Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning APR 1, 2015

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

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

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

and ending MAR 31, 2016

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

Open to Public Inspection

OMB No 1545-0047

В	Check i	C Name of organization		D Employer identific	cation number
_	Addr	DALLAS SAFARI CLUB			
늗	lchan			51_0	157792
F	lchan		Room/suite		
F	retur Final	13709 CAMMA POAD	noom/suite	E Telephone number	980-9800
_	—Iretur term	1 13709 GARRIA ROAD	 :-	8,941,475.	
	ated ∏Ame	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75244	G Gross receipts \$		
⊢	lretur Appl			H(a) Is this a group re	
L_	tion pend	F Name and address of principal officer. JOHN EADS		for subordinates	
		SAME AS C ABOVE	- 507	H(b) Are all subordinates in	
_		xempt status:501(c)(3)X501(c)(4) ◀ (insert no.)4947(a)(1) o	or 527		list. (see instructions)
		ite: WWW.BIGGAME.ORG	1	H(c) Group exemption	
	art I	of organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 19/4] N	State of legal domicile: TX
			OME C	TIDITED CON	GEDIA MI ON
S	1	Briefly describe the organization's mission or most significant activities. PROMO	OTES W	TUDDITER CON	SERVATION
Activities & Governance					
Veri	2	Check this box If the organization discontinued its operations or dispose	sea or more	1 1	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	23 23
প্	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ţį	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	<u>14</u> 500
Ξ̈́	6	Total number of volunteers (estimate if necessary)		6	392,127.
Ac	' :	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	+-	Net unrelated business taxable income from Form 990-T, line 34		7b	50,061.
		Contributions and grants (Part VIII line 1b)	-	Prior Year 2,716,221.	Current Year 3,003,310.
Ē	8	Contributions and grants (Part VIII, line 1h)	-	1,020,433.	1,045,312.
Revenue	9	Program service revenue (Part VIII, line 2g)		18,918.	17,430.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,693,691.	
i	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,947,905.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,703,477. 1,075,070.	5,759,743. 1,002,143.
)	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,075,070.	1,002,143.
,	14	Benefits paid to or for members (Part IX, column (A), line 4)		992,875.	1,069,245.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	992,873.	1,009,245.
ě	102	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,167,0	^2 ├ <u></u>		
Ä	47		03.	2,645,331.	2,675,936.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, columni(A), line 25)	-	4,713,276.	4,747,324.
	19	Revenue less expenses. Subtract line:18 from line 12	-	990,201.	1,012,419.
- P		Revenue less expenses. Subtract-inte-routoninge-re-	- I Po	ginning of Current Year	End of Year
ats C	20	Total assets (Part X, line 16) FEB J @ 2017	DE	9,829,212.	10,192,962.
Net Assets	21	Total liabilities (Part X, line 26)	-	3,379,298.	2,730,641.
Net.	22	Net assets or fund balances. Subtract line 21 from line 20	-	6,449,914.	7,462,321.
	art I			0,440,014.	7, 302, 321.
_		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	,
	,		الا به بود د بر د د د	/	
Sig	ın	Signature of officer			
He		JOHN EADS, TREASURER			
	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signat			
Pai	d	SANDRA S. CRITELLI			
	parer	Firm's name BURCH, FINCHER & CO., P.			
	Only	Firm's address 14785 PRESTON RD #690			

DALLAS, TX 75254-6829

May the IRS discuss this return with the preparer shown above? (see instruc 532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the sepa

Form	990 (2015) DALLAS SAFARI CLUB	51-0157792 P	age 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission.		
	THE ORGANIZATION'S MISSION IS TO CONSERVE WILDLIFE AN	ND WILDERNESS	
	LANDS; TO EDUCATE YOUTH AND THE GENERAL PUBLIC AND TO		
	PROTECT THE RIGHTS AND INTERESTS OF HUNTERS WORLDWID		
		 	
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.
	If "Yes," describe these new services on Schedule O.		2 140
_	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	rices?	73 No.
3		rices?	ON L
	If "Yes," describe these changes on Schedule O	- 44	
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and	l
	revenue, if any, for each program service reported.		
4a		(Revenue \$ 121,62	<u> </u>
	THE ORGANIZATION PUBLISHES THE FOLLOWING PUBLICATION		
	ORGANIZATION'S MEMBERSHIP: GAME TRAILS MAGAZINE IS		
	THE ORGANIZATION'S NEWSLETTER IS PUBLISHED QUARTERLY		
	ROSTER IS PUBLISHED ANNUALLY. THE ORGANIZATION ALSO		<u> </u>
	OF SPORTS AFIELD/CAMPTALK AND PRODUCES AN ONLINE BLO	3	
4b	(Code) (Expenses \$ 1,146,253. including grants of \$ 1,002,143.)	(Revenue \$)
	THE ORGANIZATION PROVIDES GRANTS TO FURTHER ITS MISS		
		IMATELY 44% OF TH	·F
	GRANTS GO TOWARD CONSERVATION, 36% FOR EDUCATION AND		
	ADVOCACY. ABOUT TWO THIRDS OF THE ORGANIZATION'S GR		
	PROJECTS BEYOND TEXAS BORDERS. EXAMPLES INCLUDE CON		
	INITIATIVES FOR LION, NYALA AND WILDEBEEST IN AFRICA		
	RESEARCH IN SIBERIA, DEVELOPING CONSERVATION STRATEG		<u>m</u>
		THE REMAINDER OF	<u></u>
	THE GRANTS SUPPORT TEXAS INITITIVES SUCH AS DESERT B		
	RESTORATION, QUAIL HABITAT IMPROVEMENTS, MULE DEER R		
	EXPANDING CONSERVATION CURRICULUM IN SCHOOLS.	EBEARCH AND	
	EXPANDING CONSERVATION CORRECCION IN SCHOOLS.		
	(Code) (Expenses \$ 247,731. including grants of \$)	(Revenue \$ 524, 24	17
4C	(Code) (Expenses \$ 247,731. including grants of \$) PROGRAM SERVICES FOR MEMBERS INCLUDING MONTHLY MEETI		
	GUEST SPEAKERS, COMPETITION EVENTS AND OPEN HOUSES.	AGS WITH DIMMER P	מאה
	GUEST SPEAKERS, COMPETITION EVENTS AND OPEN HOUSES.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 19,076 • including grants of \$) (Revenue \$	95,461.)	
4e	Total program service expenses ▶ 1,765,870.		
	·	Form 990	(2015)

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Form 990 (2015) DALLAS SAFARI CLUB
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the òrganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_	 	X
7	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-	Α	
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'-		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_		_==
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ţ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
ıza	Schedule D, Parts XI and XII	40-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, ,,,,		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	_19 _	X	
		Form	990 (2015

Form 990 (2015) DALLAS SAFARI CLUB Part IV Checklist of Required Schedules (continued)

			Yes	_No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member]	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	Ц
		Form	990	(2015)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
-	Check is achequie of contains a response of hote to any line in this hart v			<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Effect the fluidible of forms with a factor of the applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		35	
_	(gambling) winnings to prize winners?	1c	_X	_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_	<u>X</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>	_X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X.
d	If "Yes," indicate the number of Forms 8282 filed during the year		Ì	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ĺ	ĺ
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			}
	amounts due or received from them.)		1	ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	
b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b				1
	organization is licensed to issue qualified health plans			
c				L
14a		14a		Х

532005 12-18-15

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2015)

Form 990 (2015) DALLAS SAFARI CLUB 51-0157792 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 b Enter the number of voting members included in line 1a, above, who are independent 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 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 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 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes_ No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2015)

532008 12-16-15

DALLAS SAFARI CLUB - 972-980-9800 13709 GAMMA ROAD, DALLAS, TX 752

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

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>	CG 44		T	T		from	from related	other
	hours for	individual trustee or director				Į,		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 aa	stee			Highest compensated employee		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	Lt.nst	nal tru		oyee	ed		,		and related
	below	wdua	institutional trustee	, iii	Key employee	loyee	퍨			organizations
	line)	喜	重	Officer	Ke	至島	Former			
(1) CHAMBLEE, JANAE	3.00							_		
VICE_PRESIDENT	<u></u>	X		X				0.	0.	0.
(2) EVANS, REBECCA	5.00									
SECRETARY		X		X	<u> </u>	<u> </u>		0.	0.	0.
(3) PATTERSON, JOHN	3.00									
DIRECTOR		X						0.	0.	0.
(4) CALLENDER, AMY	3.00									
VICE PRESIDENT	1	X		X		<u> </u>		0.	0.	0.
(5) EADS, JOHN	10.00									
TREASURER		X		X		<u> </u>		0.	0.	0.
(6) FULLER, DENNIS	3.00									
VICE PRESIDENT		X		X	<u></u>			0.	0.	0.
(7) TOLSON JR., JIM	3.00							•		
DIRECTOR		X				ļ		0.	0.	0.
(8) EVANS, KARL	3.00				1					
PRESIDENT ELECT		X		X	<u> </u>			0.	0.	0.
(9) MCKINNEY, MIKE	3.00									
DIRECTOR		X			<u> </u>	_		0.	0.	0.
(10) HUDSON, CHRIS	5.00									
IMMEDIATE PAST PRESIDENT		X		X	L			0.	0.	0.
(11) LASORTE, DARREN	3.00									
VICE PRESIDENT		X		X				0.	0.	0.
(12) LITTLE, MARK	3.00	Į								
VICE PRESIDENT		X		X				0.	0.	0.
(13) WOOLEY, ROD	3.00	Į								
DIRECTOR		X			L			0.	0.	0.
(14) ROSE, MARK	3.00									
VICE PRESIDENT		X		X				0.	0.	0.
(15) SAMS, DAVID	3.00									
DIRECTOR		X						0.	0.	0.
(16) ALLISON, DAVID	3.00									
VICE PRESIDENT		X		X				0.	0.	0.
(17) PRATT, ANDREW	3.00									
DIRECTOR	<u> </u>	X						0.	0.	0.
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Part VII Section A. Officers, Directors, Tru (A)	(B)	ļ		(0)			(D)	(E)	(F)
Name and title	Average hours per week	box.	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) NAYFA, TORI DIRECTOR	3.00	x						0.	0.	0
(19) KIELWASSER, MARK PRESIDENT ELECT	3.00	x		x				0.	0.	0
20) NYHUS, CRAIG VICE PRESIDENT	3.00	x		X				0.	0.	0
21) MOORE, ALLEN DIRECTOR	3.00	x						0.	0.	0
22) ALLEN, RICHARD ICE PRESIDENT	3.00	X		X				0.	0.	0
23) BARNES, CHARLIE ICE PRESIDENT	3.00	x		х				0.	0.	0
24) CARTER III, BEN XECUTIVE DIRECTOR	40.00			X				239,000.	0.	30,129
25) LEWIS, TERRI XHIBITS MANAGER	40.00							117,575.	0.	30,308
1b Sub-total	VIII Control A						\	356,575. 0.	0.	60,437
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	vii, Section A							356,575.	0.	60,437

compensation from the organization

Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OMNI HOTEL		
555 SOUTH LAMAR, DALLAS, TX 75202	HOTEL SERVICES	<u>803,530.</u>
FREEMAN		
P.O. BOX 650036, DALLAS, TX 75265	CONVENTION SERVICES	513,681.
DALLAS CONVENTION CENTER		
650 S. GRIFFIN, DALLAS, TX 75202	SPACE RENTAL	313,167.
SAFARI CLASSICS		
5206 MCKINNEY AVE., #101, DALLAS, TX 75225	ADVERTISING_	275,406.
ALFORD MEDIA SERVICES		-
2965 SOUTH FREEPORT PKWY, COPPELL, TX 75019	MEDIA SERVICES	208,885.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		
		Form 990 (2015)

Form **990** (2015)

532008 12-16-15 Form 990 (2015) DALLAS SAFARI CLUB
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		· ·	ams a response	of note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
E E	b		1b					
اع ق	c		1c					
a ii	d		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	O	ions) 1e					
	f	All other contributions, gifts, gran	ts, and			i		
물취		similar amounts not included abo	ve 1f	3,003,310.				
Sontril and Ot	g	Noncash contributions included in lines	1a-1f \$	2,595,276.				
ပ္ပ ဧ	h	Total, Add lines 1a-1f		<u> </u>	3 003 310			
				Business Code				
e l	2 a	MEMBERSHIP DUES		900099	523,675.	523,675.		
اه څ	b	ADVERTISING		541800	307,274,		307,274.	· <u>-</u> ·
8 2	С	ADMINISTRATIVE FEE	-	900099	68,607.	_68,607.		
eve	d	MEMBERS MONTHLY DINNER	MEETING	900099	46 946.	_46_946.		
Program Service Revenue	е	AFFINITY PROGRAMS		900099	23.560.	23,560.		
<u>-</u>	f	All other program service reve	enue	900099	75_250	_ 75 250.		
	g	Total. Add lines 2a-2f			1 045 312			
	3	Investment income (including	dividends, inter	est, and				
1		other similar amounts)		▶]	17,430.			17,430.
	4	Income from investment of tax	x-exempt bond	proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses		ļ				
	С	Rental income or (loss)		<u> </u>				
ľ		Net rental income or (loss)	r	<u> </u>				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	• ' '		<u> </u>				
Other Revenue	8 a	Gross income from fundraising including \$	g events (not					
اچ		contributions reported on line	1c). See	1				
<u>6</u>		Part IV, line 18	a	4,482,463.				
盲		Less: direct expenses	t					
_		Net income or (loss) from fund	-		1,606,814,			1,606,814.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses	t					
		Net income or (loss) from gam	-		-1,270,			-1,270,
	10 a	Gross sales of inventory, less						
		and allowances	2					
		Less: cost of goods sold		99,553.				
Ì	<u></u> c	Net income or (loss) from sale		Business Code	84,853.		84_853.	· · · · · · · · · · · · · · · · · · ·
	44 -	Miscellaneous Revenu		Business Code				
	11 a					 		
	b				— ··.			
	ر د	All other revenue		900099	3.294.	3,294		
	_	Total. Add lines 11a-11d	•	900099	3,294.	3.234		
	12	Total revenue. See instructions.			5.759.743.	741.332.	392 127	1.622.974.
—	14	Total feverine, oce mandenons.	- · · · · · · · · · · · · · · · · · · ·	·	3,133,143,	1 14T 33C*	124,14/	- 200

Form 990 (2015) DALLAS SAFARI CLUB Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	this Part IX (B)	(C)	<u>(D)</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		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	978,143.	978,143.		
2	Grants and other assistance to domestic				
	ındıvıduals. 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	24,000.	24,000.	· · · · · · · · · · · · · · · · · · ·	·····
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	010 500	F.4. 600	100 260	54 600
_	trustees, and key employees	218,720.	54,680.	109,360.	54,680
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	C42 252	72 002	225 406	244 004
7	Other salaries and wages	643,252.	72,882.	225,486.	344,884
8	Pension plan accruals and contributions (include	26 500	2 700	10 605	10 074
_	section 401(k) and 403(b) employer contributions)	26,588. 113,567.	3,709. 4,539.	10,605. 52,947.	12,274
9	Other employee benefits Payroll taxes	67,118.	8,300.	27,287.	56,081 31,531
10	Fees for services (non-employees).	07,110.	0,300.	21,201.	31,331
11	Management	60.		60.	
a b		78,804.		78,804.	
C	, ·	84,017.		60,459.	23,558
d	T	04,017.	-	00,433.	23,330
e	Bu-6				
f	Investment management fees				
g				•	
5	column (A) amount, list line 11g expenses on Sch O.)	52,306.		52,306.	
12	Advertising and promotion	1,098,299.		714,127.	384,172
13	Office expenses	178,978.		178,978.	
14	Information technology	52,119.		28,190.	23,929
15	Royalties				
16	Occupancy				
17	Travel	137,178.		137,178.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,112.		51,112.	
23	Insurance	27,091.		27,091.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEMBERGUER EMPERICE	247,731.	247,731.		
b	DDDGGATTANTON DE AMITAG	235,894.	~ ~ / / /		235,894
c	DOG MENGT EMMED	180,076.	180,076.		
d		172,734.	172,734.		
	All other expenses	79,537.	19,076.	60,461.	
25	Total functional expenses. Add lines 1 through 24e	4,747,324.	1,765,870.	1,814,451.	1,167,003
<u>==</u> 26	Joint costs Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2015)

1 01111 220 1	
Part X	Balance Shee

Pa	<u>t X</u>	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
	1	Cash - non-interest-bearing	684,379. 1	1,034,429.
	2	Savings and temporary cash investments	7,470,222. 2	7,454,615.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	205,362. 4	160,262.
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
\$	}	employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
⋖	8	Inventories for sale or use	<u>133,901.</u> 8	197,352.
	9	Prepaid expenses and deferred charges	262,545. 9	290,892.
	10a	Land, buildings, and equipment: cost or other		
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 1,348,261. 10b 300,661.		
	b	Less accumulated depreciation 10b 300,661.	1,066,444. 100	1,047,600.
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11	12	<u> </u>
	13	Investments - program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	6,359. 15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,829,212. 16	
	17	Accounts payable and accrued expenses	1,007,394. 17	
	18	Grants payable	777,634. 18 36,225. 19	
	19	Deferred revenue		
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	20	
	22	Loans and other payables to current and former officers, directors, trustees,		
Liabilities		key employees, highest compensated employees, and disqualified persons		
Ξ		Complete Part II of Schedule L	22	,
Ë	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X of		
		Schedule D	1,558,045. 25	1,748,256.
	26	Total liabilities. Add lines 17 through 25	3,379,298. 26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		
es S		complete lines 27 through 29, and lines 33 and 34.		
Š	27	Unrestricted net assets	27	
3ak	28	Temporarily restricted net assets	28	·
ā	29	Permanently restricted net assets		
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶		
jo ,		and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds	0.30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0. 31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	6,449,914. 32	
~	33	Total net assets or fund balances	6,449,914. 33	
	34	Total liabilities and net assets/fund balances .	9,829,212. 34	
				Form 990 (201

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI \$\frac{1}{X}\$ \$\fra	, Form	990 (2015) DALLAS SAFARI CLUB	51-015	7792	Pag	e 12
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Net unrealized gains (losses) on losses (los	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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. Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Short in the financial statements for the year were audited on a separate basis, consolidated basis Short on the financial statements for the year were audited on a separate basis, consolidated basis Short on solidated and separate basis b Were the organization's financial statements and selection of 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 Short 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 organ		Check if Schedule O contains a response or note to any line in this Part XI				X
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	2 3 4 5 6 7 8	$\frac{4,747}{1,012}$	7,32 2,42 9,92	43. 24. 19.
column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990						==-
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990			10	7,462	2,3	21.
Accounting method used to prepare the Form 990	Pai	t XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				
separate basis, consolidated basis. Ocnsolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes	
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b	separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 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		_ 2b		<u>x</u>
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		<u>x</u>
	D		meu auun	_{ab}		
		or addito, explain with in correctie or and describe any steps taken to undergo such addits			990	2015)

532012 12-18-15

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

Section 50 I(c)(4), (5), or (6) organiza	tions Complete Part III.			
Name of organization			Empl	oyer identification number
DALLAS	SAFARI CLUB			51-0157792
Part I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organiz Political expenditures Volunteer hours 	ation's direct and indirect politi	ical campaign activities		
Part I-B Complete if the org	anization is exempt un	der section 501(c))(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶\$	
3 If the organization incurred a section	in 4955 tax, did it file Form 4720	0 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 org	janization is exempt un	der section 501(c)	, except section 501(c)(3).
1 Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing organ	ization's funds contributed to d	other organizations for s	section 527	
exempt function activities			▶ \$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL		
line 17b			▶ \$	Voc. No.
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	nployer identification number (E	EIN) of all section 527 p	olitical organizations to whic	ch the filing organization
made payments For each organiza	tion listed, enter the amount pa	aid from the filing organ	ızatıon's funds. Also enter th	ne amount of political
contributions received that were pr		, ,		ite segregated fund or a
political action committee (PAC) If	additional space is needed, pro	ovide information in Par	t IV.	<u>,</u>
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		-		
For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2015

LHA 532041

Schedule C (Form 990 or 990-EZ) 2015	DALLAS	SAFA	RI CLUB		51-0	157792 Page 2				
Part II-A Complete if the org	anizatio	n is exer	npt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under				
section 501(h)).										
	_		* · ·	Part IV each affiliated	group member's nam	ne, address, EIN,				
expenses, and shar										
B Check Lifthe filing organiza	tion checke	d box A ar	nd "limited control" pro	visions apply.						
	ts on Lobby ditures" me		nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ	ience publi	c opinion (grass roots lobbying)							
b Total lobbying expenditures to influ	uence a legi	slative boo	ly (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	er the amou	nt from the	following table in bot	h columns						
If the amount on line 1e, column (a) o	ount is:									
Not over \$500,000			the amount on line 1e							
Over \$500,000 but not over \$1,000		\$100,000 plus 15% of the excess over \$500,000								
Over \$1,000,000 but not over \$1,5			10 plus 10% of the exc 10 plus 5% of the exce							
Over \$1,500,000 but not over \$17,										
Over \$17,000,000										
0		l 46								
g Grassroots nontaxable amount (en						 				
h Subtract line 1g from line 1a If zer				:	·					
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze			line 11 did the organiz	ation file Form 4720						
reporting section 4911 tax for this		iii ie i i i oi	ine ii, did the organiz	ation me ronn 4720	1	Yes No				
reporting section 4511 tax for this		1-Year Ave	eraging Period Under	section 501(h)	-1	100110				
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.)										
	Lobby	ying Expe	nditures During 4-Ye	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2	012	(b) 2013	(c) 2014	(d) 2015	(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))										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•								

Schedule C (Form 990 or 990-EZ) 2015

02225__1

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2015 DALLAS SAFARI CLUB 51-0157792 Page 3 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)).

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?	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) 501(c)(6).			bunt
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Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DALIAC CARADI CLIIR

Employer identification number .0157702

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s 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 wi	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad-		used only
-	for charitable purposes and not for the benefit of the donor or	• •	
	impermissible private benefit?		Yes No
Par		nization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	·	afied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	· /	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	
•	year >	,g - , - ,	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
	>	-	-
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ition easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic 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 treas	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 110	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

		SAFARI CLU							<u> 157792</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	r Other	Simil	ar Ass	ets(contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	t are a sig	nıficant	use of its	s collection	ıtems
	(check all that apply)									
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ıms				
b	Scholarly research	е	. []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co				_			ose in Pa	art XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar a	assets	_		
	to be sold to raise funds rather than to be ma								Yes	No.
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	D, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table [.]				 -		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	· · ·					y?		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete				•	- 1				
		(a) Current year	(b) P	rior year	(c) Two year	s back (J) Three	years bacl	k (e) Four	years back
1a	Beginning of year balance									
b	Contributions								ļ	
C	Net investment earnings, gains, and losses									
d	Grants or scholarships								-	
е	Other expenditures for facilities					-				
_	and programs					-				
f	Administrative expenses			 						
g	End of year balance				<u> </u>				J	
2	Provide the estimated percentage of the cur	rent year end balanc	-	g, column (a	a)) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
٥-	The percentages on lines 2a, 2b, and 2c sho		-4 41		مقديد منظمة المما	6				
3a	Are there endowment funds not in the posse	ssion of the organiza	auon ma	at are nelo a	ina administe	rea for th	e organi	zation	Г	Vaa Na
	by. (i) unrelated organizations								$\overline{}$	Yes No
	(ii) related organizations								3a(i)	_
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requi	red on S	chadula R2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								OD	
	t VI Land, Buildings, and Equipm		, , , , , , , , , , , , , , , , , , , 	14.140.						
	Complete if the organization answere		0. Part I\	V. line 11a. S	See Form 990	. Part X. I	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	a construction property	basis (investr		, , ,	(other)		eciation		(4) = 00	
	Land		-	24	2,740.	·			242	2,740.
	Buildings				3,408.		86,2	71.		7,137.
	Leasehold improvements	-								<u></u>
	Equipment			30	2,113.	2	14,3	90.	87	7,723.
	Other									
Total	Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X. colur	nn (B), line 1	10c.)				1.047	7.600.

Schedule D (Form 990) 2015

Part Y	Other	ah	 00

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	7,576.
(3) SALES TAX PAYABLE	37,647.
(4) EXHIBITOR RECEIVABLES	1,696,333.
(5) DUE TO DEF	6,700.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.) ► 1,748,256.

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

Schedule D (Form 990) 2015

, Sche	dule D (Form 990) 2015 DALLAS SAFARI CLUB		51-	0157792 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per I		
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII)	2d	4	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII)	4b	┥.	
_C	Add lines 4a and 4b		4c	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Stateme	ante With Evnences no	5 r Pot	urn.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	siita vaitii Expeliaea pei	neu	uiii.
4	Total expenses and losses per audited financial statements		Τ.	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
2	Donated services and use of facilities	2a		
a		2b	-	
b	Prior year adjustments Other losses	2c 2c	-	
9	Other (Describe in Part XIII)	2d	┪	
d	Add lines 2a through 2d	_ Zu	2e	
e	Subtract line 2e from line 1		3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII)	4b	┪	
b	Add lines 4a and 4b	40	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I	IV lines 1b and 2b. Part V. line	4 Par	t X. line 2. Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part to part		,	,,,
		•		
				_
				
52205				

532054 09-21-15

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

DALLAS SAFARI C	LUB			51-015779	2
		ctivities Out	tside the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes 🔲 No
	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
United States					
		l	an be duplicated if additional space is i		,
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA -			GRANTS TO RECIPIENTS	WILDLIFE AND HABITAT CONSERVATION AND	
ANGOLA	0	0_	LOCATED IN THE REGION	EDUCATION	34,000.
NORTH AMERICA - CANADA AND MEXICO,			GRANTS TO RECIPIENTS	WILDLIFE AND HABITAT CONSERVATION AND	
BUT	0	0	LOCATED IN THE REGION	EDUCATION_	-5,000.
	:				
EAST ASIA AND THE PACIFIC	0	,	GRANTS TO RECIPIENTS LOCATED IN THE REGION	WILDLIFE AND HABITAT CONSERVATON AND EDUCATON	-5.000.
3 a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)	0	0	tions for Form 900	Sobodulo E	24,000,

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

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	WILDLIFE CONSERVATION	10,000.	СНЕСК	0.		
		SOUTH AFRICA	WILDLIFE CONSERVATION	14,000.	снеск	0.		
		NAMBIA	WILDLIFE CONSERVATION	10,000.	CHECK	0.		
		SOUTH AFRICA	WILDLIFE CONSERVATION	10,000.	CHECK	0.1		
		NORTH AMERICA - CANADA AND						
		MEXICO, BUT	WILDLIFE CONSERVATION	60,000.	CHECK	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreian country.	recognized as tax-ex	cempt by		1

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

t	Enter total	number	of other	organizations	or entities
,	Enter total	Hulliber	oi oillei	Organizacions	or endue:

Schedule F (Form 990) 2015

Part III can be duplicated if ad		(c) Number of	(d) Amount of	(a) Manner of	(f) Amount of	(g) Description of	(b) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	(e) Manner of cash disbursement	non-cash assistance	non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
				X 3 1 1 2 2 4 1 4 1 1 1			
		!					

Schedule F (Form 990) 2015

Yes X No

Instructions for Form 5713; do not file with Form 990)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Internal Revenue Service . Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection											
Name of the organization						Employer id	dentification number				
<u>DALLAS</u>	SAFARI CLUB					51-015	<u>7792</u>				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not required to complete this part.											
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply.	,						
a Mail solicitations				overnment grants							
b Internet and email solicitations f Solicitation of government grants											
c Phone solicitations g Special fundraising events											
d In-person solicitations											
2 a Did the organization have a written of			-			or					
key employees listed in Form 990, P				-			es L No				
b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		uant to	agre	ements under which	the f	undraiser is t	o be				
		(iii)	Did aiser		(v)	Amount paid	(vi) Amount paid				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	aiser ustody itrol of utions?	(iv) Gross receipts from activity		or retained by fundraiser ted in col. (i)	to (or retained by) organization				
		Yes	No								
		-									
		-									
Total			>		د. د د. د. د						
List all states in which the organization or licensing	on is registered or licensed to solicit	contric	outions	s or has been notified	וו נאו נ	exempt from	registration				
											
				• • •							
			_	·							
											
											
· · · · · · · · · · · · · · · · · · ·											

532081 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

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

	_	
8 Net gaming income summary Subtract line 7 from line 1, column (d)	<u> </u>	<1,270.
· · · · · · · · · · · · · · · · · · ·		X Yes No
If "No," explain:		
		Yes X No
32 09-14-15	Schedule G (For	m 990 or 990-EZ) 2015
	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Enter the state(s) in which the organization conducts gaming activities: TX Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain.

Sch	edule G (Form 990 or 990 EZ) 2015 DALLAS SAFARI CLUB 51	<u>-0157792</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer chantable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility	13ь 100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶ JOHN A. EADS, CPA, TREASURER		
	Address ► 12900 PRESTON ROAD, SUITE 780 - DALLAS, TX 75230		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	X Yes	☐ No
	olf "Yes," enter the amount of gaming revenue received by the organization \(\bigs \) \(\bigs \) \(\bigs \) \(\bigs \) and the amount of gaming revenue retained by the third party \(\bigs \) \(
	Name ► THE JUNE FREEMAN AGENCY, LLC		
	Address ► P.O. BOX 271792 - FLOWER MOUND, TX 75027		
16	Gaming manager information		
	Name ► LORI STANFORD		
	Gaming manager compensation ► \$ 72,673.		
	Description of services provided COMPILES DONATIONS, ASSISTS IN PLACING DO	NIA TITONIC	TAT
	AUCTION, PRODUCES AUCTION CATALOG, KEEPS TRACK OF DONATION		TIM
	AND REBATES, FOLLOWS UP WITH BIDDERS AND DONORS.	VALUES	
	AND REDAILS, FODLOWS OF WITH BIDDERS AND DONORS.		
	Director/officer X Employee Independent contractor		
17	Mandatory distributions.		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	X. No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year -\$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part	III, lines 9, 9b, 10	Ob. 15b.
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	, ,	,
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
			

Schedule (G (Form 990 or 990-EZ)	DALLAS SAFAR	I CLUB		51-0157792	Page 4
Part IV	Supplemental Info	DALLAS SAFAR: rmation (continued)				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			-	
	<u> </u>			• •	· <u>-</u>	
						
	•					
					·	
						
		····				
	-					
-			<u> </u>		•	
						
			······································			
						
					 	

SCHEDULE I (Form 990)

Department of the Treasury

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.

Internal Revenue Service Information about S

Name of the organization

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

2015

Open to Public
Inspection

Employer identification number

DALLAS SA	FARI CLUE	<u> </u>					51-015779	<u>)2</u>
Part I General Information on Grants a								
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- 	tance?	_		-	y for the grants or ass	istance, and the select		No
Part II Grants and Other Assistance to I					anization answered "V	'os" on Form 900. Bort	IV line 21 for any	
recipient that received more than \$	·-				anization answered if	es on rolli 990, rait	. IV, IIIIe 21, IOI ally	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HUNTERS FOR THE HUNGRY 2512 IH 35 SOUTH,SUITE 100 AUSTIN, TX 78704-5772	74-2035880	501(C)(3)	13,450.	0.			WILDLIFE CONSERVATION	
FRONTLINE FOUNDATION 4305 W, LOVERS LANE DALLAS, TX 75209	46-3896002	501(C)(3)	25,000.	0.			WILDLIFE CONSERVATION	
DSC FOUNDATION INC. 13709 GAMMA ROAD DALLAS, TX 75244	47-5373716		535,625.	0.			<u> WILDLIFE CONSERVATION</u>	
CONGRESSIONAL SPORTMEN'S FOUNDATION - 110 NORTH CAROLINA AVE.,SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	15,170.	0.			WILDLIFE CONSERVATION	
CONSERVATION FORCE 3240 S I-10 SERVICE RD W, SUITE 200 METAIRIE, LA 70001-6911	72-1364493	501(C)(3)	45,000.	0.			WILDLIFE CONSERVATION	
DALLAS ECOLOGICAL FOUNDATION 13709 GAMMA ROAD DALLAS, TX 75244	75-176 <u>14</u> 81	501(C)(3)	55,378,	0.			WILDLIFE CONSERVATION	
2 Enter total number of section 501(c)(3) as	nd government or	ganizations listed in th	ne line 1 table				> 1	.0.
3 Enter total number of other organizations	listed in the line	1 table						8.

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				-			•
АРНА							
P.O. BOX 240971							
ANCHORAGE, AK 99524	27-4625596	501(C)(4)	10,000.	0.			WILDLIFE CONSERVATION
MABRY PUBLIC AFFAIRS LLC							
807 BRAZOS ST., SUITE 902							
AUSTIN TX 78701	45-4603790		62,000.	0.			WILDLIFE CONSERVATION
			•				
FARMERS BRANCH CHAMBER OF COMMERCE							
2815 VALLEY VIEW LN, #118					•	1	
FARMERS BRANCH, MT 75234	75-1661509		8,500.	0.			 WILDLIFE CONSERVATION
	7.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5			•			
NRA INSTITUTE FOR LEGISLATIVE							
ACTION - 11250 WAPLES MILL RD							
FAIRFAX, VA 22030	53-0116130		15,000.	٥.			WILDLIFE CONSERVATION
TEXAS OUTDOOR WRITERS ASSOCIATION							
P.O. BOX 151293							
AUSTIN TX 78715	75-2801326		9 000	0.			WILDLIFE CONSERVATION
nootin, in 70713	75 2001320		7,000.	<u></u>			
THE LEMUNYON GROUP							
300 NEW JERSEY AVE. NW. SUITE 900						<u> </u>	
WASHINGTON DC 20001	27-0004331	501(C)(3)	36,000.	0.			WILDLIFE CONSERVATION
WASHINGTON, DC 20001	27-0004331	501(07(3)	30,000.				WIEDDITE CONSUMITION
OPERATION GAME THIEF							
1340 AIRPORT COMMERCE BLDG #6, STE							
AUSTIN TX 78760	74-1680372	501(C)(3)	5,500.	0.			WILDLIFE CONSERVATION
AUSTIN, TA 78700	74-1000372	501(0/(3/	3,300.	٠.		-	WIEDELTE CONDERVATION
WILSON PERKINS ALLEN							
1319 CLASSEN DRIVE							
	20-5973699		49 100	0.			MILDITEE CONCEDUATION
OKLAHOMA CITY, OK 73103	20-39/3099_		48,100.	0.			WILDLIFE CONSERVATION
MDDAD I TOUMI V OUMDOOD AWADENEGG							
TREAD LIGHTLY OUTDOOR AWARENESS							
CAMPAIGN - 353 E. 400 S. SUITE 100	97 0491456	E01(0)(3)	15.000.	0.			WILDLIFE CONSERVATION
- SALT LAKE CITY, UT 84111-2974	87-0481456	hor(c)(3)	15,000.	<u> </u>	<u></u>		Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBEYE GROUP LLC							•
516 53RD STREET							
UBBOCK, TX 79412	98-1323213		15,000.	0,			WILDLIFE CONSERVATION
EXAS PARKS AND WILDLIFE							
OUNDATION - 2914 SWISS AVENUE -							
ALLAS, TX 758204	74-2602504	501(C)(3)	12,500.	0.			WILDLIFE CONSERVATION
HE WILDLIFE SOCIETY							
410 GROSVENOR LN., SUITE 200							
ETHESDA, MD 20814	52-0788946	501(C)(3)	10,000.	0.			WILDLIFE CONSERVATION
			-				
				·			
	1						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2, Part III, colum	n (b), and any other a	dditional information	
PROCEDURES FOR MONITORING THE	USE OF GRANT	FUNDS			
THE DALLAS SAFARI CLUB'S MISSI	ON IS TO CON	SERVE WIL	DLIFE AND W	ILDERNESS	
LANDS; TO EDUCATE YOUTH AND TH					
AND TO PROMOTE AND PROTECT THE			OF HINTERS	WORLDWIDE.	
AS PART OF THAT MISSION, THE D			01 1101(121(0	WORLDWIDE.	
		T. TO CALLE	CO THE DUTY II	GA AND ADDOAD	
SAFARI CLUB OFFERS GRANTS/FINA					
WHO SHARE THE SAME MISSION AND	GOALS. THE	BOARD OF 1 38	DIRECTORS A	PPROVE ALL	Schedule I (Form 990) (201

GRANTS AND MONITOR AS TO HOW THE GRANT FUNDS ARE USED. ORGANIZATIONS RECEIVING GRANTS PERIODICALLY REPORT BACK TO THE ORGANIZATION REGARDING THEIR USE OF THE FUNDS RECEIVED.

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Attach to Form 990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS SAFARI CLUB

Employer identification number 51-0157792

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			\Box
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to		ł	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract		İ	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 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			
а	The organization?	5a	X	
b	Any related organization?	5b	ļ <u>.</u>	X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	ł		
а	The organization?	6a		X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	, , , , , , , , , , , , , , , , , , , ,			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	<u> </u>	
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	edule J (Forr	n 990	2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CARTER III, BEN	(i)	164,000.	75,000.	0.	0.		269,129.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)				_				
	(ii)								
	(i)								
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	(i)								
	(ii)								

Schedule J (Form 990) 2015	DALLAS SAFARI CLU	В		51-0157792	Page 3
Part III Supplemental Information					
Provide the information, explanation	on, or descriptions required for Part I, I	nes 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6i	o, 7, and 8, and for Part II. Also complete t	his part for any additional informa	ition.
				•	
				•	1
PART I, LINE 5:					
THE BONUS PLAN FO	R THE EXECUTIVE DIR	ECTOR AND STAFF IS	BASED ON CERTAIN		
	ATD EVERYOR CAUTIOC	MUD DOMIC DIAM DA	CU VEND TO ADDDOUGD		
REVENUE TARGETS A	ND EXPENSE SAVINGS.	THE BUNUS PLAN EA	CH YEAR IS APPROVED	•	
BY THE ADMINISTRA	TIVE/COMPENSATION C	OMMITTEE AND SUBMIT	TED AND APPROVED BY		
	. mwn noann oe nineo	mon a			
THE TREASURER AND	THE BOARD OF DIREC	TURS.			
			1.0.37		
				-	

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

	DALLAS SAFAR	I CLUB					51-0	157	792	
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	non	(d) Method of de cash contribu	etermi	_	is
1	Art - Works of art	X				FAIR	MARKET	' VA	LUE	
2	Art · Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X				FAIR	MARKET	' VA	LUE	
5	Clothing and household goods	X				FAIR	MARKET			
6	Cars and other vehicles	X				FAIR	MARKET	' VA	LUE	
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests								^	
12	Securities - Miscellaneous									
13	Qualified conservation contribution							-		
	Historic structures		SEE ATTACHI	ED SCHEDULI	Ξ					
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial		-		-					
17	Real estate - Other								,	
18	Collectibles	X				FAIR	MARKET	VA	LUE	
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy	X				FAIR	MARKET	' VA	LUE	
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (<u>HUNTS</u>)	X				FAIR	MARKET	VA	LUE	
26	Other ► (JEWELRY)	X				FAIR	MARKET	VA	LUE	
27	Other (GUNS & HUNTIN)	X				FAIR	MARKET	VA	LUE	
28_	Other ► (CLOTHING)	X				FAIR	MARKET	VA	LUE	
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part IV, [Oonee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lir	nes 1 throu	gh 28, tha	at it] '	ĺ
	must hold for at least three years from the date	of the initia	l contribution, and	which is not req	uired to be	used for			1	
	exempt purposes for the entire holding period?)						30a		X
b	If "Yes," describe the arrangement in Part II									l
31						31		_X_		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
_					32a		X			
b	If "Yes," describe in Part II									
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which colu	mn (a) is ch	ecked,				
	describe in Part II									
НΔ	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule M (Form 990) (2015)									

Schedule M	(Form 990) (2015) DALLAS SAFARI CLUB	<u>51-0157792</u>	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organi nation of both Also co	zation
	•		,
	,		
	,		
SCHEDU	LE M, PART I, COLUMN (B):		
THE AM	OUNT OF NONCASH CONTRIBUTIONS IN COLUMN (C) FOR WHIC	H A COLUMN	
(A) IS	CHECKED IS REPORTED ON THE ATTACHED DETAIL CONTRIBU	TION	
SCHEDU!	ıt		
			
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532142 08-21-15	3	Schedule M (Form	990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

DALLAS SAFARI CLUB

Employer identification number 51-0157792

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES INCLUDE REVENUE AND EXPENSES FOR A YOUTH PROGRAM
FOR GUN SAFETY AS WELL AS REVENUE FROM AFFINITY PROGRAMS SUCH AS GLOBAL
RESCUE, MULTI-VIEW COMMISSIONS, AND THE TEXAS SPORTING JOURNAL. THE
MANAGEMENT FEE RECEIVED FROM THE DALLAS ECOLOGICAL FOUNDATION IS ALSO
INCLUDED IN OTHER REVENUE.
EXPENSES \$ 19,076. INCLUDING GRANTS OF \$ 0. REVENUE \$ 95,461.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS NO CLASSES OF MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ORGANIZATION PRESENT AT THE ANNUAL MEETING IN MARCH OF EACH
YEAR ELECT DIRECTORS TO THOSE POSITIONS WHERE THE TERM HAS EXPIRED. THE
BOARD OF DIRECTORS THEN ELECTS THE OFFICERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE TAX RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM, REVIEWED AND SIGNED
BY THE TREASURER AND SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND
QUESTIONS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS MEET ONCE PER MONTH AND ARE RESPONSIBLE FOR
MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization DALLAS SAFARI CLUB	Employer identification number 51-0157792
THE PROCESS FOR DETERMINING COMPENSATION INCLUDES EXAMINA	TION OF
COMPARABILITY DATA AND DOCUMENTATION OF DELIBERATIONS CON	CERNING
COMPENSATION DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR YEAR ADJUSTMENT	-12.