

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION		D Employer identification number 86-0292099
	Doing Business As		E Telephone number (520) 620-1220
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City, town, or post office, state, and ZIP code TUCSON, AZ 85745		G Gross receipts \$ 10,107,250.
F Name and address of principal officer: ROBERT BENSON 4800 WEST GATES PASS ROAD, TUCSON, AZ 85745		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.SAFARICLUBFOUNDATION.ORG		H(c) Group exemption number 4325	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1972 M State of legal domicile: NV	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SCI FOUNDATION FUNDS AND DIRECTS WILDLIFE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION AND OUTDOOR...	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 48
	6 Total number of volunteers (estimate if necessary)	6 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b -50.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,015,326.	5,477,699.
9 Program service revenue (Part VIII, line 2g)	952,340.	918,554.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,884.	409,308.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-425,500.	675,236.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,704,050.	7,480,797.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	584,993.	759,540.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,889,066.	1,723,218.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	264,792.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,647,264.	2,667,334.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,121,323.	5,150,092.
19 Revenue less expenses. Subtract line 18 from line 12	582,727.	2,330,705.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,732,748.	19,625,532.
21 Total liabilities (Part X, line 26)	475,837.	680,910.
22 Net assets or fund balances. Subtract line 21 from line 20	16,256,911.	18,944,622.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	NATHAN BOLT, DIRECTOR OF FINANCE		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	AMY A. O'LOUGHLIN		
Paid Preparer Use Only	Firm's name	Firm's EIN	PTIN
	CBIZ MHM, LLC	34-1884125	P00869687
Paid Preparer Use Only	Firm's address	Phone no.	
	3101 N. CENTRAL AVE., STE. 300 PHOENIX, AZ 85012	602-264-6835	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: SCI FOUNDATION FUNDS AND DIRECTS WILDLIFE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION AND OUTDOOR EDUCATION. SEE SCHEDULE O FOR CONTINUATION.

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

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

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 \$ 1,137,678. including grants of \$ 194,824.) (Revenue \$ 403,571.) EDUCATION PROJECTS: NUMEROUS PROJECTS CONDUCTED TO EDUCATE HUNTERS AND NON-HUNTERS ABOUT THE ENVIRONMENT, ECOSYSTEMS, OUTDOOR LIVING SKILLS AND THE CRITICAL ROLE THE HUNTING SPORTSMAN PLAYS IN SCIENTIFIC WILDLIFE MANAGEMENT AND ITS PRODUCTIVE IMPACT ON WILDLIFE POPULATIONS. AMERICAN WILDERNESS LEADERSHIP SCHOOL: FACILITIES AND PROGRAMS FOR CONSERVATION AND ENVIRONMENTAL EDUCATION PROGRAMS

4b (Code:) (Expenses \$ 829,556. including grants of \$) (Revenue \$ 285,442.) INTERNATIONAL WILDLIFE MUSEUM: CONSTRUCTED TO PRESERVE AND DISPLAY THE PHYSICAL HISTORY OF WILDLIFE OF THE WORLD AND TO EDUCATE THE PUBLIC ON SCIENTIFIC CONSERVATION AND BIODIVERSITY ISSUES WHICH IMPACT CURRENT AND FUTURE WILDLIFE POPULATIONS. APPROXIMATELY 53,440 VISITORS.

4c (Code:) (Expenses \$ 1,740,567. including grants of \$ 466,140.) (Revenue \$ 228,353.) WILDLIFE CONSERVATION PROGRAM: PROJECTS CONDUCTED WORLDWIDE TO ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS IN ORDER TO ASSURE THE LONG-TERM SUSTAINABILITY OF THESE POPULATIONS. PROJECTS INCLUDE WILDLIFE POPULATION SURVEYS, COLLARING AND MONITORING, DNA ANALYSES, DISEASE TESTING AND DEVELOPMENT OF SCIENTIFIC PUBLICATIONS, FIELD MANUALS, REPORTS, ETC. GRANTS TOTALING \$466,140 WERE MADE TO OTHER EXEMPT ENTITIES TO FURTHER THESE CONSERVATION EFFORTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 210,922. including grants of \$ 98,576.) (Revenue \$ 107,498.)

4e Total program service expenses 3,918,723.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
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 to any question 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) JOSEPH H. HOSMER PRESIDENT	20.00	X		X				0.	0.	0.
(2) ROMAN A. DEVILLE VICE PRESIDENT	20.00	X		X				0.	0.	0.
(3) J. ALAIN SMITH CORPORATE SECRETARY	20.00	X		X				0.	0.	0.
(4) WARREN ALAN SACKMAN CORPORATE TREASURER	20.00	X		X				0.	0.	0.
(5) DENNIS ANDERSON DIRECTOR	20.00	X						0.	0.	0.
(6) PAUL D. BABAZ DIRECTOR	10.00	X						0.	0.	0.
(7) RALPH S. CUNNINGHAM DIRECTOR	20.00	X						0.	0.	0.
(8) W. LAIRD HAMBERLIN DIRECTOR	10.00	X						0.	0.	0.
(9) LARRY HIGGINS DIRECTOR	10.00	X						0.	0.	0.
(10) CRAIG L. KAUFFMAN DIRECTOR	10.00	X						0.	0.	0.
(11) RICARDO LONGORIA DIRECTOR	20.00	X						0.	0.	0.
(12) BROOK F. MINX DIRECTOR	20.00	X						0.	0.	0.
(13) MERLE A. SHEPARD DIRECTOR	20.00	X						0.	0.	0.
(14) RICHARD WOODRUFF DIRECTOR	20.00	X						0.	0.	0.
(15) EDWARD D. YATES DIRECTOR	20.00	X						0.	0.	0.
(16) ROBERT K. BENSON EXECUTIVE DIRECTOR	40.00			X				35,285.	0.	3,288.
(17) DONALD MILLS CHIEF FINANCIAL OFFICER	10.00 30.00			X				0.	150,734.	19,717.

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) WILLIAM MORITZ EXECUTIVE DIRECTOR	20.00			X				0.	80,624.	4,108.
(19) KEVIN SCOTT CHIEF OPERATING OFFICER	20.00			X				0.	27,647.	1,698.
(20) MELISSA SIMPSON DIRECTOR OF CONSERVATION	20.00					X		0.	170,901.	9,678.
(21) SUSAN HANKNER DIRECTOR OF EDU. & HUMANITARIAN SVCS	40.00					X		107,193.	0.	8,133.
1b Sub-total								142,478.	429,906.	46,622.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								142,478.	429,906.	46,622.

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 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 29,563.				
	c Fundraising events	1c				
	d Related organizations	1d 3,068,483.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,379,653.				
	g Noncash contributions included in lines 1a-1f: \$	1,821,878.				
	h Total. Add lines 1a-1f	5,477,699.				
	Program Service Revenue	2 a CONVENTION	Business Code 900099	561,740.	561,740.	
b TUITION & ADMISSIONS		611600	356,814.	356,814.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			918,554.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		272,600.		272,600.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	505,058.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	505,058.			
	d Net rental income or (loss)		505,058.		505,058.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,684,486.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,546,502.	1,276.		
		c Gain or (loss)	137,984.	-1,276.		
	d Net gain or (loss)		136,708.		136,708.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a	39,643.				
	b Less: direct expenses	0.				
	c Net income or (loss) from gaming activities		39,643.		39,643.	
10 a Gross sales of inventory, less returns and allowances	a	184,985.				
	b Less: cost of goods sold	78,675.				
	c Net income or (loss) from sales of inventory		106,310.	106,310.		
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	24,225.		24,225.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		24,225.			
12 Total revenue. See instructions.		7,480,797.	1,024,864.	0.	978,234.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	682,390.	682,390.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	21,000.	21,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	56,150.	56,150.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,039.	178,309.	164,742.	3,988.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,100,754.	907,788.	144,102.	48,864.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,420.	11,146.	4,565.	709.
9 Other employee benefits	173,507.	91,812.	76,479.	5,216.
10 Payroll taxes	85,498.	67,411.	14,836.	3,251.
11 Fees for services (non-employees):				
a Management	77,947.		77,947.	
b Legal	178,237.	64,686.	107,271.	6,280.
c Accounting	39,403.	1,050.	38,353.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,611.	503.	660.	45,448.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	124,731.	114,588.		10,143.
12 Advertising and promotion	210,953.	198,240.	1,130.	11,583.
13 Office expenses	287,766.	186,978.	85,789.	14,999.
14 Information technology	32,476.	1,062.	31,254.	160.
15 Royalties				
16 Occupancy	183,410.	177,733.	5,677.	
17 Travel	252,681.	176,893.	69,341.	6,447.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,357.	18,407.	30,928.	1,022.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	367,969.	287,521.	79,780.	668.
23 Insurance	70,597.	67,241.	3,356.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS & PROJECTS	516,083.	459,521.	9,734.	46,828.
b MAINTENANCE & SECURITY	121,626.	116,931.	4,695.	
c PRINTING	60,937.	19,791.	7,705.	33,441.
d POSTAGE & FREIGHT	45,550.	11,572.	8,233.	25,745.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,150,092.	3,918,723.	966,577.	264,792.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	731,656.	1	2,175,602.
	2 Savings and temporary cash investments	290,097.	2	311,455.
	3 Pledges and grants receivable, net	676,383.	3	717,257.
	4 Accounts receivable, net	151,018.	4	535,321.
	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		7	
	8 Inventories for sale or use	39,996.	8	63,736.
	9 Prepaid expenses and deferred charges	37,006.	9	76,130.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,909,224.		
	b Less: accumulated depreciation	10b 7,934,485.	4,119,862.	10c 3,974,739.
	11 Investments - publicly traded securities	9,331,056.	11	10,412,428.
	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	1,355,674.	15	1,358,864.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,732,748.	16	19,625,532.	
Liabilities	17 Accounts payable and accrued expenses	357,361.	17	601,706.
	18 Grants payable		18	
	19 Deferred revenue	118,476.	19	79,204.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	475,837.	26	680,910.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,960,645.	27	6,921,648.
	28 Temporarily restricted net assets	712,267.	28	1,765,507.
	29 Permanently restricted net assets	9,583,999.	29	10,257,467.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,256,911.	33	18,944,622.	
34 Total liabilities and net assets/fund balances	16,732,748.	34	19,625,532.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,480,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,150,092.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,330,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,256,911.
5	Net unrealized gains (losses) on investments	5	487,006.
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	-130,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,944,622.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,416,823.	3,601,615.	4,786,537.	5,013,870.	5,477,699.	24,296,544.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,064,354.	949,455.	1,170,535.	1,565,854.	1,648,240.	6,398,438.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6,481,177.	4,551,070.	5,957,072.	6,579,724.	7,125,939.	30,694,982.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,477,588.	2,989,985.	3,671,771.	3,722,220.	3,152,283.	18,013,847.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	4,477,588.	2,989,985.	3,671,771.	3,722,220.	3,152,283.	18,013,847.
8 Public support (Subtract line 7c from line 6.)						12,681,135.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	6,481,177.	4,551,070.	5,957,072.	6,579,724.	7,125,939.	30,694,982.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284,415.	160,864.	262,326.	297,239.	272,600.	1,277,444.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	284,415.	160,864.	262,326.	297,239.	272,600.	1,277,444.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	66,802.	98,983.	27,348.	47,274.	24,225.	264,632.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,832,394.	4,810,917.	6,246,746.	6,924,237.	7,422,764.	32,237,058.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	39.34 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	38.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	3.96 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	4.05 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2008 AMOUNT: \$ 66,802.

2009 AMOUNT: \$ 98,983.

2010 AMOUNT: \$ 27,348.

2011 AMOUNT: \$ 47,274.

2012 AMOUNT: \$ 24,225.

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.**

OMB No. 1545-0047

2012

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
1	<hr/> <hr/> <hr/>	\$ 11,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 9,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 10,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 6,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 6,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 9,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 6,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 14,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
19	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<hr/> <hr/> <hr/>	\$ 13,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<hr/> <hr/> <hr/>	\$ 6,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
25		\$ 21,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 14,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 6,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 51,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
31		\$ 10,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 21,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 6,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 52,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 43,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
43	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	<hr/> <hr/> <hr/>	\$ 17,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
55		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
61		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
67	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
85		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	<hr/> <hr/> <hr/>	\$ 100,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
103		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
109	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	<hr/> <hr/> <hr/>	\$ 37,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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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
115	<hr/> <hr/> <hr/> <hr/>	\$ 1,246,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	<hr/> <hr/> <hr/> <hr/>	\$ 1,821,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
116	PAYROLL AND ADMINISTRATION _____ _____ _____	\$ 1,821,878.	06/30/13
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	100,000.	
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	100,000.	
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 1,302,802.

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 Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ 47,310.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	9,403,497.	9,176,651.	7,581,846.	6,086,812.	6,076,137.
b Contributions	651,860.	515,290.	755,313.	620,154.	12,500.
c Net investment earnings, gains, and losses	885,504.	-52,366.	958,905.	940,283.	33,947.
d Grants or scholarships	590,664.	196,000.			
e Other expenditures for facilities and programs			100,177.	26,336.	
f Administrative expenses	45,361.	40,078.	19,236.	39,067.	35,772.
g End of year balance	10,304,836.	9,403,497.	9,176,651.	7,581,846.	6,086,812.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 92.58 %
- c Temporarily restricted endowment 7.42 %

The percentages in 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" to 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. 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		309,962.		309,962.
b Buildings		9,618,030.	6,249,903.	3,368,127.
c Leasehold improvements				
d Equipment		1,743,000.	1,672,953.	70,047.
e Other	47,310.	190,922.	11,629.	226,603.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,974,739.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I). Total row at the bottom.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1-10. Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include CSV OF OFF LIFE INSURANCE and EXHIBITS. Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and FIN 48 (ASC 740) Footnote. Total row at the bottom.

2. FIN 48 (ASC 740) Footnote. 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 [X]

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

1	Total revenue, gains, and other support per audited financial statements	1	8,046,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	487,006.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	78,675.
e	Add lines 2a through 2d	2e	565,681.
3	Subtract line 2e from line 1	3	7,480,797.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,480,797.

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

1	Total expenses and losses per audited financial statements	1	5,358,767.
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	208,675.
e	Add lines 2a through 2d	2e	208,675.
3	Subtract line 2e from line 1	3	5,150,092.
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	5,150,092.

Part XIII Supplemental Information

Complete this part to 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 III, LINE 4: THE INTERNATIONAL WILDLIFE MUSEUM IS DEDICATED TO

INCREASING KNOWLEDGE AND APPRECIATION FOR WILDLIFE AND THE ROLE THAT

HUNTING PLAYS IN CONSERVATION.

PART V, LINE 4: THE EARNINGS OF THE ENDOWMENT FUNDS ARE TO BE USED FOR

THE MISSION PROGRAMS SUCH AS WILDLIFE CONSERVATION, EDUCATION PROGRAMS,

AND SCHOLARSHIPS.

Part XIII Supplemental Information (continued)

PART X, LINE 2: SCIF IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM
 INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE
 "CODE"). ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS
 BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. 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, 2013 AND 2012, MANAGEMENT
 DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	78,675.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	78,675.
LOSS ON UNCOLLECTIBLE RECEIVABLE	130,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	208,675.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

SAFARI CLUB INTERNATIONAL FOUNDATION

86-0292099

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA - ANGOLA,	1	2	PROGRAM SERVICES	CONSERVATION	77,235.
3 a Sub-total	1	2			77,235.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	2			77,235.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	PROGRAM SUPPORT	32,400.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT	YOUTH OUTDOOR CAMP PROGRAM	6,750.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PROGRAM SUPPORT	7,000.	CHECK	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 **2**

3 Enter total number of other organizations or entities **1**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: SAFARI CLUB INTERNATIONAL FOUNDATION REQUESTS

PROGRESS REPORTS AND FINAL REPORTS AS WELL AS PICTURES, VIDEOS AND AN

ARTICLE DETAILING THE COMPLETED PROJECT.

Multiple horizontal lines for supplemental information.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2012

Department of the Treasury
Internal Revenue Service

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

**Open To Public
Inspection**

Name of the organization <p align="center">SAFARI CLUB INTERNATIONAL FOUNDATION</p>	Employer identification number 86-0292099
--	---

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1 Gross revenue			39,643.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7				39,643.	

9 Enter the state(s) in which the organization operates gaming activities: AZ

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

b If "No," explain: THE ORGANIZATION IS EXEMPT FROM LICENSING IN ARIZONA (ARS 13-3302)

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 operate 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 operated in:
- | | | | |
|--------------------------------------|------------|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DON MILLS

Address ▶ 4800 W 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 ▶ DON MILLS

Gaming manager compensation ▶ \$ 150,734.

Description of services provided ▶ RESPONSIBLE FOR ORGANIZING THE RAFFLE AND DISTRIBUTING PRIZES.

 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **SAFARI CLUB INTERNATIONAL FOUNDATION** Employer identification number **86-0292099**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
ACOMA GAME & FISH PO BOX 310 PUEBLO OF ACOMA, NM 87034	85-0448136	GOVERNMENT	16,200.	0.			PROGRAM SUPPORT
ALASKA DEPT OF FISH & GAME PO BOX 115525 JUNEAU, AK 99811	92-6001185	GOVERNMENT	18,060.	0.			PROGRAM SUPPORT
AUGUST L. HORMAY WILDLANDS INSTITUTE, INC. - PO BOX 4712 - BUTTE, MT 59702-4712	76-0828315	501(C)(3)	15,000.	0.			MONGOLIAN SHEEP POPULATION SURVEYS
BORDERLANDS RESEARCH INSTITUTE FOR NATURAL RESOURCE MANAGEMNT - EAST HIGHWAY 90 - ALPINE, TX 79832	74-6000027	501(C)(3)	39,000.	0.			BIG HORN SHEEP & TEXAS MULE DEER STUDIES
CALIFORNIA DEPT OF FISH & GAME 1740 N MARKET BLVD SACRAMENTO, CA 95834	94-1697567	GOVERNMENT	45,000.	0.			PROGRAM SUPPORT
CHIREDDZI RIVER CONSERVANCY 7675 HERNDON AVE CLOVIS, CA 95619	26-4034862	501(C)(3)	10,000.	0.			BLACK RHINO PROTECTION IN ZIMBABWE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COMBAT MARINE OUTDOORS 6610 MALIBU DR HOUSTON, TX 77092-4010	27-1469261	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
SGT DANIEL D GURR FOUNDATION 1827 N 1500 E VERNAL, UT 84078	45-5002853	501(C)(3)	15,000.	0.			ACTION TRACK CHAIRS FOR WOUNDED SOLDIERS
NORTHEAST INDIANA CHAPTER - SCI 9009 COLDWATER RD FT WAYNE, IN 46825	26-4532730	501(C)(4)	7,000.	0.			PROGRAM SUPPORT
MICHIGAN INVOLVEMENT COMMITTEE 2852 COLONIAL WAY BLOOMFIELD HILLS, MI 48304	36-4526107	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
CENTRAL MINNESOTA CHAPTER - SCI 3595 21ST AVE S SAINT CLOUD, MN 56301	38-3864201	501(C)(4)	6,000.	0.			PROGRAM SUPPORT
GATEWAY AREA CHAPTER - SCI 4816 BANKFIELD CT SAINT LOUIS, MO 63128	35-2229486	501(C)(4)	7,000.	0.			PROGRAM SUPPORT
MONTANA FISH, WILDLIFE AND PARKS FOUNDATION - 1420 EAST 6TH AVE - HELENA, MT 59620	81-0528922	501(C)(3)	50,000.	0.			ELK PREDATOR PREY PROJECT
NASP FOUNDATION W4285 LAKE DRIVE WALDO, WI 53093	20-1112663	501(C)(3)	30,140.	0.			PROGRAM SUPPORT
NATIONAL 4-H SHOOTING SPORTS FOUNDATION - 20915 604TH STREET - DODGE CENTER, MN 55927	36-2862206	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NAVAJO NATION DEPT OF FISH & WILDLIFE - PO BOX 1480 - WINDOW ROCK, AZ 86515	86-0092335	GOVERNMENT	35,100.	0.			PROGRAM SUPPORT
NORTHERN NEVADA CHAPTER - SCI 4790 CAUGHLIN PKWY PMB 227 RENO, NV 89519	36-4553550	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
KENTUCKIANA CHAPTER - SCI 1019 SKYWAY VIEW DRIVE NEW ALBANY, IN 47150	35-1923044	501(C)(4)	6,400.	0.			PROGRAM SUPPORT
PRIMERO CONSERVATION PO BOX 16106 PORTAL, AZ 85632	27-4344761	501(C)(3)	10,000.	0.			PECCARY TRANSLOCATION PROJECT
SALVATION ARMY 2445 PRIOR AVE ROSEVILLE, MN 55113	41-0698597	501(C)(3)	10,790.	0.			PROGRAM SUPPORT
NEW MEXICO STATE UNIVERSITY GERALD THOMAS HALL, RM 238 LAS CRUCES, NM 88003	85-6000401	501(C)(3)	120,000.	0.			TAJIKISTAN SHEEP PROJECT
TENNESSEE VALLEY CHAPTER - SCI 14801 MAY ROAD SALE CREEK, TN 37373	58-2551014	501(C)(4)	8,000.	0.			PROGRAM SUPPORT
UNITY COLLEGE 90 QUAKER HILL ROAD UNITY, ME 04988	01-0275130	501(C)(3)	15,697.	0.			ENDOWMENT SCHOLARSHIP
WHITE MOUNTAIN APACHE TRIBE PO BOX 220 WHITERIVER, AZ 85941	86-0092030	GOVERNMENT	24,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BADGERLAND CHAPTER - SCI 1321 ARMAGH LN SUN PRAIRIE, WI 53590	39-1920142	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
WYOMING GAME & FISH DEPT 5400 BISHOP BLVD CHEYENNE, WY 82006	83-0208667	GOVERNMENT	14,400.	0.			PROGRAM SUPPORT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
UNIVERSITY SCHOLARSHIPS	15	21,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: SAFARI CLUB INTERNATIONAL FOUNDATION GIVES

SEVERAL TYPES OF GRANTS (A) GRANTS MADE IN RESPONSE TO GENERAL GRANT

REQUEST - THE ORGANIZATION REQUESTS PROGRESS REPORTS AND FINAL REPORTS AS

WELL AS PICTURES, VIDEOS AND AN ARTICLE DETAILING THE COMPLETED PROJECT.

FOLLOW-UP IS DONE THROUGH THE SPAN OF THE PROJECT. (B) SCHOLARSHIPS - THE

ORGANIZATION MAKES THESE DONATIONS DIRECTLY TO THE COLLEGE OR UNIVERSITY

FOR THE BENEFIT OF STUDENTS WHO ARE STUDYING IN FIELDS RELATED TO THE

MISSION OF SAFARI CLUB INTERNATIONAL FOUNDATION, SUCH AS WILDLIFE

CONSERVATION, IF THE STUDENT DROPS OUT, THE UNIVERSITY RETURNS THE FUNDS TO

Part IV Supplemental Information

SAFARI CLUB INTERNATIONAL FOUNDATION. (C) SPECIFIC PROJECT OR EVENT GRANTS

- THE ORGANIZATION SOMETIMES MAKES GRANTS TO WELL-KNOWN CHARITABLE EVENTS

AND THEN OFTEN ATTENDS THE EVENTS. (D) CHAPTER MATCHING GRANTS - THESE

GRANTS THAT SAFARI CLUB INTERNATIONAL FOUNDATION MAKES TO SAFARI CLUB

INTERNATIONAL CHAPTERS TO MATCH DONATIONS MADE BY THE CHAPTERS FOR VARIOUS

MISSION RELATED PROJECTS. SAFARI CLUB INTERNATIONAL FOUNDATION DOES NOT

MAKE THE GRANT UNTIL DOCUMENTATION IS OBTAINED THAT THE CHAPTER DONATED

THEIR PORTION OF THE GRANT. THE CHAPTER SENDS IN END-OF-THE-YEAR REPORTS

AND PICTURES TO DOCUMENT PROGRESS ON THE PROJECT.

Multiple horizontal lines for supplemental information.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD MILLS CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	135,734.	15,000.	0.	5,938.	13,779.	170,451.	0.
(2) MELISSA SIMPSON DIRECTOR OF CONSERVATION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	159,381.	11,520.	0.	1,561.	8,117.	180,579.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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 4A: SEVERANCE PAYMENTS:

KEVIN SCOTT \$3,173

PART I, LINE 7: THESE BONUS PAYMENTS WERE MADE BASED ON MEETING

ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PAYROLL/ADMIN</u>)	X	0	1,821,878.	COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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

SCI FOUNDATION FUNDS AND DIRECTS WILDLIFE PROGRAMS DEDICATED TO

WILDLIFE CONSERVATION AND OUTDOOR EDUCATION.

FORM 990, PART III, LINE 1

MISSION STATEMENT CONTINUATION:

IN FULFILLING ITS MISSION AND VISION SCI FOUNDATION WILL OPERATE WITH

THE FOLLOWING PURPOSES AND OBJECTIVES:

A) WILDLIFE CONSERVATION: TO CONDUCT AND SUPPORT SCIENTIFIC AND

TECHNICAL STUDIES IN THE FIELD OF WILDLIFE CONSERVATION, TO ASSIST IN

DESIGN AND DEVELOPMENT OF SCIENTIFICALLY SOUND WILDLIFE PROGRAMS FOR

THE MANAGEMENT OF WILDLIFE AND HUNTING, AND TO DEMONSTRATE THE

CONSTRUCTIVE ROLE THAT HUNTING AND HUNTERS PLAY IN THE CONSERVATION OF

WILDLIFE.

B) CONSERVATION EDUCATION: TO CARRY OUT AND SUPPORT EDUCATION PROGRAMS

ON WILDLIFE CONSERVATION, ECOLOGY AND NATURAL RESOURCE MANAGEMENT THAT

INCLUDE A DEMONSTRATION OF THE CONSTRUCTIVE ROLE THAT HUNTING AND

HUNTERS PLAY IN THE NATURAL RESOURCE CONSERVATION AND LAND MANAGEMENT.

C) HUMANITARIAN SERVICES: TO DESIGN, CARRY OUT AND SUPPORT PROGRAMS TO

ASSIST THE DISABLED IN ENJOYING SPORT HUNTING AND TO UTILIZE THE

RESOURCES OF THE HUNTING COMMUNITY AND THE VARIOUS ASPECTS OF HUNTING

TO AID THOSE LESS FORTUNATE BY PROVIDING HUMANITARIAN SERVICES.

D) PROVIDE CHARITABLE DONATIONS: TO PROVIDE CHARITABLE DONATIONS TO

OTHER ORGANIZATIONS OR TO INDIVIDUALS PURSUING THE SAME OR SIMILAR

GOALS AS THOSE OF THE SAFARI CLUB INTERNATIONAL FOUNDATION.

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING THE FISCAL YEAR ENDING JUNE 30, 2013, THE SAFARI CLUB

INTERNATIONAL FOUNDATION STARTED THE FIGHTING FOR LIONS CAMPAIGN UNDER

THE CONSERVATION PROGRAM. THE CAMPAIGN IS FOCUSED ON THREE APPROACHES

TO CONSERVE LIONS ACROSS THE ENTIRE AFRICAN CONTINENT: 1) OUTREACH AND

EDUCATION, 2) POPULATION RESEARCH WHERE NEEDED; AND 3) CONSERVATION,

WHICH INCLUDES HUMAN-WILDLIFE CONFLICT AND ANTI-POACHING.

OUTREACH AND EDUCATION: SCIF HAS COMPLETED PUBLIC OPINION SURVEYS TO

HELP EXPLAIN THE IMPACTS OF AN ESA LISTING AND CITES UPLISTING TO

DECISION MAKERS. BOTH REGULATORY MECHANISMS CAN HAVE A GREAT INFLUENCE

ON HUNTERS INVESTING IN THE CONSERVATION OF THE AFRICAN LION. JUST LIKE

IN THE US, HUNTING GENERATES CONSERVATION REVENUE IN AFRICA. AN

ENDANGERED STATUS OR UPLISTING FOR THE AFRICAN LION WILL RESULT IN

MAJOR REVENUE LOSSES FOR CONSERVATION AND LESS PROTECTION FOR LIONS IN

ZAMBIA, TANZANIA, AND SOUTH AFRICA, AMONG OTHERS.

POPULATION RESEARCH: CENSUS SURVEYS AND ORGANIZED RESEARCH ARE OF

UTMOST IMPORTANCE TO ENSURE THE FISH AND WILDLIFE SERVICE (FWS) AND

CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES (CITES) HAVE

THE CORRECT INFORMATION. SCIF HAS INVESTED FUNDS FOR LION RESEARCHERS

TO INITIATE A LION AND LEOPARD POPULATION CENSUS IN ZAMBIA, IN ADDITION

TO THE COLLECTION OF DATA FOR THE AFRICAN LION DATABASE.

CONSERVATION (HUMAN-WILDLIFE CONFLICT AND ANTI-POACHING): AFRICAN

LIONS FACE HUMAN-WILDLIFE CONFLICT EVERY DAY THAT RESULTS IN THE

KILLING OF A LION. POACHING AND REVENGE KILLINGS ARE A GREAT THREAT

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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BECAUSE OF DECREASING HABITAT AND INCREASED AGRICULTURE PRODUCTION.

LANDOWNERS HAVE NO INCENTIVE TO PROTECT LIONS IF THEIR ECONOMIC VALUE

IS DIMINISHED TO AN ENDANGERED STATUS OR UPLISTING AT CITES. SCIF IS

WORKING WITH PARTNERS ON ANTI-POACHING PROJECTS.

SCIF RAISED APPROXIMATELY \$882,000 FOR ITS FIGHTING FOR LIONS CAMPAIGN

IN ABOUT 30 MINUTES FROM HUNTER CONSERVATIONISTS DURING THE SATURDAY

NIGHT BANQUET AT THE 2013 SCI CONVENTION. THIS MONEY WAS DEPOSITED

INTO A DEDICATED FUND TO COMBAT THE ESA PETITION AND POTENTIAL

UPLISTING OF LIONS AT CITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HUMANITARIAN SERVICES PROGRAM: CONDUCT NUMEROUS HUMANITARIAN RELIEF AND

ENRICHMENT PROJECTS SUCH AS "SPORTSMEN AGAINST HUNGER" SERVING MILLIONS

OF MEALS THROUGH FOOD BANKS AND HOMELESS SHELTERS, "SENSORY SAFARI"

ENABLING VISUALLY IMPAIRED CHILDREN AND ADULTS TO SEE WILDLIFE THROUGH

THEIR SENSE OF TOUCH, "SAFARI CARE" PROVIDING FREE SUPPLIES AND

CLOTHING TO IMPOVERISHED COMMUNITIES WORLDWIDE, AND FULFILLING LIFELONG

HUNTING WISHES THROUGH THE "DISABLED HUNTER" PROGRAM HUMANITARIAN

SERVICES PROGRAM

EXPENSES \$ 210,922. INCLUDING GRANTS OF \$ 98,576. REVENUE \$ 107,498.

FORM 990, PART VI, SECTION A, LINE 4: SIGNIFICANT CHANGES TO THE

GOVERNING DOCUMENTS:

ARTICLE II. MISSION, VISION, PURPOSES, AND OBJECTIVES

SECTION 1. MISSION AND VISION.

A. THE FOLLOWING IS THE MISSION STATEMENT OF SCI FOUNDATION: SCI FOUNDATION

FUNDS AND DIRECTS WILDLIFE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION AND

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
--	--

OUTDOOR EDUCATION.

B. THE FOLLOWING IS THE VISION STATEMENT OF SCI FOUNDATION: SCI FOUNDATION

WILL BE ACKNOWLEDGED AS THE LEADER OF THE HUNTING COMMUNITY FOR SUSTAINABLE

WILDLIFE CONSERVATION AND EDUCATION WORLDWIDE.

ARTICLE IV. BOARD OF DIRECTORS

SECTION 4. TERMS.

A. THE TERM OF EACH MEMBER OF THE BOARD WHO IS SELECTED PURSUANT TO A

PROVISION IN SECTION 3(B)(1) THROUGH 3(B)(5), ABOVE, SHALL BEGIN ON JULY 1

AND SHALL END ON THE FOLLOWING JUNE 30 OR THEREAFTER ON THE SELECTION OF

HIS SUCCESSOR. THE TERM OF OFFICE SHALL NOT BE EXTENDED IF THE SELECTION

OF A SUCCESSOR DOES NOT OCCUR UNTIL AFTER JUNE 30 EVEN THOUGH THE PERSON

HOLDING THAT OFFICE RETAINS THE OFFICE UNTIL THE SELECTION OF HIS

SUCCESSOR.

B. THE TERMS OF THE SEVEN (7) MEMBERS OF THE BOARD ELECTED BY THE BOARD

PURSUANT TO SUBSECTION 3(B)(6), SHALL BE TWO YEARS EACH. ANY MEMBER

ELECTED PURSUANT TO THIS SUBSECTION MAY SERVE ADDITIONAL TERMS WITHOUT

LIMITATION. THE TERM OF EACH MEMBER SELECTED UNDER THIS SUBSECTION BEGINS

ON JULY 1 FOLLOWING HIS ELECTION AND ENDS ON THE JUNE 30 IMMEDIATELY

FOLLOWING THE SELECTION OF HIS SUCCESSOR OR ON SUCH DATE THEREAFTER AS HIS

SUCCESSOR IS ELECTED. THE TERM OF OFFICE SHALL NOT BE EXTENDED IF THE

SELECTION OF A SUCCESSOR DOES NOT OCCUR UNTIL AFTER JUNE 30 EVEN THOUGH THE

PERSON HOLDING THAT OFFICE RETAINS THE OFFICE UNTIL THE SELECTION OF HIS

SUCCESSOR.

ARTICLE V. CONDUCT OF OFFICERS, DIRECTORS, COMMITTEE MEMBERS, MANAGEMENT

STAFF AND KEY PERSONNEL

232212
01-04-13

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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SECTION 4. COMPENSATION PROHIBITED AND REIMBURSEMENT.

NO ELECTED OFFICER OR DIRECTOR OF SCI FOUNDATION SHALL BE ENTITLED TO RECEIVE ANY COMPENSATION FOR HIS OR HER SERVICES TO SCI FOUNDATION IN SUCH CAPACITY, BUT SHALL BE ENTITLED TO REASONABLE REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH SCI FOUNDATION BUSINESS AS AUTHORIZED BY THE BOARD. NOTHING HEREIN SHALL PREVENT ANY OFFICER OR DIRECTOR FROM RECEIVING COMPENSATION FOR PERSONAL SERVICES RENDERED TO SCI FOUNDATION FOR SERVICES OTHER THAN AS AN OFFICER AND DIRECTOR, BUT SUCH COMPENSATION MAY BE PAID ONLY AFTER BOARD APPROVAL AND COMPLIANCE WITH SCI FOUNDATION'S POLICY GOVERNING CONFLICTS OF INTEREST. ANY PAYMENTS MADE TO AN OFFICER OR DIRECTOR, INCLUDING THOSE FOR REIMBURSEMENTS OF EXPENSES, WHICH SHALL BE DISALLOWED IN WHOLE OR IN PART AS A PROPER OR DEDUCTIBLE EXPENSE BY THE INTERNAL REVENUE SERVICE, SHALL BE REIMBURSED BY SUCH OFFICER OR DIRECTOR TO SCI FOUNDATION TO THE FULL EXTENT OF SUCH DISALLOWANCE. IN LIEU OF PAYMENT BY THE OFFICER OR DIRECTOR FROM WHOM REIMBURSEMENT IS SOUGHT, SUBJECT TO A DETERMINATION MADE BY THE REMAINDER OF THE BOARD, AMOUNTS MAY BE WITHHELD FROM FUTURE REIMBURSEMENT PAYMENTS UNTIL THE AMOUNT OWED TO SCI FOUNDATION HAS BEEN RECOVERED.

ARTICLE VI. OFFICERS

SECTION 1. OFFICERS.

B. QUALIFICATIONS.

(1) TO SERVE AS AN OFFICER, AN INDIVIDUAL MUST:

(A) NOT BE SIMULTANEOUSLY SERVING AS AN OFFICER, INCLUDING AN ALTERNATE VICE PRESIDENT OF SCI OR AS THE PRESIDENT OF SABLES

(B) NOT, DURING THE OFFICER'S TERM, BEGIN SERVING AS AN OFFICER OF SCI OR AS THE PRESIDENT OF SABLES; AND

(C) NOT BE A PAST PRESIDENT OF SCI OR THE SCICF

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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(2) IF, FOR ANY REASON, A PERSON SERVING AS PRESIDENT OR VICE PRESIDENT HAS HIS TERM AS A DIRECTOR TERMINATE PRIOR TO THE END OF HIS TERM AS PRESIDENT OR VICE PRESIDENT THE TERMINATION OF HIS TERM AS A DIRECTOR SHALL SERVE AS AN AUTOMATIC AND SIMULTANEOUS RESIGNATION OF HIS SERVICE AS AN OFFICER, THEREBY CREATING A VACANCY IN THE OFFICER POSITION.

ARTICLE X. AMENDMENT AND REPEAL OF BYLAWS AND POLICIES

SECTION 1. AMENDMENT BY THE BOARD

THE BOARD IS AUTHORIZED TO AMEND, ALTER, MODIFY, SUBSTITUTE OR OTHERWISE REVISE OR CHANGE THE ARTICLES OF INCORPORATION AND BYLAWS OF SCI FOUNDATION BY A TWO-THIRDS (2/3) VOTE OF DIRECTORS PRESENT AT A REGULAR MEETING OR SPECIAL MEETING CALLED FOR SUCH PURPOSE.

SECTION 2. CONDITIONS FOR CONSIDERATION

A. THE BOARD SHALL CONSIDER FOR ADOPTION ANY PROPOSED AMENDMENT, ALTERATION, MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS THAT HAS BEEN PROPOSED IN A WRITING SIGNED BY AT LEAST THREE (3) MEMBERS OF THE BOARD OF DIRECTORS.

B. EXCEPT AS SET FORTH IN SECTION A ABOVE, PRIOR TO CONSIDERATION BY THE BOARD FOR ADOPTION, ANY PROPOSED AMENDMENT, ALTERATION, MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS MUST HAVE BEEN APPROVED BY THE BYLAWS COMMITTEE IN ACCORDANCE WITH THE PROCEDURES SET FORTH SECTION 3 BELOW.

SECTION 3. BYLAWS COMMITTEE APPROVAL.

A. THE BYLAWS COMMITTEE MAY INITIATE ANY PROPOSED AMENDMENT, ALTERATION,

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS BY SUBMITTING SUCH PROPOSAL TO THE BOARD FOR CONSIDERATION.

B. ANY PROPOSED AMENDMENT, ALTERATION, MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS MAY BE INITIATED BY A REQUEST FOR CONSIDERATION DELIVERED TO THE BYLAWS COMMITTEE IN WRITING AND SIGNED BY (A) THREE (3) MEMBERS OF THE BOARD, OR (B) ANY COMMITTEE. SUCH REQUEST SHALL INCLUDE A BRIEF EXPLANATION OF THE REASON FOR THE REQUESTED AMENDMENT. THE BYLAWS COMMITTEE SHALL INCLUDE THE NAME(S) OF THE REQUESTER(S) AND THE REASON FOR THE AMENDMENT WITH THE PUBLICATION OF THE PROPOSED AMENDMENT IN THE OFFICIAL JOURNAL AND WILL PROVIDE THIS INFORMATION WITH THE TEXT OF THE PROPOSED AMENDMENT WHEN IT IS PRESENTED TO THE BOARD. WITHIN SIXTY (60) DAYS OF RECEIPT OF SUCH REQUEST FOR CONSIDERATION, THE BYLAWS COMMITTEE SHALL MEET AND REVIEW THE PROPOSAL. THE BYLAWS COMMITTEE MAY REVISE SUCH PROPOSAL ONLY TO THE EXTENT NECESSARY TO CORRECT IT AS TO FORM, GRAMMAR, LANGUAGE AND COMPATIBILITY WITH THE EXISTING ARTICLES OF INCORPORATION, BYLAWS, AND PURPOSES, OBJECTIVES, PRACTICES AND PROCEDURES OF SCI FOUNDATION. WITHIN SIXTY (60) DAYS AFTER THE BYLAWS COMMITTEE MEETING, THE BYLAWS COMMITTEE MUST SUBMIT TO THE BOARD OF DIRECTORS THE TEXT AND VERSION OF THE PROPOSAL ORIGINALLY SUBMITTED TO IT, THE REVISED VERSION OF THE PROPOSAL AND ITS RECOMMENDATIONS AS TO WHETHER OR NOT SUCH PROPOSAL SHOULD BE APPROVED OR REJECTED.

SECTION 4. NOTICE TO BOARD OF DIRECTORS.

A. NOTICE OF A PROPOSED AMENDMENT, ALTERATION, MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS MUST BE GIVEN TO THE BOARD AT THE SAME TIME AS NOTICE IS GIVEN FOR A MEETING OF

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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THE BOARD, OR IN THE CASE OF A MEETING PREVIOUSLY FIXED BY THE BOARD FOR WHICH NO NOTICE IS REQUIRED, THEN AT A MINIMUM OF TEN (10) DAYS IN ADVANCE OF THE DATE OF SUCH MEETING.

SECTION 3. PROPOSALS BY THE BOARD OF DIRECTORS.

B. NOTWITHSTANDING THE NOTICE TO BE PROVIDED HEREIN, PROPOSALS FOR REVISIONS OR CHANGES THAT ARE GERMANE TO ANY PROPOSED AMENDMENT, ALTERATION, MODIFICATION, SUBSTITUTION OR OTHER REVISION OR CHANGE TO THE ARTICLES OF INCORPORATION OR BYLAWS OF SCI FOUNDATION MAY BE MADE FROM FLOOR AT THE BOARD MEETING.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS OF THE SAFARI CLUB FOUNDATION SHALL CONSIST OF: (1) FOUR MEMBERS OF THE SCI EXECUTIVE COMMITTEE, NOT INCLUDING THE ALTERNATE MEMBER OR THE PRESIDENT, SELECTED BY VOTE OF THE SCI EXECUTIVE COMMITTEE; (2) THE CHAIRMAN OF THE AUDIT COMMITTEE; (3) THE CHAIRMAN OF THE PAST PRESIDENT'S COUNCIL OF SCI; (4) ONE PAST PRESIDENT OF SCI OR SCICF (SAFARI CLUB INTERNATIONAL CONSERVATION FUND), SELECTED BY VOTE OF THE PAST PRESIDENT'S COUNCIL; (5) THE CHAIRMAN OF THE SCIF 100 HUNTER LEGACY FUND ADVISORY BOARD; AND (6) SEVEN DIRECTORS SELECTED BY THE SCI FOUNDATION BOARD OF DIRECTORS FROM AMONG SCI MEMBERS IN GOOD STANDING NOT CURRENTLY SERVING ON THE SCI BOARD OF DIRECTORS; PROVIDED THAT (I) THE FIRST SELECTION PURSUANT TO THIS PARAGRAPH 6 FOLLOWING ITS ADOPTION SHALL BE MADE BY THE DIRECTORS SERVING PURSUANT TO PARAGRAPHS 1 THROUGH 5 OF THIS SUBSECTION FROM PERSONS NOMINATED BY THE NOMINATING COMMITTEE; AND (II) ANY DIRECTOR SELECTED PURSUANT TO THIS PARAGRAPH 6 MAY NOT SERVE ON THE BOARD OF DIRECTORS OF SCI DURING HIS TERM OF OFFICE ON THE BOARD OF DIRECTORS OF THE SCI FOUNDATION.

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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FORM 990, PART VI, SECTION A, LINE 7B: LINE 7B THE AFFIRMATIVE VOTE OF THE BOARD OF DIRECTORS OF SCI OR ITS EXECUTIVE COMMITTEE AS REQUIRED BY THE SCI BYLAWS, AND THE AFFIRMATIVE VOTE OF THE SCI FOUNDATION BOARD OF DIRECTORS AT ANY REGULAR OR SPECIAL MEETING SHALL BE REQUIRED TO APPROVE THE FOLLOWING ACTIONS:

- (1) LIQUIDATION OR DISSOLUTION OF SCI FOUNDATION;
- (2) ANY SALE, LEASE, OR OTHER TRANSFER, MORTGAGE, RENOVATION OF OR CONSTRUCTION ON ANY REAL PROPERTY OWNED OR HELD BY SCI FOUNDATION;
- (3) MERGER, CONSOLIDATION OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF SCI FOUNDATION;
- (4) REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PART, OR ADDITION TO ANY PROVISION IN SCI FOUNDATION'S ARTICLES OF INCORPORATION OR BYLAWS AS SUCH RELATE TO (I) THE MISSION AND/OR PURPOSES OF SCI FOUNDATION, (II) THE APPROVAL RIGHTS OF SCI, AND/OR (III) THE RIGHTS OF SCI TO APPOINT DIRECTORS TO THE SCI FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CONTROLLER AND CFO. 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 FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO OFFICERS AND DIRECTORS TO DETERMINE CONFLICTS OF INTEREST, SAFARI CLUB INTERNATIONAL FOUNDATION PERIODICALLY REVIEWS COMPENSATION ARRANGEMENTS AND BENEFITS FOR REASONABLENESS AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, AND TO DETERMINE IF ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVIDUALS CONFORM

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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TO WRITTEN POLICIES, ARE PROPERLY DOCUMENTED, REFLECT REASONABLE PAYMENTS

FOR GOODS AND SERVICES, FURTHER SAFARI CLUB INTERNATIONAL FOUNDATION'S

PURPOSES, AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

FORM 990, PART VI, SECTION B, LINE 15: GENERALLY, SAFARI CLUB

INTERNATIONAL FOUNDATION WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE

APPROPRIATE EXTERNAL MARKETPLACE. TO DO THIS SAFARI CLUB INTERNATIONAL

FOUNDATION 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. COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY

DOCUMENTED IN THE COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: LINE 19 FINANCIAL STATEMENTS, THE

FORM 990, GOVERNING DOCUMENTS AND A COMPILATION OF SAFARI CLUB

INTERNATIONAL FOUNDATION POLICIES ARE POSTED ON SAFARI CLUB INTERNATIONAL

FOUNDATION'S WEBSITE.

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

LOSS ON UNCOLLECTIBLE RECEIVABLE -130,000.

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **SAFARI CLUB INTERNATIONAL FOUNDATION** Employer identification number **86-0292099**

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 - 86-0974183 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	HUNTING ADVOCACY	ARIZONA	501(C)(4)				X
SAFARI INTERNATIONAL CONSERVATION FUND - 23-7222137, 4800 WEST GATES PASS ROAD, TUCSON, AZ 85745	INACTIVE	ARIZONA	501(C)(3)				X
SAFARI CLUB INTERNATIONAL OF CANADA SUITE 200, 440 LAURIER AVE W OTTAWA, ONTARIO, CANADA K1R 7X6	WILDLIFE CONSERVATION	CANADA			SCI	X	
SAFARI CLUB INTERNATIONAL AFRICA TRUST PO BOX 10362 CENTURION 0046, SOUTH AFRICA	WILDLIFE CONSERVATION	SOUTH AFRICA				X	

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

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

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

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

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

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

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

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

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

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAFARI CLUB INTERNATIONAL	C	3,068,483.	COST
(2) SAFARI CLUB INTERNATIONAL	D	422,665.	FAIR VALUE
(3) SAFARI CLUB INTERNATIONAL	J	462,094.	COST
(4) SAFARI CLUB INTERNATIONAL AFRICA TRUST	P	77,235.	COST
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[Lined area for supplemental information]