

Form **990**

# Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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)

**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 \$

**23,488,399.**

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: <b>TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE.</b>		
	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)	<b>3</b>	<b>266</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>265</b>
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>127</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>303</b>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
7b		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-50.</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,374,248.</b>	<b>1,528,976.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,146,673.</b>	<b>4,937,355.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>259,182.</b>	<b>376,521.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,940,011.</b>	<b>7,785,891.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>14,720,114.</b>	<b>14,628,743.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,093,071.</b>	<b>3,200,694.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,425,488.</b>	<b>5,376,589.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,136,792.</b>	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,403,758.</b>	<b>5,790,209.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>13,922,317.</b>	<b>14,367,492.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>797,797.</b>	<b>261,251.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	<b>14,086,043.</b>	<b>15,999,706.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>6,454,585.</b>	<b>7,397,111.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>7,631,458.</b>	<b>8,602,595.</b>

## 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	<b>5/14/18</b>
	<b>NATHAN BOLT, CFO</b>	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>STEPHEN E. LIVINGSTON, CP</b>	<b>[Signature]</b>	<b>5/8/18</b>
	Firm's name	Firm's EIN	PTIN
	<b>CLIFTONLARSONALLEN LLP</b>	<b>41-0746749</b>	<b>P00317845</b>
	Firm's address	Phone no. (520) 790-3500	
	<b>5255 EAST WILLIAMS CIRCLE, STE 5000</b>	<b>TUCSON, AZ 85711</b>	

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 \$ 4,869,478. including grants of \$ ) (Revenue \$ 3,126,196.)

MEMBER & CHAPTER SERVICES: SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE. THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 46,321 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 \$ 2,487,764. including grants of \$ 270,547. ) (Revenue \$ )  
SEE SCHEDULE O.**4c** (Code: ) (Expenses \$ 2,930,147. including grants of \$ 2,930,147. ) (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 10,287,389.

**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 <b>Section 501(c)(3) organizations.</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<b>37</b> 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
<b>38</b> 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

**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 <span style="float:right">76</span>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <span style="float:right">4</span>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 <span style="float:right">127</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?	X	
b	If "Yes," enter the name of the foreign country: <b>CANADA</b> 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
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 <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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	266			
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.				
b Enter the number of voting members included in line 1a, above, who are independent		265		
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?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a 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?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

**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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(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) SKOLD, STEVE DEPUTY PRESIDENT ELECT	20.00	X		X				0.	0.	0.
(4) CHAPMAN, SCOTT VICE PRESIDENT	20.00	X		X				0.	0.	0.
(5) DETWILER, DONALD VICE PRESIDENT	20.00	X		X				0.	0.	0.
(6) GRASSER, EDWARD K. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(7) HARTER, DON C. VICE PRESIDENT	20.00	X		X				0.	0.	0.
(8) KOSICH ESQ, 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) MAKI, ALAN W. CORPORATE SECRETARY	20.00	X		X				0.	0.	0.
(11) MCLAURIN, JOHN CORPORATE TREASURER	20.00	X		X				0.	0.	0.
(12) ANDERSON, KEVIN K. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(13) BOLLMAN, PATRICK SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(14) CAPPELLI, RAYMOND SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(15) DONAU, ALFRED "SKIP" SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(16) EASTERBROOK SR., ROBERT SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(17) EDEWAARD, VERN 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) ERICKSON SR., HYLAND B. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(19) JACKSON III, JOHN SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(20) KAUFFMAN, CRAIG L. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(21) NORRIS, LANCE H. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(22) OLDFIELD, ANDY M. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(23) POCIUS, E. WAYNE SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(24) SHEPARD, MERLE A. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(25) URSEM, RICHARD E. SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(26) VAN HORNE, NORDEN SCI PAST PRESIDENT	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,593,932.	0.	155,472.
<b>d Total (add lines 1b and 1c)</b>								1,593,932.	0.	155,472.

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 **11**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		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
BALLARD SPAHR LLP, 1 EAST WASHINGTON STREET SUITE 2300, PHOENIX, AZ 85004	LEGAL SERVICES	393,957.
SPURWING MEDIA, INC., 1880 HARBOR ISLAND DRIVE 3RD FLOOR, SAN DIEGO, CA 92101	VIDEO PRODUCTION SERVICES	320,030.
CROSSROADS STRATEGIES, 800 NORTH CAPITOL STREET NORTHWEST SUITE 800, WASHINGTON, DC	CONSULTING SERVICES	186,327.
OGLETREE, DEAKINS, NASH, SMOAK & STEWART, P.C. PO BOX 89, COLUMBIA, SC 29202	LEGAL SERVICES	171,771.
BROTHERS & COMPANY 4860 SOUTH LEWIS, TULSA, OK 74105	MARKETING SERVICES	163,929.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)



**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) YAJKO, R. DOUGLAS SCI PAST PRESIDENT	5.00	X						0.	0.	0.
(28) BEAL, JACK E. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(29) HORN II, PETER L. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(30) LEEDS, JACK SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(31) MORGAN, DON R. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(32) RIPEPI, PHILIP P. SCICF PAST PRESIDENT	5.00	X						0.	0.	0.
(33) ANDERSON, DENNIS SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(34) BANKS, GEORGE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(35) BOGNER, GARY F. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(36) CUNNINGHAM, RALPH S. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(37) KATZ, LAWRENCE S. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(38) MONSON, JOHN R. SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(39) ROGERS SR, MIKE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(40) SIMPSON, MIKE SCI/SCIF PAST PRESIDENT	5.00	X						0.	0.	0.
(41) BARTELS, RON DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(42) BAZZY, CHUCK DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(43) BLACK, DONALD E. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(44) CURTIS, ED DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(45) DREWNOWSKI, MICHAEL J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(46) EAVENSON, BRUCE W. 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) GEARHART, GARY A. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(48) JOHNS, LARRY J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(49) KIMBELL, JEFFREY DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(50) LANFORD DVM, RONALD N. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(51) LEONARD, MICHAEL J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(52) LEONARD, JAMES R. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(53) LINDQUIST, SVEN K. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(54) MATTUSCH, TOM DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(55) MURRAY, LEE D. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(56) SIBERT, C. J. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(57) SWAN JR, BILL S. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(58) SWASEY, SCOTT DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(59) TENNISON, GARY H. DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(60) WEBB, LEW DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
(61) DAY, ABIGAIL INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(62) D'ENTREVES, UBERTO INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(63) ESTADE, MIGUEL INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(64) JAMES, DWIGHT INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(65) JORGENSEN, RAGNAR R. INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(66) KOHALMI, ZSOLT 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) MULHOLLAND, DANIEL H. INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(68) NESBITT, ARCHIE J. INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(69) PARIS, EMILIO INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
(70) ALDRICH, JEFFREY K. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(71) ATKINSON, HERB REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(72) BARRETT, DEBORAH J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(73) BING, JAMES STONY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(74) BOIDO, BOBBY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(75) BUSH, RANDALL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(76) CAMPBELL SR., CAL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(77) CASHIN, GORDON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(78) CLARK, WAYNE EDWARD 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) DEUBLER III, E. J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(83) ENGSTROM, ANDERS N. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(84) ERNST, ALLEN R. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(85) FIDLER, JOHN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(86) GOTSHALL, RICHARD L. 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) HAGEN, MIKE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(88) HAMMOND, RAY REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(89) HLUSZIK, BERNHARD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(90) HUDSPETH, ORVILLE G. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(91) JOHNSON, MARK D. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(92) JURAK, JOHN-MARK REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(93) KEICHER, ROBERT J. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(94) KNUDSEN, JENS KJAER REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(95) LEAKE, W.T. SKIP REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(96) LOSA REVERTE, JOSE MARIA REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(97) MARCUM, BETHANY L. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(98) MEYERL, JEFFREY L. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(99) MULLER, CHRISTOPHER B. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(100) ORTMANN, DWIGHT A. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(101) PORTER, NEAL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(102) POWELL, MALCOLM SCOTT REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(103) ROBINSON, MARK DONALD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(104) SALDIAS, J. THOMAS REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(105) SIZEMORE, JEFF REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(106) STEINER, LARRY R. 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) STOHLMAN, JOHN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(108) SVENDSEN, OLUF REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(109) TALBOT, J. SCOTT A. REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(110) THUMMLER, HUBERT REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(111) VIEJO GONZALEZ PHD, JESUS REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(112) WARGOLET, CHARMAINE REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(113) WEMPLE, JON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(114) WEST, MARY LYNN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
(115) ACORD, GARY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(116) AMESBURY, JASON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(117) ANDERSON, ROBERT J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(118) AXTON, BRETT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(119) BACHMANN, JARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(120) BAGI, SCOTT A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(121) BAILEY, WALTER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(122) BARRETT, DOUGLAS H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(123) BAUMAN, RANDY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(124) BEAUDETT, TIM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(125) BEAVER, JASON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(126) BEREMAN, HUBERT E. 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) BERNDT, ROBERT M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(128) BETHANCOURT JR., VAN C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(129) BIRCHELL, ANNIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(130) BODKER, DAVID CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(131) BOYCE, CYNTHIA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(132) BOYD, JEFFREY W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(133) BRANDOW, MALVIN W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(134) BREUNING, STEPHEN E. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(135) BROOKS, THOMAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(136) BROOKS, THOMAS R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(137) BROWN, MELISSA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(138) BROWN, DOUGLAS W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(139) BROWN, KENNETH A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(140) BUONOCORE JR., GREGORY P. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(141) CAGLE, RALPH N. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(142) CALLAIS, MARK W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(143) CALLAIS, LINDA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(144) CARRAWAY, BRYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(145) CHACE, GARRETT A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(146) CHANCLER, RYAN 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) CHEEK, GREGORY R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(148) COLE, LOUIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(149) COLEMAN, WALTER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(150) CONRAD, JIM R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(151) CROSS, J. WALTER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(152) CROWN, BARBARA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(153) DAHLE, CHAD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(154) DENNETT, RYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(155) DETERS, KELVIN L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(156) DICKINSON, LEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(157) DODDRIDGE, PHILLIP CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(158) DUKES, JACKIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(159) DUNN, JOEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(160) EBERSOLD, RICHARD R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(161) EHRHARDT, PATTY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(162) ELLIOTT, GREG CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(163) ENGSTROM, ERIK A. O. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(164) FLOD, ADAM M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(165) FONTENOT, JIMMY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(166) FOWLER, TOM 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) FREDERICK, GEORGE JOSEPH CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(168) GALMEZ, JUAN ANTONIO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(169) GARRETT, SCOTT F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(170) GAUTHIER, DANIEL G. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(171) GEPPREY, DENNIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(172) GIHA, JOSE LUIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(173) GIOTTONINI, DON J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(174) GLIDDEN, ALDEN B. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(175) GOLEMIS, DEAN C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(176) GOLM, NATE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(177) GOODWIN, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(178) GOODWIN, BRANDON S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(179) GOULD, JEFF CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(180) GRAY, RICK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(181) GRAY, JON W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(182) GREENWELL, STEVE M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(183) GRIM, LANA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(184) HAFLA, TONY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(185) HAMILTON, DAVID C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(186) HAMMILL, JIM 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) HARRISON, GINO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(188) HAYES, JIM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(189) HAZEN, HERBERT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(190) HENDERSHOT, LANCE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(191) HENDRICK, CAL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(192) HERRMANN, RONALD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(193) HILL, JESUS S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(194) HOOKER, THOMAS R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(195) HOSKINS, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(196) HOWELL, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(197) HUNTER, STEVEN L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(198) HUNTSMAN, KARL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(199) IITERLY, SCOTT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(200) JABLONIC, MARK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(201) JACKSON, STEVEN W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(202) JAMES, SHELDON K. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(203) JOHNSON, JEROD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(204) JONES, JOHN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(205) KEIM DDS, MICHAEL R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(206) KENNEDY, JEFF 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			
(207) KIDD, CAMERON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(208) KILLORN, KRISTOPHER C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(209) KLEINSMITH, STACEE F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(210) KLOPPENBURG, PHIL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(211) KNOOP JR, GEORGE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(212) KNOWLES, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(213) KOVALENKO, ANATOLII CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(214) LALOV, LUDMIL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(215) LANGE, BYRON P. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(216) LAWSON, ROBERT C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(217) LITTLE, DAVID A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(218) LYTLE, ZAC CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(219) MACELLARO, JORGE CARLOS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(220) MACLENNAN, RUSSELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(221) MADDOX, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(222) MAHAN, COBY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(223) MANN SR, DENNIS D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(224) MASTERS, TOM CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(225) MAY JR, RICHARD M. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(226) MCCLOUD, LAWRENCE H. 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) MCDOWELL, MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(228) MCKINNON, TIM D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(229) MCNAMEE, LISA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(230) MCWHORTER, JAMES CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(231) MICO, PEDRO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(232) MOORE, C. JONATHAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(233) MORELAND, JIMMY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(234) MULDER, JOSEPH H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(235) MUNRO WILSON, RODRIGO GUILLER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(236) NETSCHERT, HELEN S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(237) NILSEN, RICHARD B. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(238) O'FARRELL, SCOTT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(239) OLSON, DANIEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(240) OVERWEG, SCOTT EDWARD CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(241) PASCALE, BILL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(242) PETERS, JODEAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(243) POLK, AARON C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(244) PORTER, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(245) PRIDMORE, TYLER THOMAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(246) QUINTANA, GILBERT 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) REDD, RANDY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(248) REESE, GERALD V. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(249) RHODES, JEFF CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(250) RICHARDS, LARRY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(251) ROELL, JAMIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(252) ROGERS JR, MIKE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(253) ROMERO NIETO, EDUARDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(254) RUSSO, BRIAN F. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(255) RUSSO CORCEIRO, JOAO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(256) RYAN, CALVIN J. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(257) SAGE, JOE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(258) SANTOS, TREVOR W. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(259) SAVARNO, EDWARD A. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(260) SCHREDER, CLAY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(261) SHERRILL, TRACY LEE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(262) SISCO, STAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(263) SKINNER, PHIL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(264) SMITH, ROBIN M. R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(265) SMITH, JASON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(266) SMITH, BRIAN D. 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) SNOW, WILLIAM L. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(268) SOLER, FERNANDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(269) SPEVAK, NELS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(270) SPOHR, FREDERICK C. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(271) ST. MICHAEL, ROXANE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(272) STECKLEY, KEVIN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(273) STOKES, DAVID D. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(274) STOKES, KAL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(275) STRAUSS, JANIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(276) STUBBERUD, NILS-OLE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(277) SUMMERS, NICHOLAS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(278) TAKACS, ISTVAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(279) TERZI, TIZIANO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(280) THOMPSON, ERIK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(281) TIMKO, NANCY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(282) ULBERG, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(283) UNGER, KEVIN GEORGE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(284) VALLEY, ALEX CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(285) VENDITTOZZI, ARMANDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(286) VOINOVSKI, DANIEL DENI 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) VRHOVNIK, DAMIR CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(288) WALLACE, ERIC CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(289) WATSON, KEITH CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(290) WEBER, KEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(291) WEHINGER, MARK T. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(292) WEST, SEAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(293) WHITCOMB, MYOSOOK H. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(294) WILLARD, KIRK R. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(295) WILLIAMS, CHRIS S. CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(296) WILMOT, SUZANNE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(297) WINTER, A. JAY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(298) WOTTRICH, STEPHANIE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(299) YUNK, MATT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(300) ZANELLI, PIERRE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(301) ZUCCO, MARK CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(302) ZUCCOLILLO, PEDRO EDUARDO CHAPTER PRESIDENT	5.00	X						0.	0.	0.
(303) PARSONS, RICHARD CEO	40.00			X				9,983.	0.	0.
(304) DELONE, PHILIP CEO	40.00			X				233,802.	0.	17,132.
(305) BOLT, NATHAN CFO	30.00 10.00			X				130,471.	0.	13,743.
(306) BURKHALTER, EDWARD DIRECTOR OF HUNTER ADVOCACY	40.00				X			195,757.	0.	3,619.
Total to Part VII, Section A, line 1c										

## Part VII

Total to Part VII, Section A, line 1c

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	1,528,976.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		1,528,976.			
<b>Program Service Revenue</b>	2 a	ADVERTISING/SPONSORSHIPS	Business Code 541800	2,588,989.	517,163.	2,071,826.	
	b	DUES AND SUBSCRIPTIONS	900099	2,029,759.	2,029,759.		
	c	MEMBERSHIP SERVICES SALES	900099	318,607.	318,607.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		4,937,355.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		206,898.		
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)		169,623.		169,623.	
8 a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	14,681,008.			
b		Less: direct expenses	b	7,125,740.			
c		Net income or (loss) from fundraising events		7,555,268.		7,555,268.	
9 a		Gross income from gaming activities. See Part IV, line 19	a	51,105.			
b		Less: direct expenses	b	87,595.			
c		Net income or (loss) from gaming activities		-36,490.		-36,490.	
10 a		Gross sales of inventory, less returns and allowances	a	702,626.			
b	Less: cost of goods sold	b	441,959.				
c	Net income or (loss) from sales of inventory		260,667.	260,667.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a	MISCELLANEOUS INCOME	900099	6,446.			6,446.	
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		6,446.				
12	<b>Total revenue.</b> See instructions.		14,628,743.	3,126,196.	2,071,826.	7,901,745.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,940,828.	2,940,828.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	259,866.	259,866.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	850,070.	390,119.	237,844.	222,107.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,730,824.	2,438,750.	550,775.	741,299.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,687.	61,893.	18,602.	12,192.
<b>9</b> Other employee benefits	420,286.	165,405.	167,734.	87,147.
<b>10</b> Payroll taxes	282,722.	160,855.	73,283.	48,584.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	92,243.		92,243.	
<b>b</b> Legal	618,474.	15,308.	603,166.	
<b>c</b> Accounting	48,545.		48,545.	
<b>d</b> Lobbying	205,525.	205,525.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	40,494.	40,494.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	356,799.	356,799.		
<b>12</b> Advertising and promotion	484,787.	380,255.	104,532.	
<b>13</b> Office expenses	411,018.	253,459.	157,559.	
<b>14</b> Information technology	134,566.	7,384.	127,182.	
<b>15</b> Royalties				
<b>16</b> Occupancy	514,286.	378,788.	135,498.	
<b>17</b> Travel	372,720.	249,618.	123,102.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	291,071.	66,671.	224,400.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	240,667.	25,470.	189,734.	25,463.
<b>23</b> Insurance	222,940.	181,060.	41,880.	
<b>24</b> 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.)				
<b>a</b> PRODUCTION COSTS	1,295,434.	1,295,434.		
<b>b</b> PROGRAMS AND PROJECTS	145,408.	144,899.	509.	
<b>c</b> POSTAGE AND FREIGHT	143,213.	118,235.	24,978.	
<b>d</b> PRINTING	89,877.	82,451.	7,426.	
<b>e</b> All other expenses	82,142.	67,823.	14,319.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,367,492.	10,287,389.	2,943,311.	1,136,792.
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,424,118.	1	1,764,621.
	2 Savings and temporary cash investments .....	1,430,550.	2	1,624,250.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	919,465.	4	1,092,673.
	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 .....	770,564.	7	1,412,382.
	8 Inventories for sale or use .....	422,899.	8	245,539.
	9 Prepaid expenses and deferred charges .....	667,276.	9	698,818.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,071,858.		
	b Less: accumulated depreciation .....	10b 1,688,006.		
		516,239.	10c	383,852.
	11 Investments - publicly traded securities .....	7,855,741.	11	8,705,937.
	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 .....	79,191.	15	71,634.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	14,086,043.	16	15,999,706.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,244,334.	17	1,094,038.
	18 Grants payable .....		18	
	19 Deferred revenue .....	5,210,251.	19	6,303,073.
	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 <b>Total liabilities.</b> Add lines 17 through 25 .....	6,454,585.	26	7,397,111.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets .....		7,512,983.	27	8,343,783.
28 Temporarily restricted net assets .....		118,475.	28	258,812.
29 Permanently restricted net assets .....			29	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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 .....		7,631,458.	33	8,602,595.
34 <b>Total liabilities and net assets/fund balances</b> .....		14,086,043.	34	15,999,706.

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,628,743.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,367,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	261,251.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,631,458.
5	Net unrealized gains (losses) on investments	5	709,887.
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	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,602,595.

**Part XII Financial Statements and Reporting**

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 (2016)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

<b>Name of the organization</b>  <p align="center"><b>SAFARI CLUB INTERNATIONAL</b></p>	<b>Employer identification number</b>  <p align="center"><b>86-0974183</b></p>
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**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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)**

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
1		\$ 11,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 81,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>SAFARI CLUB INTERNATIONAL</b>	Employer identification number <b>86-0974183</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>11,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>20,346.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>6,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>13,844.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>16,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>5,000.</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
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	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		\$ 5,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 27,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 19,100.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 14,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 35,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 12,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 12,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 8,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 30,575.	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		\$ 7,362.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 22,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 11,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 13,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 61,666.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 21,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 14,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 6,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 25,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,000.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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
<b>43</b>		\$ <b>7,500.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>44</b>		\$ <b>5,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>45</b>		\$ <b>5,300.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>46</b>		\$ <b>5,000.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>47</b>		\$ <b>31,261.</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>48</b>		\$ <b>12,837.</b>	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 37,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 17,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 7,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 18,306.	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		\$ 10,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 15,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 11,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 6,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 6,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 9,537.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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>61</u>		\$ <u>27,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>62</u>		\$ <u>23,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>63</u>		\$ <u>13,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>64</u>		\$ <u>7,678.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>65</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>66</u>		\$ <u>5,000.</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
67		\$ 6,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 6,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 6,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 6,872.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 8,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 8,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 14,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,732.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 38,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 36,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 12,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 8,500.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 8,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 22,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 9,498.	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
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 7,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 22,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 9,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 18,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	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.)

Name of organization	Employer identification number
<b>SAFARI CLUB INTERNATIONAL</b>	<b>86-0974183</b>

**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		\$ 7,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 14,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 14,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 8,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 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 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization <b>SAFARI CLUB INTERNATIONAL</b>	Employer identification number <b>86-0974183</b>
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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 campaign activity expenditures ..... ▶ \$ **240,530.**

3 Volunteer hours for political campaign activities .....

**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) 2016

LHA

632041 11-10-16

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

**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 campaign activity 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

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

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

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

<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? .....

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	110,700.				
b Contributions	109,700.	110,700.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	12,250.				
f Administrative expenses					
g End of year balance	208,150.	110,700.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 71.00 %

c Temporarily restricted endowment ☒ 29.00 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		42,627.	29,637.	12,990.
d Equipment		2,029,231.	1,658,369.	370,862.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				383,852.

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,993,925.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	709,887.
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	709,887.
3	Subtract line 2e from line 1	3	22,284,038.
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	-7,655,295.
c	Add lines 4a and 4b	4c	-7,655,295.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,628,743.

**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	22,022,788.
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	7,655,296.
e	Add lines 2a through 2d	2e	7,655,296.
3	Subtract line 2e from line 1	3	14,367,492.
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	14,367,492.

**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 V, LINE 4:**

TO FUND LITIGATION, MARKETING, LEGISLATIVE AND VOTER EDUCATION, AND  
SIMILAR ADVOCACY ACTIONS INTENDED TO PROTECT THE PRIVILEGE OF HUNTING AND  
THE HUNTING HERITAGE. THE PURPOSES SHALL NOT INCLUDE LOBBYING FOR  
CANDIDATES FOR OFFICE.

**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, 2017 AND  
2016, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES	-7,125,740.
GAMING EXPENSES DEDUCTED AGAINST REVENUES	-87,595.
COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	-441,959.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-7,655,295.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES DEDUCTED AGAINST REVENUES	7,125,740.
GAMING EXPENSES DEDUCTED AGAINST REVENUES	87,595.
COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	441,959.
ROUNDING	2.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,655,296.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	1	1	PROGRAM SERVICES	HUNTING ADVOCACY	222,492.
SUB-SAHARAN AFRICA	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	34,575.
EAST ASIA AND THE PACIFIC	0	0	GRANT FOR PROGRAM SERVICES	HUNTING ADVOCACY	2,799.
3 a Sub-total .....	1	1			259,866.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	1	1			259,866.

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

Schedule F (Form 990) 2016



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PROGRAM AWARD	10,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM AWARD	20,000.	WIRE	0.		
			NORTH AMERICA	OPERATING EXPENSES	203,242.	WIRE	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3**

**3** Enter total number of other organizations or entities **3**



**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) 2016

**Part V** Supplemental Information

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

**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

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

OMB No. 1545-0047

# 2016

## Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

**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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 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)	
<b>Revenue</b>				
1 Gross receipts .....	14,681,008.			14,681,008.
2 Less: Contributions .....				
3 Gross income (line 1 minus line 2) .....	14,681,008.			14,681,008.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....	945,762.			945,762.
7 Food and beverages .....	1,685,325.			1,685,325.
8 Entertainment .....	697,933.			697,933.
9 Other direct expenses .....	3,796,720.			3,796,720.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				7,125,740.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				7,555,268.

**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))
<b>Revenue</b>				
1 Gross revenue .....			51,105.	51,105.
<b>Direct Expenses</b>				
2 Cash prizes .....			54,163.	54,163.
3 Noncash prizes .....			33,432.	33,432.
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 checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				87,595.
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				<36,490.>

9 Enter the state(s) in which the organization conducts gaming activities: AZ, NVa 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 | 50.00 % |
| b An outside facility         | 13b | 50.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ NATHAN BOLTAddress ▶ 4800 WEST GATES PASS ROAD - TUCSON, AZ 85745

- 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 ▶ LIBBY GRIMESGaming manager compensation ▶ \$ 151,534.Description of services provided ▶ SWEEPSTAKE MANAGEMENT☐ 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

<b>Part IV</b>	<b>Supplemental Information</b> <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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**SAFARI CLUB INTERNATIONAL**

Employer identification number  
**86-0974183**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, 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)	704,293.	2,176,481.	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		30,750.	0.			ONGOING AND NECESSARY PROJECTS
MONTANA TRAPPER ASSOCIATION P.O. BOX 129 OVANDO, MT 59854	81-0377945	501(C)(6)	11,305.	0.			TO SUPPORT A BALLOT INITIATIVE

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

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

1.  
2.

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

Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

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



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 (such as, 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 on 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a	X	
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016



**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)

## Transactions With Interested Persons

OMB No. 1545-0047

2016

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

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).

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 \$

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

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]

**Total**.....▶ \$

<b>Part III   Grants or Assistance Benefiting Interested Persons.</b>	
---	--

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 SPURWING M	261,348.	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 SPURWING MEDIA, INC. AND SON OF A MEMBER OF THE BOARD.

(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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number  
86-0974183

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

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

ERIK A.O. ENGSTROM AND ANDERS N. ENGSTROM - FAMILY RELATIONSHIP

PAUL BABAZ AND JOHN MONSON - 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 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO AND CONTROLLER. ONCE THE FORM 990 HAS BEEN REVIEWED NOTICE IS SENT TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS INVITING THEM TO REVIEW THE 990 AND SUBMIT COMMENTS OR QUESTIONS PRIOR TO FILING.

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

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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 INTERNATIONAL'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-1.

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS FOR THE AUDIT OR  
ITS SELECTION PROCESS FOR THE INDEPENDENT AUDITORS DURING THE YEAR.

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016

**Open to Public Inspection**

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number  
86-0974183

## Part I

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

[illegible]

## Part II

**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 10	N/A		X
SAFARI CLUB INTERNATIONAL CANADA 440 LAURIER AVE W, STE 200 OTTWA, 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	501(C)(3)		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) 2016







**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<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)				
(2)				
(3)				
(4)				
(5)				
(6)				

(continued)

[illegible]

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information for responses to questions on Schedule P. See instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>SAFARI CLUB INTERNATIONAL</b>	Employer identification number (EIN) or  <b>86-0974183</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4800 WEST GATES PASS ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TUCSON, AZ 85745</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

**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.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)