



JLK Rosenberger, LLP

2601 Main Street, Suite 580
Irvine, California 92614

Tel: (949) 860-9902
Fax: (949) 860-9903

May 14, 2024

Safari Club International
4800 West Gates Pass Road
Tucson, AZ 85745

Safari Club International:

Enclosed are the organization's 2022 Exempt Organization returns.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Kristel Espinosa, CPA
Partner

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SAFARI CLUB INTERNATIONAL

EIN or SSN

86-0974183

Name and title of officer or person subject to tax

**WILLIAM LAIRD HAMBERLIN
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,272,961.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JLK ROSENBERGER, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30035892780

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JLK ROSENBERGER, LLP

Date 05/14/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SAFARI CLUB INTERNATIONAL

EIN or SSN

86-0974183

Name and title of officer or person subject to tax

**WILLIAM LAIRD HAMBERLIN
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JLK ROSENBERGER, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30035892780

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JLK ROSENBERGER, LLP

Date 05/14/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 SAFARI CLUB INTERNATIONAL Doing business as HUNTER PRIDE; SCI POLITICAL ACTI Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85745 F Name and address of principal officer: WILLIAM LAIRD HAMBERLIN SAME AS C ABOVE	D Employer identification number 86-0974183 E Telephone number 520-620-1220 G Gross receipts \$ 27,452,408. 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 2663
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SCIFIRSTFORHUNTERS.ORG		
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: 1999		M State of legal domicile: AZ

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	220
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	220
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	125
	6 Total number of volunteers (estimate if necessary)	6	305
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,321,018.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		1,482,918.	2,481,830.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,069,556.	4,463,154.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		708,013.	272,918.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,368,582.	8,055,059.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,629,069.	15,272,961.
14 Benefits paid to or for members (Part IX, column (A), line 4)		213,804.	255,824.
Expenses	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)	4,992,951.	6,713,459.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,471,033.	7,026,734.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,026,734.	11,708,907.
	19 Revenue less expenses. Subtract line 18 from line 12	12,233,489.	18,678,190.
	20 Total assets (Part X, line 16)	-1,604,420.	-3,405,229.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	20,978,762.	24,011,388.
		18,627,486.	24,602,658.

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 WILLIAM LAIRD HAMBERLIN, CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTEL ESPINOSA, CPA	Preparer's signature KRISTEL ESPINOSA, CP	Date 05/14/24	Check if self-employed <input type="checkbox"/>	PTIN P01445293
	Firm's name JLK ROSENBERGER, LLP	Firm's EIN 27-1532099	Phone no. (949) 860-9892		
	Firm's address 2601 MAIN STREET STE. 580 IRVINE, CA 92614				

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 [X] No

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

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

4a (Code:) (Expenses \$ 7,027,839. including grants of \$) (Revenue \$ 3,900,640.) MEMBER & CHAPTER SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,054,645. including grants of \$ 119,493.) (Revenue \$ 0.) HUNTING ADVOCACY - SEE SCHEDULE O

4c (Code:) (Expenses \$ 136,331. including grants of \$ 136,331.) (Revenue \$ 0.) CONSERVATION - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,218,815.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 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 on Schedule O.		
	1a 220		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 220		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AZ, AR, CA, FL, GA, HI, IL, KS, KY, MD, MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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
JIM WADLINGTON, CFO - 520-620-1220
4800 WEST GATES PASS ROAD, TUCSON, AZ 85745

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HAMBERLIN, LAIRD CEO	30.00 10.00			X				425,512.	0.	32,026.
(2) BOLT, NATHAN J CFO	30.00 10.00						X	218,354.	0.	15,999.
(3) CASSIDY, BENJAMIN J DIRECTOR OF ADVOCACY	40.00 0.00	X						193,673.	0.	25,604.
(4) ROGERS, MICHAEL D DIRECTOR OF EVENTS	40.00 0.00			X				171,561.	0.	10,231.
(5) COMUS, STEPHEN F DIRECTOR OF COMMUNICATIONS	40.00 0.00				X			140,573.	0.	13,116.
(6) GUAGLIARDO, PAUL DIRECTOR OF IT	40.00 0.00				X			134,143.	0.	14,151.
(7) LENNOX, REGINA A FORMER PRESIDENT	40.00 0.00				X			116,053.	0.	29,317.
(8) BLACK, PAUL CFO	30.00 10.00			X				0.	0.	0.
(9) LINDQUIST, SVEN K PRESIDENT	20.00 0.00	X		X				0.	0.	0.
(10) MCLAURIN, JOHN PRESIDENT-ELECT	20.00 0.00	X		X				0.	0.	0.
(11) COLE, LOUIS P VICE PRESIDENT	20.00 0.00	X		X				0.	0.	0.
(12) DANIELS, TYLER VICE PRESIDENT	20.00 8.00	X		X				0.	0.	0.
(13) LEONARD, MICHAEL J VICE PRESIDENT	20.00 0.00	X		X				0.	0.	0.
(14) MEYERL, JEFF VICE PRESIDENT	20.00 0.00	X		X				0.	0.	0.
(15) SACKMAN III, WARREN A DIRECTOR-AT-LARGE	20.00 8.00	X		X				0.	0.	0.
(16) SWAN, VICKI VICE PRESIDENT	20.00 8.00	X		X				0.	0.	0.
(17) WEBB, LEW VICE PRESIDENT	20.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDERSON, KEVIN K SCI PAST PRESIDENT	5.00 8.00	X						0.	0.	0.
(19) BABAZ, PAUL SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(20) BOLLMAN, PATRICK SCI PAST PRESIDENT	5.00 8.00	X						0.	0.	0.
(21) EDEWAARD, VERN SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(22) HIGGINS, LARRY B SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(23) JACKSON III, JOHN SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(24) NORRIS, LANCE H SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(25) POCIUS, E WAYNE SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(26) SHEPARD, MERLE SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
1b Subtotal								1,399,869.	0.	140,444.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,399,869.	0.	140,444.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROSSROADS STRATEGIES LLC, 800 NORTH CAPITOL STREET NORTHWEST SUITE 800, INTELITRANS LLC, 4314 E GRAYTHORN AVE STE 100, PHOENIX, AZ 85044	CONSULTING SERVICES	240,000.
HUGO A ZAMORA, 91 NORTH ASHWOOD AVENUE APARTMENT 305, VENTURA, CA 93003	DISTRIBUTION SERVICES	237,882.
THE HERALD GROUP LLC, 1800 M STREET, NORTHWEST SUITE 450 SOUTH, WASHINGTON, DE	AUDIO VISUAL SERVICES	207,660.
DICKINSON LLC, 5140 COMMERCE AVENUE UNIT A & B, MOORPARK, CA 93021	PUBLIC RELATIONS SERVICES	185,000.
	PRODUCT VENDOR	183,000.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SKOLD, STEVE SCI PAST PRESIDENT	5.00 8.00	X						0.	0.	0.
(28) YAJKO, R DOUGLAS SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(29) ANDERSON, DENNIS SCI/SCIF PAST PRESIDENT	5.00 8.00	X						0.	0.	0.
(30) BANKS, GEORGE SCI/SCIF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(31) BOGNER, GARY F SCI/SCIF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(32) MONSON, JOHN SCI/SCIF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(33) ROGERS, SR MIKE SCI/SCIF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(34) HORN II, PETER L SCICF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(35) MORGAN, DON R SCICF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(36) ALBRECHT, CHRIS DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(37) ATKINSON, HERB DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(38) BLACK, DONALD E DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(39) CUSACK, LOUIS DIRECTOR-AT-LARGE	5.00 8.00	X						0.	0.	0.
(40) EAVENSON, BLAKE DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(41) FONTENOT, JIMMY DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(42) KENNEDY III, RICHARD R DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(43) KIMBELL, JEFFREY DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(44) LANFORD, RONALD N DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(45) LITTLE, DAVID A DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(46) MATTUSCH, TOM DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MCCANN, SEAN DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(48) MCCLAIN, ALAN DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(49) SANTOS, TREVOR DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(50) SWAN, BILL DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(51) TAYLOR, OSCAR D DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(52) TENNISON, GARY DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(53) D'ENTREVES, UBERTO INTERNATIONAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(54) ESTADE, MIGUEL INTERNATIONAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(55) GAETI, LUCA REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(56) ANSTINE, MIA REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(57) BOIDO, BOBBY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(58) BUSH, RANDALL REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(59) CAMPBELL, CAL REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(60) DICKINSON, LEN REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(61) ERNST, ALLEN REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(62) FIDLER, JOHNNY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(63) GEARHART, GARY A REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(64) GERADS, LARRY W REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(65) GOTSHALL, RICHARD REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(66) HAMMOND, RAY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) JOHNSON, MARK REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(68) KILLORN, KRISTOPHER REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(69) KOHALMI, ZSOLT REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(70) LEAKE, WT SKIP REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(71) MADDOX, SHERRY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(72) MORELAND, JIMMY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(73) MULLER, CHRISTOPHER REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(74) ORTMANN, DWIGHT REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(75) PARIS, EMILIO REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(76) PEDERSEN, JOSEPH R VICE PRESIDENT	5.00 0.00	X						0.	0.	0.
(77) STEINER, LARRY REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(78) TALBOTT, J KIM REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(79) WARGOLET, CHARMAINE REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(80) WOTTRICH, STEPHANIE REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(81) AXTON, BRETT COLORADO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(82) BACHMANN, JARRY UPPER COLORADO RIVER CHAPTER PRESIDE	5.00 0.00	X						0.	0.	0.
(83) BAGI, SCOTT A OHIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(84) BAKER, BRANDAN G THREE STATE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(85) BARNES, DEREK J BADLANDS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(86) BAUER, NOLAN J TRI STATE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) BAUER, PAT SOUTHWEST MONTANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(88) BAUMAN, RANDY CENTRAL WASHINGTON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(89) BEAVER, JASON EL PASO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(90) BOLDIZSAR, BALAZS CENTRAL HUNGARIAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(91) BOOKHAMER, JOSH REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(92) BOYETT, BUDDY TALLAHASSEE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(93) CARLSON, KEN IOWA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(94) CEGLAREK, JOHN NORTHERN OHIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(95) CHRISMAN, JAY R HAWAII CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(96) CLARK, CHRISTOPHER TEXAS BRUSH COUNTRY CHAPTER PRESIDEN	5.00 0.00	X						0.	0.	0.
(97) CLIFFORD, MICHAEL S TEXAS HILL COUNTRY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(98) COLEMAN, WALTER CENTRAL MISSOURI CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(99) COYKENDALL, SEAN WISCONSIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(100) CRAWFORD, MIKE CORPORATE SECRETARY	5.00 0.00	X						0.	0.	0.
(101) DEACON, DAVE OTTAWA VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(102) DECKER, CHET DETROIT CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(103) DELAURIER, ROBERT N SE MICHIGAN BOWHUNTERS CHAPTER PRESI	5.00 0.00	X						0.	0.	0.
(104) DELZER, GREGORY C GREATER DACOTAH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(105) DENNETT, RYAN LAS VEGAS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(106) DETERS, KELVIN L LAKESHORE SPORTSMEN CHAPTER PRESIDEN	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) DEWEESE, JASON FOUR CORNERS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(108) DICKERSON, MICHAEL FLINT REGIONAL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(109) DOYON, DONALD J MAINE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(110) DUNLAP, JERRY W CALIFORNIA SIERRA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(111) EAVENSON, BRETT W CHARLOTTE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(112) EHRHARDT, PATTY GREAT FALLS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(113) ERICKSON, ISAAC UTAH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(114) FIEDELDEY, DARIN SOUTHWEST OHIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(115) FOXALL, LEIGH TREASURE VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(116) FREAS, WILLIAM DELAWARE VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(117) FRESCO, MIKE NEW ENGLAND CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(118) GALMEZ, JUAN ANTONIO CENTRAL CHILE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(119) GIRLETZ, LOGAN CALGARY ALBERTA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(120) GOODWIN, LARRY COLUMBIA BASIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(121) HALLAM, MICHAEL E EAST OHIO-NW PENN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(122) HAMMILL, JIM NORTHWOODS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(123) HARRISON, GINO PORTLAND OREGON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(124) HARTER, DON CORPORATE TREASURER	5.00 8.00	X						0.	0.	0.
(125) HOROWITZ, JONATHAN M MIAMI CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(126) HUNT, JAY LOUISIANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) HUNTER, STEVEN L GOLDEN GATE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(128) JAMES, SHELDON K ONTARIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(129) JONES, STEVE UNITED KINGDOM CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(130) JURAK, JOHN-MARK INTERNATIONAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(131) KEIM, MICHAEL R CENTRAL WYOMING CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(132) KENNEDY, JEFF NORTH TEXAS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(133) KOLBET, JOHN IDAHO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(134) KOVALENKO, ANATOLII UKRAINIAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(135) KWAST, MICHAEL L MICHIGAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(136) LEE, JON T WESTERN MONTANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(137) MACKINNON, KEITH WEST COAST BC CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(138) MAHAN, COBY DRAYTON VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(139) MARTINSON, JOHN BADGERLAND CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(140) MCKINNON, TIM NORTHERN ALBERTA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(141) MEERPOHL, ANTHONY J NAPLES-FORT MYERS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(142) METCALF, BRIAN LANSING AREA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(143) MIGLIORINI, JUAN CARLOS ARGENTINA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(144) MOORE, JR, MARK MUSIC CITY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(145) MULDER, ABBE M MID MICHIGAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(146) NEUMILLER, JASON INLAND EMPIRE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) NEWLAND, ROBERT LEHIGH VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(148) OTTESEN, CARSTEN KEJLSTRUP KINGDOM OF DENMARK CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(149) OVERWEG, SCOTT EDWARD WEST MICHIGAN BOWHUNTERS CHAPTER PRE	5.00 0.00	X						0.	0.	0.
(150) PATTERSON, LORIN MID ATLANTIC BOWHUNTERS CHAPTER PRES	5.00 0.00	X						0.	0.	0.
(151) SAGE, JOE OUTAOUAIS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(152) SILVA E COSTA, JOSE MANUEL M LUSITANIA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(153) SKINNER, PHIL GREATER ATLANTA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(154) SMITH, JASON RED DEER AND DISTRICT CHAPTER PRESID	5.00 0.00	X						0.	0.	0.
(155) SMITH, MATT BLUE MOUNTAIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(156) SNOW, WILLIAM L LOW COUNTRY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(157) SPIKA HICKEY, STEPHANIE DIRECTOR-AT-LARGE	5.00 0.00	X						0.	0.	0.
(158) SPILLMANN, ANTOINE HELVETIA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(159) SPRAKER, TED ALASKA KENAI PENINSULA CHAPTER PRESI	5.00 0.00	X						0.	0.	0.
(160) ST MICHAEL, ROXANE ALGONQUIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(161) STOKES, DAVID D GATEWAY AREA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(162) STOKES, KAL NORTH COUNTRY BOWHUNTERS CHAPTER PRE	5.00 0.00	X						0.	0.	0.
(163) STUBBERUD, NILS-OLE REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(164) STURGEON, JOHN ALASKA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(165) TERZI, TIZIANO ITALIAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(166) TURNER, LAMAR ALABAMA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) USZTICS, IVAN WEST PALM BEACH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(168) VANDELINDER, AUSTIN MONTANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(169) VEHAR, GLEN JACKSON HOLE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(170) WATSON, KEITH TENNESSEE VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(171) WEBER, KEN SASKATCHEWAN RIVERS CHAPTER PRESIDEN	5.00 0.00	X						0.	0.	0.
(172) WEHINGER, MARK T CENTRAL OHIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(173) WEISE, BRANDON NORTHERN NEVADA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(174) WESTCOTT, SHANE PLATTE RIVER CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(175) WICKHAM, WAYNE SACRAMENTO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(176) WINTER, MARVIN WESTERN AND CENTRAL NEW YORK CHAPTER	5.00 0.00	X						0.	0.	0.
(177) WITCZAK, MARTY NE WISCONSIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(178) WOTTRICH, JEREL AUSTIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(179) YORK, KENT NORTHEAST INDIANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(180) VITRO, ROBERT J NEW YORK METRO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(181) KAUFFMAN, CRAIG L SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(182) DONAU, SKIP SCI PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(183) KATZ, LARRY S SCI/SCIF PAST PRESIDENT	5.00 0.00	X						0.	0.	0.
(184) CHACE, GARRETT REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(185) DAHL, JAMES REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(186) RUSTEMEYER, GREG REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) ROBINSON, MARK D REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(188) PORTER, NEAL REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(189) MOENCH, BILL REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(190) MULDER, JOSEPH REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(191) STEWART, MARC C REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(192) CALDWELL, STEVE REGIONAL REPRESENTATIVE	5.00 0.00	X						0.	0.	0.
(193) HIDVEGI, BELA INTERNATIONAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(194) LOSA, JOSE MARIA M INTERNATIONAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(195) GEMONDO, CHRISTOPHER M PITTSBURGH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(196) STEVENS III, LOWELL KENTUCKIANA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(197) BOX, FREDERICK ANTHONY HOUSTON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(198) WITHERS, DICK MAGNOLIA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(199) CLYMER, GARY NORTHWEST OHIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(200) WOOD, LEONARD (LENNY) WEST TEXAS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(201) KNOWLES, MIKE NEW ZEALAND CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(202) HASTINGS, ERIC NATIONAL CAPITAL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(203) RIMKUS, DALE ILLINOIS CHICAGO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(204) VAN RADEN, ROGER NORTH DAKOTA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(205) OLSON, SCOTT LAKE SUPERIOR CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(206) NASH, JASON ORANGE COUNTY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) BODE, BRIAN KANSAS CITY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(208) SINGER, TRICIA NORTHWEST CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(209) GORDON, FRED M SEATTLE PUGET SOUND CHAPTER PRESIDEN	5.00 0.00	X						0.	0.	0.
(210) GRIFFIN, ADAM NOVI CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(211) WINKLER, LAVON R ARKANSAS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(212) WHITEAKER, MONTE SE WISCONSIN BOWHUNTERS CHAPTER PRES	5.00 0.00	X						0.	0.	0.
(213) COSTARELLA, DAVE LOS ANGELES CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(214) SENENFELDER, TRAVIS MINNESOTA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(215) CASTELO, JOEL SOUTHERN NEW MEXICO CHAPTER PRESIDEN	5.00 0.00	X						0.	0.	0.
(216) DUTRA, EDWARD REDDING REGIONAL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(217) REYNOSO, EDWARD VINCENT CENTRAL VALLEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(218) WILLOUGHBY, ROBERT SAN ANTONIO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(219) TOMAN, ANDI L LEWIS AND CLARK CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(220) SNAPE, HENRY DENVER CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(221) KOVALCIN, ANDREW WASHINGTON METRO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(222) OCHOA, JONATHAN ARIZONA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(223) CUNNINGHAM, SALI NOVA SCOTIA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(224) DOLEO, KELSEY NORTH FLORIDA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(225) SMITH, CLARK SAN FRANCISCO BAY AREA CHAPTER PRESI	5.00 0.00	X						0.	0.	0.
(226) PACHECO, ABRAHAM PHOENIX CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) BAUMANN, TOM SAN DIEGO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(228) SCHRITTWIESER, EVA MARIA AUSTRIAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(229) HAMBERLIN, WILLIAM L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(230) PITTMAN, CHRISTINA T CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(231) PARSONS, RICHARD CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(232) LENHART, JAMES P CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(233) OTERO, MANUEL J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(234) BUTLER, KATHRYN M CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(235) FORTENBERRY, CLAIRE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(236) MCKISSICK, SARA C CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(237) KEENE, DEBORAH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(238) LOPEZ, SHANNON S CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(239) DRYDEN, DAVID C CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(240) MURPHY, SHAWN T CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(241) SEDDENS, MATTHEW R CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(242) HILL, SARA MARIE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(243) MURRIETA, EDMUNDO A CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(244) DEUEL, TERESA E CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(245) GRIMM, RAYMIE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(246) GIBBS, RANDALL G CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) CURTIS, JEROMEY JASON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(248) MEJIA, SALVADOR CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(249) WAGNER, JAMES TIPTON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(250) CONKLIN, LAUREN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(251) CLIFFORD, DUANE E CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(252) HENSON, EMILY JANE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(253) GRABINGER, TERESA P CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(254) BOIDO, MICHAEL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(255) BUZZARD, TATE WHITNELL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(256) LACIVITA, CHRISTOPHER JOSEPH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(257) VILLEGAS, CHRISTOPHER A CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(258) CODER, SARA RAE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(259) THERIOT, JUDY L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(260) BEAMAN, JENNIFER CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(261) MOSLEY, JIMANN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(262) GARCIA, MARISA A CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(263) AUBUCHON, DUANE J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(264) STOLKIN, RONALD J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(265) ESPINOZA FONTES, JOSEANGELICA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(266) ROBINSON, MICHAEL C CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(267) CHEEK, FORREST D CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(268) SETTLE, RACHEL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(269) MALACARA, MARTIN L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(270) LANE, FABRY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(271) OGLESBY, TIMOTHY J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(272) HAROS, AARON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(273) HAWKEY, DAVID CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(274) MONROE, KIRBY L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(275) PAUL, LINDSAY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(276) DE LEON, HOPE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(277) REED, KATHRYN J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(278) HIGGINS, BRANDON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(279) CASSIDY, ALEXIS CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(280) KEYS, CARSON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(281) DEMASKE, MADELINE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(282) MORRIS, KELSEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(283) MILLIGAN, JOAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(284) RABAJA, DAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(285) FELIX, SANTINO CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(286) WISECUP, JORDAN ALAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(287) GRAVES, SPENCER CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(288) BALL, KIM MARIE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(289) NOBILE, AUGUST CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(290) NIEVES, MONICA VANESSA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(291) KAHAUNAELE-KAUWALU, BRAEDYN JE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(292) MASLANKA, VIVIAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(293) VOGEL, JEFF CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(294) BOLT, GAVIN RILEY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(295) NEELY, LISA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(296) UBERTI, NICHOLAS P CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(297) SPARKS, RYAN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(298) ROSE, MARTIN CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(299) VALENCIA, LEXI CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(300) LEATHERS, JEFFREY L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(301) NUNLEY, DONALD R CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(302) ARMSTRONG, TYLER CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(303) BLACK, CLAYTON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(304) MURSCHEL, CAILEY LANE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(305) FISCHER, ALISON CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(306) DELGADO, JOEL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(307) HUGHES, CAROL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(308) ROSE, CIERRA C CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(309) SMITH, ISABELLA MAKAYL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(310) HODGES, DAVID A CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(311) ANDERSON, ELIOT CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(312) PEEVY, MARK CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(313) BALL, KENNETH C CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(314) HUNKER, BRUCE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(315) HAVERLAND, RAYMOND L CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(316) KLUTCH, NIKOLAUS J CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(317) TORRES, WENDY CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(318) DAHLSTROM, ASHLEY MARIE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(319) JOHNSON, ROBERT K CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(320) MANLAPIT, CORINA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(321) JACKSON, SANDRA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(322) BOLLMANN, SETH CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(323) KARASH, CHARLES MICHAEL CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(324) HEALY, CANDIDA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(325) TORRES, MAYA CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
(326) GARCIA, RENE CHAPTER PRESIDENT	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	258,750.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,223,080.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,481,830.			
Program Service Revenue	2 a ADVERTISING/SPONSORSHIPS	Business Code					
		541800	2,071,040.	750,022.	1,321,018.		
	b DUES AND SUBSCRIPTIONS	900099	2,066,539.	2,066,539.			
	c MEMBERSHIP SEDRVICES SALES	900099	325,575.	325,575.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,463,154.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		332,924.			332,924.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,478,996.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,539,002.				
	c Gain or (loss)	7c	-60,006.				
	d Net gain or (loss)			-60,006.	-60,006.		
8 a Gross income from fundraising events (not including \$ 258,750. of contributions reported on line 1c). See Part IV, line 18	8a		17,267,799.				
			10,031,250.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			7,236,549.		7,236,549.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		819,876.				
			609,195.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			210,681.	210,681.			
Miscellaneous Revenue	11 a INSURANCE PROCEEDS	Business Code					
		900099	425,000.	425,000.			
	b GOVERNMENTAL AFFAIRS	900099	129,987.	129,987.			
	c						
	d All other revenue		52,842.	52,842.			
e Total. Add lines 11a-11d			607,829.				
12 Total revenue. See instructions			15,272,961.	3,900,640.	1,321,018.	7,569,473.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	255,824.	255,824.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,439,765.	813,981.	339,519.	286,265.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,613,987.	2,043,192.	852,235.	718,560.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,462.	61,885.	25,813.	21,764.
9 Other employee benefits	1,142,618.	645,987.	269,447.	227,184.
10 Payroll taxes	407,627.	230,455.	96,125.	81,047.
11 Fees for services (nonemployees):				
a Management	58,923.		58,923.	
b Legal	303,703.	2,676.	301,027.	
c Accounting	52,446.		52,446.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,255.			13,255.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,537,982.	1,283,607.		254,375.
12 Advertising and promotion	2,148,272.	1,424,475.	25,649.	698,148.
13 Office expenses	995,076.	383,615.	372,464.	238,997.
14 Information technology	348,098.	134,196.	130,296.	83,606.
15 Royalties				
16 Occupancy	579,136.	333,039.	192,575.	53,522.
17 Travel	1,528,974.	585,639.	418,884.	524,451.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,074,924.	95,425.	428,548.	550,951.
20 Interest	189,598.		189,598.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,310.	27,860.	85,539.	20,911.
23 Insurance	553,516.	186,939.	68,163.	298,414.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	1,203,834.	1,203,834.		
b PROGRAM AND PROJECTS	293,531.	228,601.	25,293.	39,637.
c POSTAGE AND FREIGHT	253,886.	170,710.	37,952.	45,224.
d				
e All other expenses	439,443.	106,875.	17,846.	314,722.
25 Total functional expenses. Add lines 1 through 24e	18,678,190.	10,218,815.	3,988,342.	4,471,033.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,976,448.	1	1,056,799.
	2 Savings and temporary cash investments	323,086.	2	184,850.
	3 Pledges and grants receivable, net	14,300.	3	18,950.
	4 Accounts receivable, net	3,671,996.	4	2,695,651.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,633,331.	7	512,369.
	8 Inventories for sale or use	617,529.	8	628,644.
	9 Prepaid expenses and deferred charges	880,923.	9	978,176.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,528,829.		
	b Less: accumulated depreciation	10b 1,908,312.		
	11 Investments - publicly traded securities	382,660.	10c	5,620,517.
	12 Investments - other securities. See Part IV, line 11	7,730,456.	11	9,158,793.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	2,675,149.	13	
	15 Other assets. See Part IV, line 11	72,884.	14	2,675,149.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,978,762.	15	481,490.	
		16	24,011,388.	
Liabilities	17 Accounts payable and accrued expenses	4,254,102.	17	6,026,682.
	18 Grants payable		18	
	19 Deferred revenue	14,373,384.	19	12,407,429.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,600,000.
	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	0.	25	4,568,547.
	26 Total liabilities. Add lines 17 through 25	18,627,486.	26	24,602,658.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,816,473.	27	-1,096,376.
	28 Net assets with donor restrictions	534,803.	28	505,106.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,351,276.	32	-591,270.
33 Total liabilities and net assets/fund balances	20,978,762.	33	24,011,388.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,272,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,678,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,405,229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,351,276.
5	Net unrealized gains (losses) on investments	5	462,683.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-591,270.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**4**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2022)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A _____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A _____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A _____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A _____ _____ _____	\$ 12,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A _____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A _____ _____ _____	\$ 23,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A <hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A <hr/> <hr/> <hr/>	\$ <u>8,501.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A <hr/> <hr/> <hr/>	\$ <u>15,385.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A <hr/> <hr/> <hr/>	\$ 100,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A <hr/> <hr/> <hr/>	\$ 8,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A <hr/> <hr/> <hr/>	\$ 24,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A <hr/> <hr/> <hr/>	\$ 7,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A <hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A <hr/> <hr/> <hr/>	\$ <u>6,013.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A <hr/> <hr/> <hr/>	\$ <u>15,848.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A <hr/> <hr/> <hr/>	\$ <u>8,709.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A <hr/> <hr/> <hr/>	\$ <u>38,219.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A <hr/> <hr/> <hr/>	\$ <u>7,490.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A <hr/> <hr/> <hr/>	\$ <u>20,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A <hr/> <hr/> <hr/>	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A <hr/> <hr/> <hr/>	\$ <u>15,023.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A <hr/> <hr/> <hr/>	\$ <u>9,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A <hr/> <hr/> <hr/>	\$ <u>65,584.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A <hr/> <hr/> <hr/>	\$ 5,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A <hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A <hr/> <hr/> <hr/>	\$ 26,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A <hr/> <hr/> <hr/>	\$ 7,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A <hr/> <hr/> <hr/>	\$ 22,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A <hr/> <hr/> <hr/>	\$ <u>7,808.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A <hr/> <hr/> <hr/>	\$ <u>17,304.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A <hr/> <hr/> <hr/>	\$ <u>10,545.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A <hr/> <hr/> <hr/>	\$ <u>26,421.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A <hr/> <hr/> <hr/>	\$ 14,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A <hr/> <hr/> <hr/>	\$ 21,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A <hr/> <hr/> <hr/>	\$ 39,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A <hr/> <hr/> <hr/>	\$ 12,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A <hr/> <hr/> <hr/>	\$ 57,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A <hr/> <hr/> <hr/>	\$ 22,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A <hr/> <hr/> <hr/>	\$ 31,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A <hr/> <hr/> <hr/>	\$ 9,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A <hr/> <hr/> <hr/>	\$ 33,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A <hr/> <hr/> <hr/>	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A _____ _____ _____	\$ 18,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A _____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A _____ _____ _____	\$ 8,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A _____ _____ _____	\$ 13,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A <hr/> <hr/> <hr/>	\$ 8,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	N/A <hr/> <hr/> <hr/>	\$ 25,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	N/A <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	N/A <hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A <hr/> <hr/> <hr/>	\$ 28,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	N/A <hr/> <hr/> <hr/>	\$ 10,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	N/A <hr/> <hr/> <hr/>	\$ 12,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	N/A <hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	N/A <hr/> <hr/> <hr/>	\$ 8,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A <hr/> <hr/> <hr/>	\$ <u>14,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	N/A <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	N/A <hr/> <hr/> <hr/>	\$ <u>14,290.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	N/A <hr/> <hr/> <hr/>	\$ <u>10,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	N/A <hr/> <hr/> <hr/>	\$ <u>8,341.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	N/A <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A <hr/> <hr/> <hr/>	\$ 32,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	N/A <hr/> <hr/> <hr/>	\$ 10,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	N/A <hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

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

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ 261,484.
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **SAFARI CLUB INTERNATIONAL** Employer identification number **86-0974183**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	463,115.	459,749.	433,181.	373,594.	305,998.
b Contributions	3,150.	35,900.	42,750.	67,600.	102,900.
c Net investment earnings, gains, and losses	32,450.	-52,531.	93,802.	17,848.	18,458.
d Grants or scholarships					
e Other expenditures for facilities and programs	34,692.	-19,997.	109,984.	25,861.	53,762.
f Administrative expenses					
g End of year balance	464,023.	463,115.	459,749.	433,181.	373,594.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| 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		1,111,935.		1,111,935.
b Buildings		4,240,960.	46,634.	4,194,326.
c Leasehold improvements		43,874.	36,955.	6,919.
d Equipment		1,945,872.	1,824,723.	121,149.
e Other		186,188.		186,188.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,620,517.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE - RELATED PARTY	4,098,295.
(3) LEASE LIABILITY	470,252.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,568,547.

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 FASB 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	27,472,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	462,683.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,749,917.
e	Add lines 2a through 2d	2e	12,212,600.
3	Subtract line 2e from line 1	3	15,259,705.
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	13,256.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,256.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,272,961.

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	30,414,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	11,749,917.
e	Add lines 2a through 2d	2e	11,749,917.
3	Subtract line 2e from line 1	3	18,664,937.
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	13,253.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,253.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,678,190.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

SCI EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AS OF JUNE 30, 2023 AND 2022, MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX POSITIONS EXIST.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COST AND COST OF INVENTORY SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COST AND COST OF INVENTORY SOLD

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
		CONVENTION		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	17,526,549.			17,526,549.
	2 Less: Contributions	258,750.			258,750.
	3 Gross income (line 1 minus line 2)	17,267,799.			17,267,799.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,388,364.			4,388,364.
	7 Food and beverages	1,851,592.			1,851,592.
	8 Entertainment	774,359.			774,359.
	9 Other direct expenses	3,016,935.			3,016,935.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,031,250.
11 Net income summary. Subtract line 10 from line 3, column (d)				7,236,549.	

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

9 Enter the state(s) in which the organization conducts gaming activities: AZ, NV

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2022

**Open to Public
Inspection**

Name of the organization **SAFARI CLUB INTERNATIONAL** Employer identification number **86-0974183**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALASKAPROF			31,000.	0.	N/A	N/A	ASSISTANCE
FIELDSPORT			24,000.	0.	N/A	N/A	ASSISTANCE

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

3 Enter total number of other organizations listed in the line 1 table **2.**

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAMBERLIN, LAIRD CEO	(i)	352,303.	72,000.	1,209.	7,660.	24,366.	457,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BOLT, NATHAN J CFO	(i)	181,889.	36,235.	230.	5,850.	10,149.	234,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CASSIDY, BENJAMIN J DIRECTOR OF ADVOCACY	(i)	193,445.	0.	228.	3,174.	22,430.	219,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROGERS, MICHAEL D DIRECTOR OF EVENTS	(i)	168,825.	0.	2,736.	3,385.	6,846.	181,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) COMUS, STEPHEN F DIRECTOR OF COMMUNICATIONS	(i)	140,065.	0.	508.	2,897.	10,219.	153,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 J, SCIF, CHECKS THE SAME BOXES AS SCI.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

FORM 990, ITEM C, DOING BUSINESS AS:

HUNTER PRIDE; SCI POLITICAL ACTION COMMITTEE; HUNTER ACTION FUND

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

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

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

MEMBER & CHAPTER SERVICES: SCI IS COMPRISED OF MEMBERS AND CHAPTERS
WORLDWIDE. THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE
APPROXIMATE 43,462 EXISTING MEMBERS PROVIDING DIRECT ASSISTANCE TO
APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND
FUNDRAISING PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS AND PROMOTING
MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY
WORLDWIDE.

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

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

Schedule O (Form 990) 2022

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
---	--

HUNTING ADVOCACY: THIS CATEGORY REPRESENTS THE ARM OF THE ORGANIZATION THAT ADVOCATES THE PRESERVATION OF THE HUNTING HERITAGE, HUNTERS' RIGHTS AND THE SUSTAINABLE USE OF WILDLIFE. SCI IS THE ACTIVE VOICE IN PROMOTING THE ROLE OF HUNTING AS AN EFFECTIVE WILDLIFE MANAGEMENT AND CONSERVATION TOOL AND IN EDUCATING THE PUBLIC AND GOVERNMENT DECISION-MAKERS ON THESE MATTERS. SCI'S ADVOCACY EFFORTS INCLUDED SEVERAL PROJECTS IN STATE NATIONAL AND INTERNATIONAL FORUMS TOWARD DEVELOPMENT OF NEW REGULATIONS, LEGISLATION AND POLICIES TO SUPPORT HUNTING ACCESS AND/OR SUSTAINABLE USE WILDLIFE MANAGEMENT AND CONSERVATION, LITIGATION TO PROTECT HUNTING RIGHTS AND OPPORTUNITIES, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS THAT REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:
 CONSERVATION: GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS. PROJECTS INCLUDE - WILDLIFE POPULATION SURVEYS, COLLARING AND MONITORING DNA ANALYSES, DISEASE TESTING, AND DEVELOPMENT OF SCIENTIFIC PUBLICATIONS, FIELD MANUALS, REPORTS, AND OTHER RESEARCH-BASED PAPERS.

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
---	--

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE DEPUTY PRESIDENT-ELECT (IF ANY), THE SECRETARY, THE TREASURER, THE PRESIDENT OF THE SABLES, AND SIX VICE-PRESIDENTS. IT IS A MANAGERIAL COMMITTEE OF THE BOARD WHICH, SUBJECT TO THE FOLLOWING LIMITATIONS, EXERCISES THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, AND OVERSEES THE ACTIVITIES OF ALL COMMITTEES.

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

WARREN A. SACKMAN III AND KENDIS MUSCHID (BALLARD SPAHR) - FAMILY RELATIONSHIP

LOUIS COLE AND LAIRD HAMBERLIN - FAMILY RELATIONSHIP

JOHN MONSON AND PAUL BABAZ - BUSINESS RELATIONSHIP

NEAL PORTOR AND JON KUPIEC - BUSINESS RELATIONSHIP

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

SAFARI CLUB INTERNATIONAL HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS, WHO MAY ALSO BE MEMBERS OF ONE OF THE APPROXIMATELY 200 LOCAL CHAPTERS WORLDWIDE, ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SAFARI CLUB INTERNATIONAL.

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

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

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

FORM 990, PART VI, SECTION B, LINE 12C:

IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO DIRECTORS AND OFFICERS TO DETERMINE CONFLICTS OF INTEREST, SAFARI CLUB INTERNATIONAL PERIODICALLY REVIEWS WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING AND WHETHER ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVIDUALS CONFORM TO WRITTEN POLICIES, ARE PROPERLY DOCUMENTED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER SAFARI CLUB INTERNATIONAL'S PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

FORM 990, PART VI, SECTION B, LINE 15:

GENERALLY SAFARI CLUB INTERNATIONAL WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE. TO DO THIS, SAFARI CLUB INTERNATIONAL RELIES ON RELEVANT COMPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILAR SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDUAL WHOSE COMPENSATION IS BEING CONSIDERED. THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS. THIS PROCESS WAS LAST COMPLETED IN 2022.

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, MN, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV
AL, DC, MA

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, THE FORM 990, THE GOVERNING DOCUMENTS AND A
 COMPILATION OF SAFARI CLUB INTERNATIONAL POLICIES ARE POSTED ON SAFARI CLUB
 INTERNATIONAL'S WEBSITE.

**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

2022

**Open to Public
Inspection**

Name of the organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
--	---

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
TEXAS TROPHY HUNTERS ASSOCIATION - 84-4993238, 700 E. SONTEIRA, SUITE 1206, SAN ANTONIO, TX 78258	PROMOTING THE SPORT, SCIENCE AND HERITAGE OF HUNTING	TEXAS	3,069,574.	3,432,753.	SAFARI CLUB INTERNATIONAL

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

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

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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 FOUNDATION	E	4,124,000.FMV	
(2) SAFARI CLUB INTERNATIONAL FOUNDATION	H	5,155,000.FMV	
(3) SAFARI CLUB INTERNATIONAL FOUNDATION	K	490,702.FMV	
(4) SAFARI CLUB INTERNATIONAL FOUNDATION	P	294,813.FMV	
(5) SAFARI CLUB INTERNATIONAL FOUNDATION	Q	194,589.FMV	
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(4)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	SAFARI CLUB INTERNATIONAL	86-0974183
		Number, street, and room or suite no. If a P.O. box, see instructions. 4800 WEST GATES PASS ROAD	E Group exemption number (see instructions) 2663
		City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85745	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 24,011,388.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.			
L The books are in care of JIM WADLINGTON, CFO Telephone number 520-620-1220			

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>CANADA</u>			Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
511120	\$ 200.		
\$	\$		
6a Did the organization change its method of accounting? (see instructions)			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name KRISTEL ESPINOSA, CPA	Preparer's signature KRISTEL ESPINOSA, CPA	Date 05/14/24	Check <input type="checkbox"/> if self-employed PTIN P01445293
	Firm's name JLK ROSENBERGER, LLP		Firm's EIN 27-1532099	
	Firm's address 2601 MAIN STREET STE. 580 IRVINE, CA 92614		Phone no. (949) 860-9892	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization SAFARI CLUB INTERNATIONAL B Employer identification number 86-0974183 C Unrelated business activity code (see instructions) 511120 D Sequence: 1 of 1

E Describe the unrelated trade or business ADVERTISING

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 11 Advertising income, 13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, Amount. Rows include 1 Compensation of officers, 2 Salaries and wages, 7 Depreciation, 13 Excess readership costs, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	50.	0.	50.	50.
06/30/20	50.	0.	50.	50.
06/30/21	50.	0.	50.	50.
06/30/22	50.	0.	50.	50.
NOL CARRYOVER AVAILABLE THIS YEAR			200.	200.

SEPARATE PERIODICALS INCLUDED IN
A CONSOLIDATED PERIODICAL

STATEMENT 2

		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
ALL PERIODICALS	- SAFARI MAGAZINE	741,172.	444,045.	124,918.	1,046,034.
	- SAFARI TIMES	217,314.	181,199.	69,055.	642,525.
	- TEXAS TROPHY HUNTERS ASSOCIATION	362,532.	451,638.	9,685.	0.
	SUBTOTAL	1,321,018.	1,076,882.	203,658.	1,688,559.