

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">SAFARI CLUB INTERNATIONAL FOUNDATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">4800 WEST GATES PASS ROAD</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">TUCSON, AZ 85745</div> F Name and address of principal officer: ROBERT BENSON <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">86-0292099</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">520-620-1220</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">10,471,089.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ <div style="border: 1px solid black; padding: 2px;">4325</div>
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 J Website: ▶ <div style="border: 1px solid black; padding: 2px;">WWW.SAFARICLUBFOUNDATION.ORG</div>		
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: <div style="border: 1px solid black; padding: 2px;">1972</div> M State of legal domicile: <div style="border: 1px solid black; padding: 2px;">NV</div>		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
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 2017 (Part V, line 2a)	5	52
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.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	5,067,599.	4,652,358.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,669.	363,927.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	540,497.	597,874.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	857,148.	1,056,755.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,790,913.	6,670,914.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,205,412.	1,921,470.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,028,377.	1,658,109.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <div style="border: 1px solid black; padding: 2px;">1,027,994.</div>	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,366,381.	2,160,400.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,600,170.	5,739,979.
19	Revenue less expenses. Subtract line 18 from line 12	1,190,743.	930,935.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	24,580,594.	26,197,278.
22	Net assets or fund balances. Subtract line 21 from line 20	956,903.	1,118,348.
		23,623,691.	25,078,930.

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 <div style="border: 1px solid black; padding: 2px;">NATHAN BOLT, CFO</div> Type or print name and title	Date <div style="border: 1px solid black; padding: 2px;">5/14/19</div>	
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">STEPHEN E. LIVINGSTON, CP</div> Firm's name ▶ <div style="border: 1px solid black; padding: 2px;">CLIFTONLARSONALLEN LLP</div> Firm's address ▶ <div style="border: 1px solid black; padding: 2px;">5255 EAST WILLIAMS CIRCLE, STE 5000 TUCSON, AZ 85711</div>	Date <div style="border: 1px solid black; padding: 2px;">5/9/2019</div> Check if self-employed <input type="checkbox"/>	PTIN <div style="border: 1px solid black; padding: 2px;">P00317845</div> Firm's EIN ▶ <div style="border: 1px solid black; padding: 2px;">41-0746749</div> Phone no. (520) 790-3500

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

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code:) (Expenses \$ 1,359,230. including grants of \$ 555,343.) (Revenue \$ 122,201.)
-
- EDUCATION PROJECTS - SEE SCHEDULE O.

- 4b (Code:) (Expenses \$ 558,633. including grants of \$) (Revenue \$ 290,983.)
-
- INTERNATIONAL WILDLIFE MUSEUM - SEE SCHEDULE O.

- 4c (Code:) (Expenses \$ 1,510,252. including grants of \$ 936,292.) (Revenue \$)
-
- WILDLIFE CONSERVATION PROGRAM - SEE SCHEDULE O.

- 4d Other program services (Describe in Schedule O.)
-
- (Expenses \$ 611,258. including grants of \$ 429,836.) (Revenue \$ 720.)

- 4e Total program service expenses 4,039,373.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	34	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	52	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AK, AZ, AR, CA, FL, GA, HI, IL, KS, KY, MD, MI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SACKMAN III, WARREN A. PRESIDENT	32.00	X		X				0.	0.	0.
(2) KAUFFMAN, CRAIG L. PRESIDENT ELECT	16.00	X		X				0.	0.	0.
(3) MINX, BROOK F. CORPORATE SECRETARY	16.00	X		X				0.	0.	0.
(4) CUNNINGHAM, RALPH S. CORPORATE TREASURER	16.00	X		X				0.	0.	0.
(5) ANDERSON, DENNIS DIRECTOR	8.00	X						0.	0.	0.
(6) DETWILER, DONALD DIRECTOR	8.00	X						0.	0.	0.
(7) DEVILLE, ROMAN A. DIRECTOR	8.00	X						0.	0.	0.
(8) DONAU, ALRED "SKIP" DIRECTOR	8.00	X						0.	0.	0.
(9) HARTER, DON C. DIRECTOR	8.00	X						0.	0.	0.
(10) LEE, JON T. DIRECTOR	8.00	X						0.	0.	0.
(11) LINDQUIST, SVEN K. DIRECTOR	8.00	X						0.	0.	0.
(12) LONGORIA, RICARDO DIRECTOR	8.00	X						0.	0.	0.
(13) SADLER, SANDRA DIRECTOR	8.00	X						0.	0.	0.
(14) SKOLD, STEVE DIRECTOR	8.00	X						0.	0.	0.
(15) WOODRUFF, RICHARD "BUCK" DIRECTOR	8.00	X						0.	0.	0.
(16) BENSON, ROBERT K. EXECUTIVE DIRECTOR	40.00			X				158,104.	0.	14,756.
(17) BOLT, NATHAN CFO	10.00 30.00			X				0.	154,593.	15,547.

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) HASLER, STEPHEN J. MAJOR GIFTS MANAGER	40.00					X		104,847.	0.	22,346.
(19) LEWIS, MATTHEW D. DIRECTOR OF CONSERVATION	40.00					X		108,495.	0.	8,100.
1b Sub-total								371,446.	154,593.	60,749.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								371,446.	154,593.	60,749.

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 **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	36,895.				
	c Fundraising events	1c					
	d Related organizations	1d	2,026,220.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,589,243.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			4,652,358.			
Program Service Revenue	Business Code						
	2 a TUITION AND ADMISSIONS	611600		352,677.	352,677.		
	b SPONSORSHIPS	900099		11,250.			11,250.
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			363,927.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			387,600.			387,600.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			100,000.			100,000.
	6 a Gross rents	(i) Real	(ii) Personal				
		472,392.					
	b Less: rental expenses		0.				
	c Rental income or (loss)		472,392.				
	d Net rental income or (loss)			472,392.			472,392.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,439,702.					
	b Less: cost or other basis and sales expenses		3,229,428.				
	c Gain or (loss)		210,274.				
	d Net gain or (loss)			210,274.			210,274.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	804,500.				
	b Less: direct expenses	b	493,934.				
	c Net income or (loss) from fundraising events			310,566.			310,566.
	9 a Gross income from gaming activities. See Part IV, line 19	a	55,700.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from gaming activities			55,700.			55,700.
	10 a Gross sales of inventory, less returns and allowances	a	138,040.				
b Less: cost of goods sold	b	76,813.					
c Net income or (loss) from sales of inventory			61,227.	61,227.			
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099		56,870.			56,870.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			56,870.				
12 Total revenue. See instructions.			6,670,914.	413,904.	0.	1,604,652.	

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,714,710.	1,714,710.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,500.	32,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	174,260.	174,260.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	187,292.	24,695.	57,964.	104,633.
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	1,175,324.	672,863.	187,409.	315,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,135.	14,004.	6,220.	2,911.
9 Other employee benefits	198,680.	85,925.	49,563.	63,192.
10 Payroll taxes	73,678.	39,966.	16,291.	17,421.
11 Fees for services (non-employees):				
a Management	19,477.		19,477.	
b Legal	69,572.	1,913.	59,318.	8,341.
c Accounting	20,717.		20,717.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,933.	1,256.	18,847.	111,830.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	69,841.	6,166.		63,675.
12 Advertising and promotion	229,538.	109,178.	1,882.	118,478.
13 Office expenses	213,380.	124,245.	50,340.	38,795.
14 Information technology	44,613.	1,717.	40,706.	2,190.
15 Royalties				
16 Occupancy	144,218.	136,154.	8,064.	
17 Travel	286,346.	193,855.	32,162.	60,329.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,566.	12,197.	7,730.	1,639.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	321,245.	247,746.	71,932.	1,567.
23 Insurance	80,682.	44,984.	3,170.	32,528.
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	200,816.	198,274.	1,124.	1,418.
b MAINTENANCE & SECURITY	186,021.	174,068.	11,953.	0.
c PRINTING	81,632.	13,129.	3,013.	65,490.
d POSTAGE	38,753.	15,568.	4,680.	18,505.
e All other expenses SEE SCH O	50.		50.	
25 Total functional expenses. Add lines 1 through 24e	5,739,979.	4,039,373.	672,612.	1,027,994.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,013,095.	1	1,797,155.
	2 Savings and temporary cash investments	1,690,631.	2	1,435,614.
	3 Pledges and grants receivable, net	1,177,603.	3	1,794,864.
	4 Accounts receivable, net	207,534.	4	75,055.
	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	72,250.	8	47,194.
	9 Prepaid expenses and deferred charges	77,196.	9	74,667.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,103,462.		
	b Less: accumulated depreciation	10b 9,264,788.	10c	3,838,674.
	11 Investments - publicly traded securities	3,165,563.	11	15,807,042.
	12 Investments - other securities. See Part IV, line 11	14,849,521.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,327,201.	15	1,327,013.
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,580,594.	16	26,197,278.	
Liabilities	17 Accounts payable and accrued expenses	313,234.	17	447,835.
	18 Grants payable		18	
	19 Deferred revenue	572,035.	19	596,792.
	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	71,634.	25	73,721.
	26 Total liabilities. Add lines 17 through 25	956,903.	26	1,118,348.
	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		7,795,387.	27	8,842,941.
28 Temporarily restricted net assets		2,727,637.	28	2,113,198.
29 Permanently restricted net assets		13,100,667.	29	14,122,791.
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		23,623,691.	33	25,078,930.
34 Total liabilities and net assets/fund balances		24,580,594.	34	26,197,278.

Form 990 (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,670,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,739,979.
3	Revenue less expenses. Subtract line 2 from line 1	3	930,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,623,691.
5	Net unrealized gains (losses) on investments	5	514,305.
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	9,999.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,078,930.

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

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

Form 990 (2017)

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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"/>

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,317,952.	4,636,508.	4,529,626.	5,067,599.	4,652,358.	23,204,043.
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	1,147,344.	522,548.	456,043.	466,471.	490,717.	3,083,123.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	48,268.	691,806.	747,401.	673,006.	871,450.	3,031,931.
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	5,513,564.	5,850,862.	5,733,070.	6,207,076.	6,014,525.	29,319,097.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,794,898.	3,199,351.	3,226,335.	3,263,604.	3,262,833.	15,747,021.
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	2,794,898.	3,199,351.	3,226,335.	3,263,604.	3,262,833.	15,747,021.
8 Public support. (Subtract line 7c from line 6.)						13,572,076.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	5,513,564.	5,850,862.	5,733,070.	6,207,076.	6,014,525.	29,319,097.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	841,384.	948,552.	899,431.	929,068.	959,992.	4,578,427.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	841,384.	948,552.	899,431.	929,068.	959,992.	4,578,427.
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 VI.)	45,599.	25,901.	51,571.	19,465.	56,870.	199,406.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,400,547.	6,825,315.	6,684,072.	7,155,609.	7,031,387.	34,096,930.

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 2017 (line 8, column (f) divided by line 13, column (f))	15	39.80 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	42.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	13.43 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	11.54 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

OTHER INCOME

GAMING (REPORTABLE ON LINE 3)

SCHEDULE A, PART III, LINES 3 AND 12:

THE RECEIPTS FROM THE GAMING ACTIVITIES WERE INCLUDED ON LINE 12 FOR THE 2013 THROUGH 2015 TAX YEAR COLUMNS IN PRIOR YEAR RETURNS. THESE AMOUNTS ARE MORE ACCURATELY INCLUDED ON LINE 3 PER THE IRS SCHEDULE A INSTRUCTIONS. THE 2013 THROUGH 2015 TAX YEAR COLUMNS HAVE BEEN RESTATED IN SCHEDULE A TO REPORT THE GROSS GAMING REVENUES ON LINE 3. THIS RESTATEMENT HAS NOT SIGNIFICANTLY IMPACTED THE PUBLIC SUPPORT PERCENTAGE.

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

OMB No. 1545-0047

2017

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 113,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 12,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 6,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 105,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 16,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 19,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 18,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 12,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 326,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 9,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 80,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 11,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 25,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 94,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 10,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 2,033,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 10,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 11,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 104,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 52,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 10,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 133,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 63,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 102,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open 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" on 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 value of contributions to (during year)	50,000.	
3 Aggregate value of grants from (during year)	0.	
4 Aggregate value at end of year	421,941.	

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? ☒ Yes ☐ 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? ☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
(ii) Assets included in Form 990, Part X	▶ \$	1,377,755.

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$	0.
b Assets included in Form 990, Part X	▶ \$	41,650.

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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☒ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,817,337.	12,537,139.	11,916,931.	11,798,282.	10,304,836.
b Contributions	810,730.	803,296.	706,909.	792,979.	603,661.
c Net investment earnings, gains, and losses	918,626.	1,220,591.	-67,731.	340,349.	1,495,901.
d Grants or scholarships	1,119,945.	644,550.	-73,100.	958,900.	560,909.
e Other expenditures for facilities and programs					
f Administrative expenses	109,025.	99,139.	92,070.	55,779.	45,207.
g End of year balance	14,317,723.	13,817,337.	12,537,139.	11,916,931.	11,798,282.

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 ☐ 92.60 %c Temporarily restricted endowment ☐ 7.40 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		309,962.		309,962.
b Buildings		10,091,974.	7,789,690.	2,302,284.
c Leasehold improvements		1,644,528.	1,456,401.	188,127.
d Equipment		1,015,348.	18,697.	1,038,301.
e Other	41,650.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,838,674.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) EXHIBITS - NET OF AMORTIZATION	1,302,802.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	24,211.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,327,013.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RELATED PARTY DEPOSIT	73,721.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	73,721.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,339,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	514,305.
b	Donated services and use of facilities	2b	583,413.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,097,718.
3	Subtract line 2e from line 1	3	7,241,660.
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	-570,746.
c	Add lines 4a and 4b	4c	-570,746.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,670,914.

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

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

1	Total expenses and losses per audited financial statements	1	6,884,139.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	583,413.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	560,747.
e	Add lines 2a through 2d	2e	1,144,160.
3	Subtract line 2e from line 1	3	5,739,979.
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	5,739,979.

Part XIII Supplemental Information.

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

PART 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 X, LINE 2:

SCIF EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX

Part XIII Supplemental Information (continued)

FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AS OF JUNE 30, 2018 AND 2017, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	-76,813.
COST OF FUNDRAISING EVENTS	-493,935.
ROUNDING	2.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-570,746.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD DEDUCTED AGAINST REVENUES	76,813.
COST OF FUNDRAISING EVENTS DEDUCTED AGAINST REVENUES	493,935.
RECOVERY OF PREVIOUSLY UNCOLLECTIBLE PLEDGE	-10,000.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	560,747.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE GRANTS		52,433.
NORTH AMERICA	0	0	PROGRAM SERVICE GRANTS		121,827.
3 a Sub-total	0	0			174,260.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			174,260.

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

Schedule F (Form 990) 2017

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	52,433.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	60,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	5,000.	CHECK	0.		
		NORTH AMERICA	PROGRAM SUPPORT	30,000.	CHECK	0.		
		NORTH AMERICA	PROGRAM SUPPORT	25,328.	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

5

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V Supplemental Information

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

PART I, LINE 2:

SAFARI CLUB INTERNATIONAL FOUNDATION REQUESTS PROGRESS REPORTS AND FINAL
REPORTS AS WELL AS PICTURES, VIDEOS, AND AN ARTICLE DETAILING THE
COMPLETED PROJECT.

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Employer identification number
86-0292099

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	CONVENTION (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	804,500.			804,500.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	804,500.			804,500.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	47,740.			47,740.
7 Food and beverages	253,609.			253,609.
8 Entertainment	16,500.			16,500.
9 Other direct expenses	176,085.			176,085.
10 Direct expense summary. Add lines 4 through 9 in column (d)				493,934.
11 Net income summary. Subtract line 10 from line 3, column (d)				310,566.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue			55,700.	55,700.
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. Subtract line 7 from line 1, column (d)				55,700.

9 Enter the state(s) in which the organization conducts gaming activities: **AZ, NV, DC**a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ Nob 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 conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **NATHAN BOLT**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 ▶ **DAN BROOKS**Gaming manager compensation ▶ \$ **99,675.**

Description of services provided ▶ **RESPONSIBLE FOR ORGANIZING SWEEPSTAKES. HIS TOTAL COMPENSATION IS LISTED ALTHOUGH MANAGING THE GAMING ACTIVITY IS ONLY A SMALL PART OF HIS DUTIES.**

☐ Director/officer☒ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV	Supplemental Information (continued)
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACOMA BIG GAME TROPHY HUNTS PO BOX 310 PUEBLO OF ACOMA, NM 87034	85-0448136	GOVERNMENT	19,800.	0.			CONSERVATION TAG
AMERICA'S WILDLIFE ASSOCIATION FOR RESOURCE EDUCATION - 1100 1ST STREET NE, SUITE 825 - WASHINGTON, DC 20002	52-1105734	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ARIZONA GAME & FISH DEPARTMENT 5000 WEST CAREFREE HIGHWAY PHOENIX, AZ 85086-8000	86-6004791	GOVERNMENT	14,000.	0.			SUMMER COLLEGE INTERNSHIP
BANOVICH WILDSAPES FOUNDATION 2 PINE CREEK ROAD LIVINGSTON, MT 59047	20-5896020	501(C)(3)	50,000.	0.			AWARD FOR CONSERVATION EXCELLENCE
BRITTANY BODDINGTON 5832 N. 2ND AVE. PHOENIX, AZ 85013	81-5384674	SOLE PROPRIETOR	7,500.	0.			SPONSORSHIP
BRUSH COUNTY MONSTERS 538 COLONIAL ST MEADOWLAKES, TX 78654	46-3959276	LLC-PARTNERSHIP	10,000.	0.			SPONSORSHIP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **24.**
- 3 Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) (2017)

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
BSA NATIONAL FOUNDATION 1325 WEST WALNUT HILL LANE IRVING, TX 75015-2079	75-2675978	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
DENVER CHAPTER PO BOX 543 BENNET, CO 80102-0543	51-0157851	501(C)(4)	6,100.	0.			PROGRAM SUPPORT
DISCOVER MEDIAWORKS, INC. PO BOX 1807 EAGLE RIVER, WI 54521	39-1648018	CORPORATION	55,000.	0.			AMERICA'S HUNTER LEGACY PROGRAM
HOUSTON CHAPTER 15418 TUTBURY CIR HOUSTON, TX 77044-4922	76-0511852	501(C)(4)	33,425.	0.			HURRICANE RELIEF
INCLUSIVE CONSERVATION GROUP 711 OAK ST. #102 WINNETKA, IL 60093	81-3225246	501(C)(3)	264,000.	0.			SOCIAL MEDIA QUICK RESPONSE
INCLUSIVE CONSERVATION GROUP 711 OAK ST. #102 WINNETKA, IL 60093	81-3225246	501(C)(3)	134,400.	0.			SOCIAL MEDIA CRISIS RESPONSE CAPABILITY
INTEGRAL ECOLOGY RESEARCH CENTER 239 RAILROAD AVE PO BOX 52 BLUE LAKE, CA 95525	20-1687238	CORPORATION	50,000.	0.			CA BLACK BEAR PROJECTS
KTK-BELT PO BOX 1169 MONTPELIER, VT 05601-1169	47-2166334	501(C)(3)	16,103.	0.			NEPAL SNOW LEOPARD PROJECT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES - PO BOX 30451 - LANSING, MI 48909-7951	38-6000134	GOVERNMENT	0.	14,215.	TIME CARDS	WAGES TO NAMED PERSON	PREDATOR-PREY PROJECT

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
MICHIGAN INVOLVEMENT COMMITTEE 2852 COLONIAL WAY BLOOMFIELD HILLS, MI 48304	36-4526107	501(C)(3)	12,000.	0.			PREDATOR-PREY PROJECT
MISSISSIPPI STATE UNIVERSITY-CARNIVORE ECOLOGY LAB - PO BOX 5307 - MISSISSIPPI, MS 39762	64-6000819	501(C)(3)	0.	210,100.	BUDGET REQUEST	OPERATIONAL EXPENSES PAID	TANZANIA LION PROJECT
MISSISSIPPI STATE UNIVERSITY-CARNIVORE ECOLOGY LAB - PO BOX 5307 - MISSISSIPPI, MS 39762	64-6000819	501(C)(3)	20,000.	0.			PREDATOR-PREY PROJECT
NATIONAL ARCHERY IN THE SCHOOLS PROGRAM, INC - W4285 LAKE DRIVE - WALDO, WI 53093	20-1112663	501(C)(3)	12,000.	0.			SPONSORSHIP
NAVAJO NATION DEPARTMENT OF FISH & WILDLIFE - PO BOX 1480 - WINDOW ROCK, AZ 86515-1480	86-0092335	GOVERNMENT	15,300.	0.			CONSERVATION TAG
NEW MEXICO STATE UNIVERSITY MSC SPA, PO BOX 30002 LAS CRUCES, NM 88003-8002	85-6000401	170	35,000.	0.			TAJIKISTAN ARGALI SHEEP PROJECT
NORTHERN NEVADA CHAPTER 4790 CAUGHLIN PKWY PMB 227 RENO, NV 89519-0907	88-0290683	501(C)(3)	6,150.	0.			PROJECT SUPPORT
PARKS AND WILDLIFE FOUNDATION OF TEXAS, INC. - 2914 SWISS AVE - DALLAS, TX 75204	74-2602504	501(C)(3)	39,183.	0.			HURRICANE RELIEF
RICK WESTPHAL 5302 E. CALLE DE LOS FLORES CAVE CREEK, AZ 85331	26-2056702	INDIVIDUAL	18,500.	0.			WOOD BISON PROJECT

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
RICK WESTPHAL 5302 E. CALLE DE LOS FLORES CAVE CREEK, AZ 85331	26-2056702	INDIVIDUAL	1,250.	0.			YOUTH HUNT VIDEOGRAPHY
SAFARI CLUB FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	86-0292099	501(C)(3)	18,223.	0.			PROGRAM SUPPORT
SOUTHWEST OHIO CHAPTER 8150 AUTUMN LANE WEST CHESTER, OH 45069-2888	31-1407043	501(C)(4)	5,400.	0.			PROGRAM SUPPORT
SOUTHWEST OHIO CHAPTER 8150 AUTUMN LANE WEST CHESTER, OH 45069-2888	31-1407043	501(C)(4)	5,535.	0.			PROGRAM SUPPORT
SPURWING 1880 HARBOR ISLAND DRIVE FL3 SAN DIEGO, CA 92101	47-3180660	S-CORP	100,000.	0.			HUNT SCHOOL PROGRAM
STATE OF COLORADO 1313 SHERMAN STREET #423 DENVER, CO 80203	84-0644739	GOVERNMENT	50,000.	0.			GUNNISON BASIN ELK PROJECT
STATE OF MONTANA 1420 E. SIXTH AVE HELENA, MT 59620	81-0302402	GOVERNMENT	50,000.	0.			SAGE GROUSE PROJECT
STATE OF VERMONT DEPT OF FISH AND WILDLIFE - 1 NATIONAL LIFE DRIVE, DAVIS 2 - MONTPELIER, VT 05620-3702	03-6000264	GOVERNMENT	50,000.	0.			MOOSE PROJECT
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	81-6001713	EDUCATION	53,917.	0.			ALBERTA YA HA TINDA BULL ELK PROJECT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UNIVERSITY SCHOLARSHIPS	36	32,500.	0.		

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

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

Part IV Supplemental Information

DROPS OUT THE UNIVERSITY RETURNS THE FUNDS TO 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

Part I Questions Regarding Compensation

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

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

Yes No

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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

4a

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

X

4b

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

X

4c

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

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

5a

a The organization?

X

5b

b Any related organization?

X

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

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

6a

a The organization?

X

6b

b Any related organization?

X

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

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

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

X

9 If "Yes" on 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) 2017

Part III Supplemental Information

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

PART I, LINE 3:

THE RELATED ORGANIZATION IN SCHEDULE R, SCI, CHECKS THE SAME BOXES AS SCIF.

PART I, LINE 7:

SCIF AND SCI BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATIONAL GOALS
AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS. NO BONUSES WERE PAID
IN THE CURRENT YEAR.

SCHEDULE 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.

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

OMB No. 1545-0047

2017

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 SCI FOUNDATION FUNDS AND DIRECTS
WILDLIFE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION AND OUTDOOR
EDUCATION.

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

SCI FOUNDATION FUNDS AND DIRECTS WILDLIFE PROGRAMS DEDICATED TO
WILDLIFE CONSERVATION AND OUTDOOR EDUCATION. 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

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

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.

SOME SPECIFIC ACCOMPLISHMENTS/HIGHLIGHTS:

R3 INITIATIVES - AMERICAN'S HUNTING HERITAGE - AMERICAN'S HUNTING
HERITAGE PRODUCTION A SERIES ON CONSERVATION EDUCATION IS A
COLLABORATION BETWEEN THE HUNTER LEGACY FUND, SCIF - EDUCATION SABLES
AND INTOTHEOUTDOORS.ORG (ITO) THIS PROGRAM AIRED IN THE MID-WEST ON 22
TELEVISION STATIONS AND IS ALSO WEBCAST ON INTOTHEOUTDOORS.ORG, WHICH
HAD APPROXIMATELY 260,000 VIEWS, WITH 50% OVER 18 YEARS OLD AND IN
TOTAL OVER 2 MILLION VIEWS ARE PROJECTED IN THE NEXT FIVE YEARS.

SCHOLARSHIPS - DISTRIBUTED \$28,000 IN COLLEGE SCHOLARSHIPS TO 16
COLLEGE STUDENTS THAT ARE PURSUING DEGREES IN CONSERVATION AND NATURAL

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

RESOURCE MAJORS. ALSO MAINTAINED 6 ENDOWED SCHOLARSHIPS THAT
DISTRIBUTED APPROXIMATELY ANOTHER \$10,000 TO STUDENTS AND INITIATED
FUND RAISING FOR THE FIRST SCIF CANADA STUDENT SCHOLARSHIP WITH THE
UNIVERSITY OF SASKATCHEWAN.

THE SALVATION ARMY OUTDOOR (TSA) PARTNERSHIP - A YOUTH PROGRAM
PARTNERSHIP BETWEEN SCIF EDUCATION SABLES AND THE SALVATION ARMY
OUTDOORS PROVIDED INSTRUCTION AND EQUIPMENT FOR CONSERVATION EDUCATION
TO BE UTILIZED FOR CONSERVATION EDUCATION AND SHOOTING SPORTS. THIS
EFFORT ALLOWS TSA OUTDOOR PROGRAMS TO REACH 230,000 YOUTH ANNUALLY WHO
LEARN AND EXPERIENCE ARCHERY AND PELLET RIFLE SHOOTING, AND
CONSERVATION LESSONS.

THE BOY SCOUTS OF AMERICA PARTNERSHIP - A YOUTH PROGRAM PARTNERSHIP
THAT EMPHASIZES TEACHING HUNTER EDUCATION AND SHOOTING SPORTS AT THE
BSA SUMMIT BECHTEL RESERVE FACILITY HAS BEEN ESTABLISHED.
APPROXIMATELY 2,900 YOUTHS FROM 44 STATES HAVE ALREADY PARTICIPATED IN
THESE ACTIVITIES IN 2018.

CABIN RENOVATION FUND RAISING EXCEEDS \$880,000 - EDUCATION SABLES AND
SCIF EXCEEDED AN INITIAL FUND-RAISING GOAL OF \$870,000 FOR A DUPLEX
CABIN RENOVATION PROJECT. DONATIONS RECEIVED FOR THIS PROJECT ARE AT
\$883,220 AND WILL BE USED FOR BUILDING EXPENSE WITH THE PROJECT BEING
99%.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

INTERNATIONAL WILDLIFE MUSEUM: CONSTRUCTED TO PRESERVE AND DISPLAY THE

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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. MUSEUM ATTENDANCE AND PARTICIPATION
THIS YEAR IS ABOUT 47,000 ATTENDEES.

SOME SPECIFIC ACCOMPLISHMENTS/HIGHLIGHTS:

BALANCING THE BUDGET - THE MUSEUM CONTINUES TO TRIM COSTS WHERE
APPLICABLE AND FY 2018 WAS THE FIRST TIME THAT REVENUE EXCEEDED
EXPENDITURE AND FY 2019 IS ON A SIMILAR COURSE WHERE REVENUE IS
EXPECTED TO EXCEED EXPENDITURES

MUSEUM EXTERIOR SIGN - THE SCIF MUSEUM COMMITTEE APPROVED THE
CONSTRUCTION OF SIGN AT THE ENTRANCE OF MUSEUM. THE PHYSICAL
CONSTRUCTION HAS BEEN ACCOMPLISHED

MOVE GIFT SHOP - A PREVIOUS PROJECTION HAD PROPOSED TO MOVE THE GIFT
SHOP NEXT TO THE TICKET WINDOW LOCATION BY FY 2020. THIS MOVE HAS BEEN
ACCOMPLISHED EARLY AND ALLOWED FOR THE REDUCTION IN PART-TIME PERSONNEL

INCREASE IN ADMISSION FEES - THE SCIF MUSEUM COMMITTEE APPROVED A
SLIGHT INCREASE IN ADMISSION FEES. REVENUES IN FY 2018 WERE
APPROXIMATELY \$10,000 HIGHER THAN FY 2017 WHICH IS ATTRIBUTED IN PART
TO THIS INCREASE

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

WILDLIFE CONSERVATION PROGRAM: PROJECTS CONDUCTED WORLDWIDE TO

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

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 \$936,292 WERE MADE TO OTHER EXEMPT ENTITIES TO FURTHER THESE CONSERVATION EFFORTS.

SOME SPECIFIC ACCOMPLISHMENTS/HIGHLIGHTS:

- THE CONSERVATION DEPARTMENT DISTRIBUTED OVER \$200,000 TO RESEARCH PROJECTS IN NORTH AMERICA, INCLUDING TO OUR FLAGSHIP PROJECTS EXAMINING PREDATOR-PREY RELATIONSHIPS IN SEVERAL ECOSYSTEMS. OUR 10-YEAR PROJECT IN THE UPPER PENINSULA OF MICHIGAN RECENTLY PRODUCED A HABITAT IMPROVEMENT COOPERATIVE THAT RECEIVED A \$70,000 GRANT TO IMPROVE WINTER YARDING CONDITIONS IN THE REGION.

- WE CONTINUED OUR LEADING RESEARCH PROJECT EXAMINING SURVEY METHODS FOR AFRICAN LIONS IN TANZANIA. THIS RESEARCH WILL BE USED TO REFINE METHODS THROUGHOUT THE REGION AND WILL POSSIBLY BE EXPANDED TO OTHER SPECIES, INCLUDING LEOPARDS

- SCIF CONTRIBUTED OVER \$100,000 TO ANTI-POACHING EFFORTS IN AFRICA AND ELSEWHERE, RAISING OUR TOTAL ANTI-POACHING SUPPORT TO OVER \$500,000 IN THE LAST FIVE YEARS

- WE CONTINUED TO SUPPORT THE DEVELOPMENT OF COMMUNITY-BASED HUNTING AND SUSTAINABLE USE CONSERVATION EFFORTS IN CENTRAL ASIA, WITH FOCI IN

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TAJIKISTAN AND PAKISTAN

- WE HOSTED OUR 16TH AFRICAN WILDLIFE CONSULTATIVE FORUM IN KAMPALA, UGANDA IN NOVEMBER 2018. THIS UNIQUE GATHERING OF GOVERNMENTS, PROFESSIONAL HUNTING ASSOCIATIONS, AND NGOS INCLUDED DELEGATIONS FROM EIGHT AFRICAN COUNTRIES, THE UNITED STATES, AND THE EUROPEAN UNION, AND A TOTAL OF NEARLY 80 PARTICIPANTS

- WE CONTINUED TO BE ACTIVE IN THE INTERNATIONAL POLICY ARENA, INCLUDING THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES (CITES), THE INTERNATIONAL UNION FOR THE CONSERVATION OF NATURE (IUCN), THE ASSOCIATION OF FISH AND WILDLIFE AGENCIES, AND THE WILDLIFE SOCIETY. WE WILL BE SENDING A STRONG DELEGATION TO THE 19TH CITES CONFERENCE OF THE PARTIES IN 2019

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

HUMANITARIAN SERVICES PROGRAM

SOME SPECIFIC ACCOMPLISHMENTS/HIGHLIGHTS:

PATHFINDER WINNER SELECTED - COREY MCGREGOR AN ADVOCATE TO THE PUBLIC FOR THE AMERICANS WITH DISABILITIES ACT (ADA) AND CO-FOUND WYOMING DISABLED HUNTERS WAS SELECTED AS THE SCIF PATHFINDER WINNER. COREY AND A GUEST HAVE BEEN AWARDED BY SCIF A 10-DAY SAFARI IN NAMIBIA AFRICA

SAFARI CARE - SAFARI CARE'S BELL FAMILY BLUE BAGS FILLED MUCH NEEDED SUPPLIES LIKE MEDICAL, EDUCATIONAL, AND OTHER RELIEF SUPPLIES WERE

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DELIVERED TO 13 COUNTRIES. THE PROGRAM EXPANDED WITH A NEW PARTNER, THE INTERNATIONAL WILDLIFE FELLOWSHIP FOUNDATION (IWFF), THAT WILL AID IN THE HUMANITARIAN RELIEF AND SOCIAL RESPONSIBILITY EFFORTS FOR NEEDY INDIVIDUALS IN AFRICA

VETERAN'S PROGRAM - THE SCIF VETERANS COMMITTEE SELECTED COMBAT VETERAN JEFF WELLINGTON TO GO ON A BLACK BEAR HUNT IN MAINE. IT ALSO HONORS VETERANS BY ATTENDING WALTER REED HOSPITAL AND PARTICIPATING IN CEREMONIES OF THE TOMB OF THE UNKNOWN SOLDIER AT ARLINGTON NATIONAL CEMETERY

SPORTSMEN AGAINST HUNGER - LAST YEAR IN LAS VEGAS, JUST ONE SPORTSMEN AGAINST HUNGER EVENT FED 835 NEEDY PEOPLE, GIVING THEM A MUCH-NEEDED MEAL WITH HIGH QUALITY PROTEIN OF VENISON. THIS MEAL WAS PROVIDED FREE OF CHARGE, AND SCIF PARTICIPANTS ALSO GAVE OUT HANDWARMERS, BEANIES, SOCKS AND CHAP STICK TO PROVIDE COMFORT FOR INCLEMENT WEATHER

HUMANITARIAN SERVICES MATCHING GRANTS - THIS SUB-COMMITTEE DISTRIBUTES GRANTS FOR SPORTSMEN AGAINST HUNGER CAMPAIGNS, FILLING AND DISTRIBUTION OF BLUE BAGS, SENSORY SAFARIS AND ANY HUNTING RELATED ACTIVITIES TO RAISE FUNDS FOR CANCER RESEARCH. A TOTAL OF \$14,232.51 WAS GIVEN OUT IN GRANTS TO 10 CHAPTERS

EXPENSES \$ 322,711. INCLUDING GRANTS OF \$ 141,289. REVENUE \$ 720.

FUNDRAISING- GRANT TO SEC. 501(C)(3) ORGANIZATION FOR INFORMATION CONCERNING HOW TO USE SOCIAL MEDIA BETTER FOR FUNDRAISING EFFORTS AND HOW TO ADDRESS POOR MEDIA COVERAGE.

EXPENSES \$ 288,547. INCLUDING GRANTS OF \$ 288,547. REVENUE \$ 0.

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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.

FORM 990, PART VI, SECTION A, 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

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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 11B:

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 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

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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, FL, GA, HI, IL, KS, KY, MD, MI, MN, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA
WI, WV, AL, DC, MA

FORM 990, PART VI, SECTION C, 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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	50.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	50.

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

ROUNDING

-1.

PRIOR YEAR UNCOLLECTIBLE PLEDGE RECOVERY

10,000.

TOTAL TO FORM 990, PART XI, LINE 9

9,999.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAFARI CLUB INTERNATIONAL - 86-0974183 4800 WEST GATES PASS ROAD TUCSON, AZ 85745	HUNTING ADVOCACY	ARIZONA	501(C)(4)		N/A		X
SAFARI CLUB INTERNATIONAL CONSERVATION FUND - 23-7222137, 4800 WEST GATES PASS ROAD, TUCSON, AZ 85745	INACTIVE	ARIZONA	501(C)(3)		SCIF		X

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

Schedule R (Form 990) 2017

Part III

[illegible]

Part IV

[illegible]

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAFARI CLUB INTERNATIONAL	C	508,294.	FMV
(2) SAFARI CLUB INTERNATIONAL	J	529,801.	FMV
(3) SAFARI CLUB INTERNATIONAL	O	583,413.	FMV
(4) SAFARI CLUB INTERNATIONAL	P	228,077.	FMV
(5) SAFARI CLUB INTERNATIONAL	Q	225,776.	FMV
(6) SAFARI CLUB INTERNATIONAL	S	1,517,926.	FMV

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.

[illegible]

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

Provide additional information for responses to questions on scenarios in 600 instructions.