNE, NORDEN SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(31) WHIPPLE, JOHN S. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(32) YAJKO, R. DOUGLAS SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(33) BEAL, JACK E. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(34) HORN, II, PETER L. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(35) LEEDS, JACK SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(36) MORGAN, DON R. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(37) RIPEPI, PHILIP P. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(38) ANDERSON, DENNIS SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(39) BANKS, GEORGE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(40) BOGNER, GARY F. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(41) CUNNINGHAM, RALPH S. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(42) KATZ, LAWRENCE S. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(43) MONSON, JOHN R. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(44) ROGERS, SR., MIKE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(45) SIMPSON, MIKE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(46) BARTELS, RON DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BAZZY, CHUCK DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(48) BLACK, DONALD E. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(49) BYRUM, J. VIRGINIA DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(50) CURTIS, ED DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(51) DREWNOWSKI, MICHAEL J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(52) GEARHART, GARY A. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(53) GREENWELL, STEVE M. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(54) JOHNS, LARRY J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(55) LANFORD, RONALD N. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(56) LEONARD, MICHAEL J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(57) LINDQUIST, SVEN K. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(58) MATTUSCH, TOM DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(59) MURRAY, LEE D. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(60) SWAN, JR., BILL S. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(61) SWASEY, SCOTT DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(62) TENNISON, GARY H. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(63) WEBB, LEW DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(64) ADAMS, DON INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(65) DAY, ABIGAIL INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(66) D'ENTREVES, UBERTO INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) KOHALMI, ZSOLT INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(68) MULHOLLAND, DANIEL H. INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(69) PARIS, EMILIO INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(70) ATKINSON, HERB REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(71) BARRETT, DEBORAH J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(72) BING, JAMES STONY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(73) BOIDO, BOBBY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(74) BUSH, RANDALL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(75) CAMPBELL, SR., CAL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(76) CASHIN, GORDON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(77) CLARK, WAYNE EDWARD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(78) CRAWFORD, MIKE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(79) CREELMAN, BARBARA E. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(80) DAHL, JAMES E. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(81) DAVIS, TROY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(82) DETWILER, DONALD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(83) DEUBLER, III, E. J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(84) FIDLER, JOHN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(85) GOTSHALL, RICHARD L. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(86) HAGEN, MIKE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) HAMMOND, RAY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(88) HUDSPETH, ORVILLE G. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(89) JOHNSON, MARK D. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(90) JURAK, JOHN-MARK REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(91) KEICHER, ROBERT J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(92) KEIM, JEFF REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(93) KNUDSEN, JENS KJAER REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(94) LEAKE, W.T. SKIP REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(95) LOSA REVERTE, JOSE MARIA REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(96) MEYERL, JEFFREY L. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(97) OHLMANN, MIKE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(98) ORTMANN, DWIGHT A. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(99) PORTER, NEAL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(100) POWELL, MALCOLM SCOTT REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(101) ROBINSON, MARK DONALD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(102) SALDIAS, J. THOMAS REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(103) SIZEMORE, JEFF REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(104) STOHLMAN, JOHN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(105) TALBOT, J. SCOTT A. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(106) THUMMLER, HUBERT REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) ULLMANN, NORBERT REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(108) WARGOLET, CHARMAINE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(109) WEMPLE, JON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(110) WEST, MARY LYNN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(111) ACORD, GARY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(112) ADAIR, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(113) ANDERSON, DAVID G. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(114) ANDERSON, ROBERT J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(115) AWE, JERRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(116) AXTON, BRETT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(117) BACHMANN, JARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(118) BAGI, SCOTT A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(119) BARBISAN, DAVID J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(120) BARNARD, DANIEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(121) BARRINGER, BRETT ADAM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(122) BAUMAN, RANDY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(123) BEAVER, JASON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(124) BEREMAN, HUBERT E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(125) BETHANCOURT, JR., VAN C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(126) BETTERS, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) BIEBER, SUZI L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(128) BIRCHELL, ANNIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(129) BODKER, DAVID CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(130) BORS, THOMAS D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(131) BOYCE, CYNTHIA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(132) BOYD, JEFFERY W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(133) BRANDOW, MALVIN W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(134) BROOKS, THOMAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(135) BROWN, MELISSA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(136) BROWN, DOUGLAS W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(137) BROWN, KENNETH A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(138) BRUMMEL, CHAD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(139) BRUNSON, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(140) BUONOCORE, JR., GREGORY P. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(141) BURT, RYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(142) CAGLE, RALPH N. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(143) CALLAIS, MARK W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(144) CALLAIS, LINDA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(145) CARRAWAY, BRYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(146) CASSIDAY, MICHAEL W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) CEBULL, BRIAN R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(148) CHACE, GARRETT A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(149) CHANCLER, MARK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(150) CHANCLER, RYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(151) CLEMMENS, WALT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(152) COLE, LOUIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(153) COLEMAN, WALTER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(154) CONCEIRO VARELA, ALVARO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(155) CONRAD, JIM R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(156) CROSS, J. WALTER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(157) DANIELS, TYLER D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(158) DENNETT, RYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(159) DETERS, KELVIN L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(160) DICKINSON, LEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(161) DOUGLAS, RONALD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(162) DUHADAWAY, ROBERT W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(163) DUNN, JOEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(164) EBERSOLD, RICHARD R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(165) EHRHARDT, PATTY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(166) ELLIOTT, GREG CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) ENGSTROM, ANDERS N. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(168) ESTADE, MIGUEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(169) FISHER, THOMAS A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(170) FLETT, BRUCE D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(171) FLOD, ADAM M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(172) FLORES, CARLOS S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(173) FLOSNIK, THOMAS M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(174) FONTENOT, JIMMY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(175) FOWLER, TOM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(176) FREDERICK, GEORGE JOSEPH CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(177) GAFFORD, TIMOTHY E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(178) GALMEZ, JUAN ANTONIO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(179) GARRETT, SCOTT F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(180) GEPPFREY, DENNIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(181) GIHA, JOSE LUIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(182) GIOTTONINI, DON J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(183) GLIDDEN, ALDEN B. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(184) GOLEMIS, DEAN C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(185) GOLM, NATE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(186) GOODWIN, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) GOODWIN, BRANDON S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(188) GRAY, RICK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(189) GRAY, JON W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(190) GRIM, LANA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(191) GRINER, DERRELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(192) HAPLA, TONY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(193) HAMILTON, DAVID C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(194) HAMMILL, JIM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(195) HANLEY, JOYCE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(196) HARRISON, GINO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(197) HAZEN, HERBERT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(198) HENDERSHOT, LANCE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(199) HENDRICK, CAL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(200) HENRY, JOHN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(201) HEROLD, KARL G. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(202) HILL, JESUS S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(203) HINEBAUCH, MARIAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(204) HLUSZIK, BERNHARD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(205) HOOKER, THOMAS R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(206) HOSKINS, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) HOWELL, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(208) HUNTER, STEVEN L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(209) HUNTSMAN, KARL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(210) JABLONIC, MARK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(211) JACKSON, STEVEN W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(212) JAMES, SHELDON K. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(213) JONES, JOHN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(214) KEIM, MICHAEL R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(215) KENNEDY, JEFF C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(216) KENNEY, DANIEL E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(217) KIDD, CAMERON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(218) KILLORN, KRISTOPHER C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(219) KLEINSMITH, STACEE F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(220) KLOPPENBURG, PHIL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(221) KNOOP, JR., GEORGE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(222) KNOWLES, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(223) KOSTUCHOWSKI, CORY RICHARD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(224) KOVALENKO, ANATOLII CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(225) KRUSZEWSKI, LEONARD A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(226) LALOV, LUDMIL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) LAMBERTSON, TODD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(228) LANGE, BYRON P. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(229) LAWSON, ROBERT C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(230) LEI, WANG CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(231) LITTLE, DAVID A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(232) LYTTLE, ZAC CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(233) MACELLARO, JORGE CARLOS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(234) MACGREGOR, DONALD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(235) MACLENNAN, RUSSELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(236) MADDOX, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(237) MAHAN, COBY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(238) MANN, SR., DENNIS D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(239) MARCUM, BETHANY L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(240) MASTERS, TOM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(241) MAY, JR., RICHARD M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(242) MCCLOUD, LAWRENCE H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(243) MCCROSKEY, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(244) MCDOWELL, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(245) MCKINNON, TIM D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(246) MCNAMEE, LISA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) MCWHORTER, JAMES CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(248) MICO, PEDRO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(249) MORELAND, JIMMY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(250) MULDER, JOSEPH H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(251) MULLER, CHRISTOPHER B. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(252) MUNG LIM, JR., MELVIN E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(253) MUNRO WILSON, RODRIGO GUILLER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(254) NESBITT, ARCHIE J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(255) NETSCHERT, HELEN S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(256) NILSEN, RICHARD B. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(257) O'FARRELL, SCOTT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(258) OLSON, DANIEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(259) ORT, CALVIN J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(260) OVERWEG, SCOTT EDWARD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(261) PASCALE, BILL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(262) PATTERSON, LORIN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(263) PEACORE, JERRY J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(264) PETERS, JODEAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(265) PJEVACH, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(266) POLK, AARON C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(267) PORTER, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(268) POWELL, DAVID C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(269) PRIDMORE, TYLER THOMAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(270) PULLANO, FRANK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(271) QUINTANA, GILBERT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(272) REESE, GERALD V. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(273) REIGER, TIMOTHY E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(274) REX, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(275) RHODES, JEFF CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(276) RICHARDS, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(277) RIMKUS, DALE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(278) ROELL, JAMIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(279) ROGNEY, GRAHAM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(280) ROHAULT DE FLEURY, JEAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(281) ROMERO NIETO, EDUARDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(282) RUSSO, BRIAN F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(283) RUSSO CORCEIRO, JOAO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(284) RYAN, CALVIN J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(285) SACKMAN, MARYANN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(286) SAGE, JOE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(287) SANTOS, TREVOR W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(288) SAVARNO, EDWARD A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(289) SCHREDER, CLAY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(290) SEAGER, TIM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(291) SEFTON, DAVID CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(292) SIDDONS, MICHAEL A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(293) SMITH, ROBIN M. R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(294) SMITH, JASON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(295) SMITH, BRIAN D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(296) SNOW, WILLIAM L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(297) SOINE, DAVID CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(298) SOLER, FERNANDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(299) SPEVAK, NELS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(300) SPOHR, FREDERICK C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(301) ST. MICHAEL, ROXANE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(302) STAFFORD, RON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(303) STECKLEY, KEVIN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(304) STEINER, LARRY R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(305) STOKES, DAVID D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(306) STOKES, KAL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(307) STRAUSS, JANIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(308) SUMMERS, NICHOLAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(309) TAKACS, ISTVAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(310) TERZI, TIZIANO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(311) THOMPSON, ERIK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(312) ULBERG, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(313) VALDENEBO, ENRIQUE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(314) VAN DE STEENE, DONALD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(315) VANDEMARK, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(316) VENDITTOZZI, ARMANDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(317) VIEJO GONZALEZ, JESUS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(318) VINING, TIM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(319) VOINOVSKI, DANIEL DENI CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(320) VOLLMAR, GARY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(321) VRHOVNIK, DAMIR CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(322) WADDLE, WILLIAM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(323) WALLACE, ERIC CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(324) WATSON, KEITH CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(325) WAUGH, SETH CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(326) WEBER, KEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(327) WEHINGER, MARK T. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(328) WEST, SEAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(329) WHITCOMB, MYOSOOK H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(330) WILLARD, KIRK R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(331) WILLIAMS, CHRIS S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(332) WILMOT, SUZANNE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(333) WINDER, WADE T. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(334) WOTTRICH, STEPHANIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(335) YUNK, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(336) ZANELLI, PIERRE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(337) ZUCCO, MARK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(338) ZUCCOLILLO, PEDRO EDUARDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(339) DELONE, PHILIP CEO	40.00			X				259,539.	0.	15,568.
(340) BOLT, NATHAN CFO	30.00 10.00			X				131,403.	0.	12,340.
(341) SEIDMAN, ANNA DIRECTOR OF LITIGATION	40.00				X			192,298.	0.	5,869.
(342) SAGI, ANGELA ADVERTISING SALES DIRECTOR	40.00				X			189,824.	0.	19,446.
(343) GRIMES, ELIZABETH DIRECTOR OF CONVENTIONS & EVENTS	40.00					X		144,604.	0.	14,877.
(344) GERICH, MARTIN IT DIRECTOR	40.00					X		141,245.	0.	12,501.
(345) COMUS, STEPHEN DIRECTOR OF PUBLICATIONS	40.00					X		133,368.	0.	14,925.
(346) BURDIN, DOUG SENIOR LITIGATION COUNSEL	40.00					X		130,137.	0.	12,584.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,374,248.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,374,248.			
Program Service Revenue	2 a	ADVERTISING/SPONSORSHIPS	Business Code 541800	2,656,154.	493,551.	2,162,603.	
	b	DUES AND SUBSCRIPTIONS	900099	2,181,522.	2,181,522.		
	c	MEMBERSHIP SERVICES SALES	900099	308,997.	308,997.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,146,673.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		231,456.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		27,726.		27,726.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	15,215,488.			
		b	Less: direct expenses	b	7,598,602.		
		c	Net income or (loss) from fundraising events		7,616,886.		7,616,886.
9 a		Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a		Gross sales of inventory, less returns and allowances	a	783,547.			
		b	Less: cost of goods sold	b	465,876.		
		c	Net income or (loss) from sales of inventory		317,671.	317,671.	
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME	900099	5,454.			5,454.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		5,454.				
12	Total revenue. See instructions.		14,720,114.	3,301,741.	2,162,603.	7,881,522.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,898,758.	2,898,758.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	194,313.	194,313.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	795,264.	531,493.	221,176.	42,595.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,793,656.	2,294,279.	576,713.	922,664.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,357.	50,673.	29,865.	16,819.
9 Other employee benefits	454,114.	195,010.	168,600.	90,504.
10 Payroll taxes	285,097.	155,571.	70,919.	58,607.
11 Fees for services (non-employees):				
a Management	112,456.		112,456.	
b Legal	351,410.	11,966.	339,444.	
c Accounting	44,500.		44,500.	
d Lobbying	196,000.	196,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,797.	41,797.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	335,149.	335,149.		
12 Advertising and promotion	356,035.	251,459.	104,576.	
13 Office expenses	160,459.	218,075.	-57,616.	
14 Information technology	155,309.	34,455.	120,854.	
15 Royalties				
16 Occupancy	525,100.	384,129.	140,971.	
17 Travel	423,402.	259,808.	163,417.	177.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	276,255.	25,938.	250,317.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	185,370.	18,657.	143,531.	23,182.
23 Insurance	232,541.	188,870.	43,671.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	1,438,849.	1,438,849.		
b PROGRAMS AND PROJECTS	225,381.	218,219.	7,162.	
c POSTAGE AND FREIGHT	170,137.	153,648.	16,489.	
d PRINTING	131,541.	123,402.	8,139.	
e All other expenses	42,067.	28,402.	13,665.	
25 Total functional expenses. Add lines 1 through 24e	13,922,317.	10,248,920.	2,518,849.	1,154,548.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,174,282.	1	1,424,118.
	2 Savings and temporary cash investments	137,866.	2	1,430,550.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	769,172.	4	919,465.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	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 basis. Complete Part VI of Schedule D	10a 1,991,189.		
	b Less: accumulated depreciation	10b 1,474,950.	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.	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,896,769.	26	6,454,585.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,954,925.	27	7,512,983.
	28 Temporarily restricted net assets	37,562.	28	118,475.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,992,487.	33	7,631,458.
34 Total liabilities and net assets/fund balances	13,889,256.	34	14,086,043.	

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,720,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,922,317.
3	Revenue less expenses. Subtract line 2 from line 1	3	797,797.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,992,487.
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.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2015)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

2015

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 ▶ \$ _____

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

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) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>11,308.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>66,052.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>7,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>6,657.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
7		\$ 11,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 9,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 13,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 44,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 7,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
19		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 12,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 11,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 5,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
25		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 41,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 8,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 16,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 11,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 14,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 11,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 13,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
43		\$ 11,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 40,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 16,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 17,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
49		\$ 40,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 21,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 28,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
55		\$ 15,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 13,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 12,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 18,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 6,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
61		\$ 13,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 44,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
67		\$ 9,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 5,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 6,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
73		\$ 6,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 9,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 15,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 12,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
79		\$ 25,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 33,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 6,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 17,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
85		\$ 7,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 9,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 9,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 6,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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) Total contributions	(d) Type of contribution
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 19,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 9,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 19,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 6,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
97		\$ 9,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 11,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 10,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAFARI CLUB INTERNATIONAL**86-0974183**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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Inspection

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

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

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

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

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

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

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ► \$ **256,636.**

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

THE ORGANIZATION IS NOT INVOLVED IN ANY DIRECT POLITICAL CAMPAIGN ACTIVITY. THE ORGANIZATION'S ONLY INDIRECT POLITICAL CAMPAIGN ACTIVITY IS THE PAYMENT OF CERTAIN ADMINISTRATIVE AND FUNDRAISING EXPENSES AND PROVIDING EMPLOYEES FOR CERTAIN ADMINISTRATIVE FUNCTIONS ON BEHALF OF TWO POLITICAL ACTION COMMITTEES (PAC).

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

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Employer identification number

86-0974183

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		45,544.	34,563.	10,981.
d Equipment		1,895,400.	1,440,387.	455,013.
e Other		50,245.		50,245.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				516,239.

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2015

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,625,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-158,826.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-8,064,480.
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	21,986,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	8,064,480.
e	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,922,317.

Part XIII Supplemental Information.

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

PART X, LINE 2:

SCI EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AS OF JUNE 30, 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.

Part XIII Supplemental Information (continued)**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)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

Employer identification number

SAFARI CLUB INTERNATIONAL

86-0974183

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	162,164.
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	29,575.
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	2,574.
3 a Sub-total	1	1			194,313.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			194,313.

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

Schedule F (Form 990) 2015

Part IV Foreign Forms

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

Schedule F (Form 990) 2015

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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

[illegible]

Total ▶

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CONVENTION (event type)	(event type)	NONE (total number)	
Revenue	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.
Direct Expenses	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.
	9 Other direct expenses	4,274,760.			4,274,760.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,598,602.
	11 Net income summary. Subtract line 10 from line 3, column (d)				7,616,886.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Part I General Information on Grants and Assistance

Employer identification number
86-0974183

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

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
SAFARI CLUB INTERNATIONAL FOUNDATION - 4800 WEST GATES PASS ROAD - TUCSON, AZ 85743	86-0292099	501(c)(3)	652,616.	2,206,592.	FMV	DONATED GOODS AND SERVICES PROVIDED AT COST.	TO ASSIST WITH PROGRAM AND OPERATING COSTS.
ALASKA PROFESSIONAL HUNTERS ASSOCIATION - P.O. BOX 240971 - ANCHORAGE, AK 99524	92-0060165		25,750.	0.			ONGOING AND NECESSARY PROJECTS

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

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

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

Schedule I (Form 990) (2015)

Page 2

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

MEET SCI'S PERFORMANCE REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2015

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.

PART I, LINE 5:

THE DIRECTOR OF ADVERTISING RECEIVES COMMISSIONS BASED UPON ADVERTISING
SALES.

PART I, LINE 6:

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.

(Form 990 or 990-EZ)

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
---------	--

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MIKE ROGERS, JR	OWNER OF SAFARI VID	238,341.	VIDEO PRODU		X

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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.

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

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

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 THE YEAR.

2015

Employer identification number
86-0974183

Part I

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAFARI CLUB INTERNATIONAL FOUNDATION - 85-0292099, 4800 W GATES PASS RD, TUCSON, AZ 85745	WILDLIFE CONSERVATION	ARIZONA	501(C)(3)	LINE 9	N/A		X
SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W, STE 200 OTTAWA, ONTARIO, CANADA K1R 7X6	HUNTING ADVOCACY	CANADA			SCI		X
SAFARI CLUB INTERNATIONAL FOUNDATION OF CANADA, 132 JEROME ST RR 1, LANARK, ONTARIO, CANADA K0G 1K0	WILDLIFE CONSERVATION	CANADA			SCI		X
HUNTER ACTION FUND - 46-1989048 501 2ND ST NE WASHINGTON, DC 20002	HUNTING ADVOCACY	DISTRICT OF COLUMBIA	527		SCI		X

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

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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAFARI CLUB INTERNATIONAL CANADA	B	135,914.FMV	
(2) SAFARI CLUB INTERNATIONAL FOUNDATION	B	652,616.FMV	
(3) SAFARI CLUB INTERNATIONAL FOUNDATION	D	231,509.FMV	
(4) SAFARI CLUB INTERNATIONAL FOUNDATION	K	585,595.FMV	
(5) SAFARI CLUB INTERNATIONAL FOUNDATION	O	688,835.FMV	
(6) SAFARI CLUB INTERNATIONAL FOUNDATION	R	1,517,757.FMV	

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-t)	(c) Amount involved	(d) Method of determining amount involved
(7) SAFARI CLUB INTERNATIONAL FOUNDATION	P	250,423.FMV	
(8) SAFARI CLUB INTERNATIONAL FOUNDATION	Q	235,234.FMV	
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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 filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SAFARI CLUB INTERNATIONAL	86-0974183
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4800 WEST GATES PASS ROAD	
	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)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

NATHAN BOLT

- The books are in the care of **4800 WEST GATES PASS ROAD - TUCSON, AZ 85745**

Telephone No. **520-620-1220**

Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2017**.
- For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- State in detail why you need the extension
INFORMATION NECESSARY TO FILE AN ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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**

Date

Form 8868 (Rev. 1-2014)