4819500/84/21/2019 10 09 AM
990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 Den to Public Inspection

<u>A</u>	For the	= 2017 calendar year, or tax year beginning $10/01/17$, and ending $09/30/19$										
В	Check if ap		ļ	D Employe	ridentification number							
Ш	Address cl	00 0000										
	Name cha	nge Doing business as WILDLIFE SAFARI Number and street (or P O box if mail is not delivered to street address)	e number									
	Initial retur	1.000	<u>679-6761</u>									
Ħ	Final return											
\exists	terminated	WINSTON OR 97496		G Gross reco	expts \$ 6,282,110							
닏	Amended	F Name and address of principal officer	H(a) Is this a grou	in ration for co	ubordinates? Yes X No							
Ш	Application		n(a) is this a grou	ib ierain ioi si								
		PO BOX 1600	H(b) Are all subo		_ _							
		WINSTON OR 97496	If "No,"	attach a list	(see instructions)							
	Tax-exen	npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 📆	_									
J	Website		H(c) Group exem		_							
******			Year of formation 1	980	M State of legal domicile OR							
	art !	Summary										
	1 E	Briefly describe the organization's mission or most significant activities		, CEDED								
ခ်		OPERATE WILDLIFE PARK, CONDUCT EDUCATIONAL PROGRAMS, E	REED ENDAN	IGERED								
nan		ANIMAL SPECIES										
Activities & Governance			504 5 1	- 4 -								
တိ		Check this box If the organization discontinued its operations or disposed of more than 2	5% of its net assi		11							
<u>م</u>		Number of voting members of the governing body (Part VI, line 1a)		3	11							
ţį		Number of independent voting members of the governing body (Part VI, line 1b)		5	160							
<u>₹</u>		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		6	101							
Ā	6	Total number of volunteers (estimate if necessary)		7a	0							
	/a i	Total unrelated business revenue from Part VIII, column (C), line 2-CEIVED		7a 7b								
	ים	Net unrelated business taxable income from Form 990-T line 34	Prior Year		Current Year							
Revenue	80	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) JAN 3 0 2019		,329	1,003,660							
	9 6	Program service revenue (Part VIII, line 2g)	3,320		3,698,639							
Ş.	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,136	34,222							
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 1.le)	, 963	915,383								
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,682	2,382	5,651,904							
	+	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0							
		Benefits paid to or for members (Part IX, column (A), line 4)	-	_	0							
Ś	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,435		2,495,235							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	30	,000	48,456							
be	. ьт	Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,772	,,									
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,000	,182	2,229,179							
	18 7	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,465		4,772,870							
	19 F	Revenue less expenses Subtract line 18 from line 12		686	879,034							
20.5	3		Beginning of Curr		End of Year							
sset	20]	Total assets (Part X, line 16)	6,573		7,351,787							
Net Assets or	21 7	Total liabilities (Part X, line 26)		3,635	321,807							
		Net assets or fund balances Subtract line 21 from line 20	6,044	1,424	7,029,980							
	Part II	Signature Block										
U tr	Inder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	ients, and to the be has any knowledge	stormykn	owledge and belief, it is							
	ue, corre	ed, and complete because of property (one). Then onless is based on an information of minor property.			- 21-19							
c:		Signature of officer		Date	1/							
Sig		, ,	TIVE DIR)							
не	ere	DANIEL VAN SLYKE EXECU	TIAE DIV	ECIOR								
_		Print/Type preparer's name Preparer's signature	Date	Chaek	If PTIN							
Pai	id			Check 19 self-em	□" 1							
	eparer	STEVEN B. OLESON CPA STEVEN B OLESON, CPA Firm's name WICKS EMMETT LLP			93-0718861							
	e Only	358 NE WINCHESTER ST - PO BOX 2350		rm's EIN	23 011000I							
J31	· · · · · · · · · · · · · · · · · ·	. POCEDIDO OD 07470-2327			541-673-4423							
<u></u>	u tha ID		<u></u>	hone no	X Yes No							
_		S discuss this return with the preparer shown above? (see instructions) ork Reduction Act Notice, see the separate instructions.			Form 990 (2017)							
DAA		roin neudoboli Met Motice, see the separate instructions.			Politi 330 (2017)							

Form 990 (2017) SAFARI GAME SEARCH FOUNDATION 93	3-0772232	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in the	nis Part III	X
1 Briefly describe the organization's mission OUR MISSION IS TO ENHANCE ENTERTAINMENT, EDUC	ATION, AND CULTURA	L
EXPERIENCES WITH A COMMITMENT TO CONSERVATION	, PRESERVATION, AN	D RESEARCH
OF NATIVE AND EXOTIC WILDLIFE.		
Did the organization undertake any significant program services during the year which wer	re not listed on the	
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it conducts, an	ny program	
services?		Yes X No
If "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest	program services, as measured by	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount		
the total expenses, and revenue, if any, for each program service reported		
4a (Code) (Expenses \$ 2,353,314 including grants of \$) (Revenue \$	2,333,891)
4a (Code) (Expenses \$ 2,353,314 including grants of \$ EDUCATIONAL EXHIBITS/ANIMAL COLLECTION DISPLA		2,333,691)
	•	
4b (Code) (Expenses \$ 866,197 including grants of \$) (Revenue \$	1,029,014)
AUXILIARY SERVICES	, ,	
4c (Code) (Expenses \$ 98,638 including grants of \$) (Revenue \$	73,094)
EDUCATION PROGRAMS		
4d Other program services (Describe in Schedule O)		60 .
(Expenses \$ 588,066 including grants of \$ 4e Total program service expenses ▶ 3,906,215) (Revenue \$ 1,218,1	עס)
4e Total program service expenses ► 3,906,215	<u> </u>	

Part IV	Checklist	of	Required	Sched	ules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
- 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
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

	Yes	No
	x	
2	X	
3		X
4		x
5_		x
6		x
7		х
8	x	
9		x
10	x	
11a	x	
11b		х
11c		x
11d	x	
11e	X	
11f	x	
12a	x	
12b		x
13		X
14a		X
14b		x
15		x
16		_ x
17	x	
18	x	
 19	m 99 0	X (2017)

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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
ь	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		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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		X
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 7701-3? 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		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<u> </u>	T
JO	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13. Hote. All I offit and file required to complete obligation			

P	The V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		ļ
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 160	┥!	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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	4a		x
h	account)? If "Yes," enter the name of the foreign country ▶	70		
D	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		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		
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	X	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u>		٠,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		İ
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter	35		-
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 10b	7		
11	Section 501(c)(12) organizations. Enter	7 1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	\neg		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

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

Sec	tion A. Governing Body and Management										
				····	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11								
	If there are material differences in voting rights among members of the governing body, or				ł						
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	L_	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	L	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	<u> </u>	X					
6	Did the organization have members or stockholders?			6	<u> </u>	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?			7a	ļ	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			- 1							
	stockholders, or persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne follow	ing	ŧ						
а	The governing body?			8a	X	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	rnal R	evenue	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	x	<u> </u>					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14	X	<u></u>					
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	L	X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?			16b		<u> </u>					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ OR										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3	s only)								
	available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request X Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	cy, and								
	financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨									
K	AYLA BASSON P.O. BOX 1600				_	_					
W.	INSTON OR 9749	96	į	541-67	9-6	761					

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

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

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

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

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

(A) Name and Title	(B) (C) Average Position (do not check more that box, unless person is be officer and a director/true.		s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CHERYL FORD		Ť								
	1.00									
BOARD MEMBER	0.00	X		ļ)]		0	0	0
(2) SCOTT HENDY, DVN	1									
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(3) LAUREN YOUNG										
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) SEAN BARRETT, DV	7M	ļ								
	1.00	1								
BOARD MEMBER	0.00	X						0	0	0
(5) TOBY LUTHER										
	1.00	1		1						
BOARD MEMBER	0.00	X						0	0	0
(6) LINDSAY ROBERTS					İ					
	1.00								_ ;	
BOARD MEMBER	0.00	X		L.		\sqcup		0	0	0
(7) RON YOCKIM		j								
	1.00									
BOARD MEMBER	0.00	X			<u> </u>	\sqcup		0	0	0
(8) PAT MARKHAM										
	2.00	l								_
CHAIR	0.00	X	_	X	<u> </u>	\vdash		0	0	0
(9) SHARON WILSON	0.00	1			İ	1 1				
	2.00			,,				۾ ا		_
VICE CHAIR	0.00	X		X	<u> </u>	\vdash		0	0	0
(10) STEVE FELDKAMP		1								
	2.00			77				_		_
TREASURER	0.00	X	-	X	⊢	\vdash		0	0	0
(11) VALYNN CURRIE	2 00									
SECRETARY	2.00 0.00	x		x				0	o	0
DAA	0.00	14	L	Λ	<u> </u>			<u></u>		5990 (2017)

Form 990 (2017) SAFARI GE												F	age c
	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than cost both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other compens	ted t of r ation	
	hours for related organizations below dotted line) hours for related organizations below dotted line) To highest compensated for a struction at trustee line line line line line line line li			from the organization and relations organizations organiza	ation ated								
(12) DANIEL VAN SI	YKE	1	† <u> </u>			┢							
	40.00									_			
EXECUTIVE DIRECTOR	0.00		igspace	X	<u> </u>	<u> </u>	_	91,079		0		2,	732
(13) KAYLA BASSON	40.00												
FINANCE DIRECTOR	0.00			x	_			45,896		0		1,2	<u>257</u>
1b Sub-total	=			_			>	136,975		+		3,9	9 89
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion i	A			P	136,975		+		3,9	989
2 Total number of individuals (in	ncluding but not	limite	ed to	thos	e lis	ted a	abov		\$100,000 of				
reportable compensation from	the organizatio	n ▶ _	U									Yes	No
3 Did the organization list any fo								loyee, or highest compensa	ited				X
employee on line 1a? If "Yes," 4 For any individual listed on lin								on and other compensation	from the		3		
organization and related organ											4		x
individualDid any person listed on line 1	la receive or acc	crue	com	pens	atio	n fror	n ar	ny unrelated organization oi	ndividual				
for services rendered to the o	rganization? <i>If</i> "										5		X
Section B. Independent Contractor 1 Complete this table for your fi			ntod.	ındo	2000	lont (tractors that received more	than \$100,000 of				
compensation from the organ	zation Report o	omp	ensa	ation	for t	he ca	alen	idar year ending with or with	in the organization's tax	year			
Name and	(A) I business address								(B) tion of services		Coi	(C) mpensat	iou
	-												
2 Total number of independent received more than \$100,000	contractors (incl	udini n fro	g but	t not e ord	limit	ed to	tho	ose listed above) who	0				****

Pa	rt V	Statement of Reve Check if Schedule		ntains a	response o	r note to any line	in this Part VIII		
	•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
nts	1a	Federated campaigns	1a					· -	· · · · · · · · · · · · · · · · · · ·
3rai our	b	Membership dues	1b						
s, C Am	С	Fundraising events	1c		221,226		1		
Sift lar,	d	Related organizations	1d						
is, (e	Government grants (contributions)	1e		14,900				
Program Service Revenue Contributions, Gifts, Grants	f All other contributions, gifts, grants, and similar amounts not included above			767,534		1			
ntri d O	g	Noncash contributions included in lines 1a	-1f	\$	216,118				
Co	h	Total. Add lines 1a-1f				1,003,660			
ue					Busn Code				
ven	2a	EXHIBIT ADMISSIONS			713110	3,385,889	3,385,889		
Re	b	MEMBERSHIP REVENUE			713110	312,750	312,750		
vice	С								
Ser	d								
am	е								
ogr	f	All other program service reve	nue						
<u>-</u>	g	Total. Add lines 2a-2f			•	3,698,639			
	3	Investment income (including	dıvıder	nds, intere	est,				
		and other similar amounts)			▶ _	18,448			18,448
	4	Income from investment of tax	-exem	pt bond p	roceeds 🕨 📙				·
	5	Royalties			>				
		(ı) Real		(u) F	Personal				
	6a	Gross rents							
	b	Less rental exps					1		
	С	Rental inc or (loss)							
	d	Net rental income or (loss)			•				
	sales of assets ——————————————————————————————————) Other						
		other than inventory 1	, 355		17,920				
	b	Less cost or other							
		basis & sales exps 1	, 635		1,866				
	С	Gain or (loss)	-280		16,054				
	d	Net gain or (loss)			•	15,774	15,774		<u> </u>
ø.	8a	Gross income from fundraising eve	ents						
'nū		(not including \$ 221,	226		ļ				
eve		of contributions reported on line 1c)		ļ				
Other Revenue		See Part IV, line 18	а		119,092				
the	b	Less direct expenses	b		143,464				
0	С	Net income or (loss) from fund	draising	events	•	-24,372			
	9a	Gross income from gaming activities	es						
		See Part IV, line 19	а				ł		
	b	Less direct expenses	b				1		
			ning ac	tivities	•				
		Gross sales of inventory, less	- 1						
		returns and allowances	а	1,	256,224		İ		
	ь	Less cost of goods sold	b		483,241		1		
		Net income or (loss) from sale	s of in	ventory	•	772,983	772,983		
		Miscellaneous Revenue		4	Busn Code				
	11a	FORIGIVENESS OF DEBT			900099	80,888	80,888		
	b	VALUE OF COMP TICKETS	S RED	EEME	713110	36,551	36,551		
	C	SPONSORSHIPS		-	900099	31,300	31,300		
	_	All other revenue			900099	18,033	18,033		
		Total. Add lines 11a-11d			•	166,772		,	
		Total revenue. See instructio	ns		•	5,651,904	4,654,168	0	18,448

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 143,406 143,406 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,730,309 187,564 25,359 1,943,232 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 195,914 2,874 408,597 209,809 Other employee benefits Payroll taxes Fees for services (non-employees) Management 5,611 5,611 b Legal 17,364 17,364 c Accounting Lobbying 48,456 48,456 Professional fundraising services See Part IV, line 17 14,927 14,927 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 395 227,475 227,080 Advertising and promotion 12 4,352 54,527 35,008 93,887 13 Office expenses Information technology 14 Royalties 176,455 14,662 191,117 16 Occupancy 15,091 3,392 586 11,113 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 24 94 118 20 Interest 21 Payments to affiliates 226,235 1,792 1,071 229,098 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 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) 5,283 440,600 435,317 ANIMAL EXPENSE 242 363,819 363,577 SOCIAL MEDIA FEES 219,545 218,668 867 10 VEHICLE, EQUIPMENT AND MA C 9,652 157,371 147,719 CONTRACTS & SERVICES d 105,382 17,427 130,347 253,156 All other expenses 100,772 4,772,870 3,906,215 765,883 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 231,595 340,509 1 Cash-non-interest bearing 1,197,937 1,226,287 2 Savings and temporary cash investments 65,000 3 278,000 3 Pledges and grants receivable, net 100,291 99,694 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 292,076 250,282 Inventories for sale or use 91,201 99,285 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 7,243,472 other basis Complete Part VI of Schedule D 10a 4,250,056 2,737,610 2,993,416 10b b Less accumulated depreciation 272,690 470,127 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 1,602,271 1,576,575 15 15 Other assets See Part IV, line 11 6,573,059 7,351,787 16 Total assets. Add lines 1 through 15 (must equal line 34) 285,033 288,748 17 Accounts payable and accrued expenses 17 18 18 Grants payable 15,276 24,863 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 221,975 1,218 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 6,978 6,351 of Schedule D 321,807 528,635 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,799,113 5,474,555 Unrestricted net assets 1,245,311 1,555,425 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 6,044,424 7,029,980 33 33 Total net assets or fund balances 6,573,059 7,351,787 Total liabilities and net assets/fund balances

Form	1 990 (2017) SAFARI GAME SEARCH FOUNDATION 93-0772232			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>72,</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		79,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,0	44,	<u>424</u>
5	Net unrealized gains (losses) on investments	5	1	06,	<u>522</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,0	29,	<u>980</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ł	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ <u>.</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

6

SAFARI

DBA

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

GAME SEARCH FOUNDATION

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

93-0772232

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

university

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations

Provide the following information about the supported organization(s)

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
D)							
(E)							
otal							

Schedule A (Form 990 or 990-EZ) 2017

Page 2

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

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

Sec	tion A. Public Support	rano to quanty					· ·
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	421,881	441,519	541,965	517,659	600,867	2,523,891
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,	•			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u>. </u>
4	Total. Add lines 1 through 3	421,881	441,519	541,965	517,659	600,867	2,523,891
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						483,972
6	Public support. Subtract line 5 from line 4 tion B. Total Support						2,039,919
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	421,881	441,519	541,965	517,659	600,867	2,523,891
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,309	40,924	686	10,191	18,448	109,558
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2,633,449
12	Gross receipts from related activities, etc						5,240,727
13	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	▶ □
500	organization, check this box and stop her tion C. Computation of Public Su		200				
14	Public support percentage for 2017 (line 6			n (f))		14	77.46%
15	Public support percentage from 2016 Scho		-	(1))		15	82.89%
	33 1/3% support test—2017. If the organ			13, and line 14 is 3	3 1/3% or more, c		
	box and stop here. The organization quali						▶ X
b	33 1/3% support test—2016. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore, check	
	this box and stop here. The organization	qualifies as a publi	cly supported orga	nization			▶ [
17a	10%-facts-and-circumstances test-201	7. If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization	icts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly supp	ported	> _
þ	10%-facts-and-circumstances test—201	_					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	st ine organization	on qualifies as a pu	iblicly	▶ □
10	supported organization Private foundation. If the organization did	d not check a how o	on line 13 16a 16i	h 17a or 17h che	ock this hov and se	e.	
18	instructions	a not check a box t	on line 10, 10a, 10	ο, ττα, οι ττο, οπ ο	ON UNG DOX BING SC	~	▶ 🗌

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II

	If the organization fails to	qualify under t	ne tests listed t	pelow, please c	omplete Part I	1)	
	tion A. Public Support	(-) 0040	(1) 0044	(2) 2045	(4) 2040	(a) 2047	(f) Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Fotal
1	fees received (Donot include any "unusual grants")						/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support			1			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) ² 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>		<u></u>		
14	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	, _
	organization, check this box and stop he		4				
	tion C. Computation of Public S					1	1 01
15	Public support percentage for 2017 (line			nn (f))		15	%
<u>16</u>	Public support percentage from 2016 Sci			<u> </u>		16	<u>%</u>
	tion D. Computation of Investment			2 column (f)		17	<u>%</u>
17 18	Investment income percentage for 2017 investment income percentage from 201	•		o, coluitiri (I))		18	%
19a	33 1/3% support tests—2017. If the org			e 14, and line 15 is	s more than 33 1/3	3%, and line	/
	17 is not more than 33 1/3%, check this I	oox and stop here.	The organization	qualifies as a publ	icly supported orga	anızatıon	\ > L
b	/33 1/3% support tests—2016. If the org						_/_
	line 18 is not more than 33 1/3%, check to	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ '⊾

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

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	i	i
		-
2		
3a		
, Su		
3b		
30		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
90		
9с		
10a		
10b	0 == 000	EZ) 2017

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

CAFADT	CAME	CEARCH	FOUNDATION
SALAKI	GAINE	SEARCH	LOONDATION

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.		970 (explain in Part VI) \$ ete Sections A through [
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		-
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances .	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

SAFARI GAME SEARCH FOUNDATION 93-0772232 Schedule A (Form 990 or 990-EZ) 2017 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) SUPPORTING SCHEDULE - UNUSUAL GRANTS \$ 5,000 ANIMAL HOSPITAL \$ 15,000 ANIMAL HOSPITAL \$ 75,000 ANIMAL HOSPITAL \$ 50,000 ANIMAL HOSPITAL \$ 20,000 ANIMAL HOSPITAL S 5,000 VARIOUS PROJECTS \$ 10,000 ANIMAL HOSPITAL \$ 10,000 ANIMAL HOSPITAL \$ 15,000 KUBOTA FOR UNGULATES \$ 25,000 ANIMAL HOSPITAL \$ 49,976 BEQUEST \$ 6,382 BEQUEST Ŝ 20,000 PARKING LOT EXPANSION Ŝ 215,668 BEQUEST \$ 98,835 BEQUEST \$ 24,670 BEQUEST \$ 50,000 **BEQUEST** \$ 115,000

107,793

130,000

\$

\$

EDUCATION CENTER

EDUCATION CENTER

BEQUEST

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

	of the organization		Employer	identification	number
	AFARI GAME SEARCH FOUNDATION				_
	BA			77223	<u>2</u>
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6	ccount	is.	
		(a) Donor advised funds	(t) Funds and	other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised			
	funds are the organization's property, subject to the organization's ex	clusive legal control?			∐ Yes ∐ No
6	$\mbox{\rm Did}$ the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose			
	conferring impermissible private benefit?				Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	d area	
	Protection of natural habitat	Preservation of a certified historic	structure	:	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a conser	vation		
	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 in	ncluded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/2	.5/06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organizati	on during	the	
	tax year ▶				
4	Number of states where property subject to conservation easement i	s located ▶			
5	Does the organization have a written policy regarding the periodic me	onitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements	during the	year
	•				
7	Amount of expenses incurred in monitoring, inspecting, handling of v	riolations, and enforcing conservation easem	ents duri	ng the yea	r
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation ease				
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that de	scribes t	he	
Ph.	organization's accounting for conservation easements	4 Historia I Trassuma an Other S	::!	A 4 -	<u> </u>
Pa	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		imilar i	Asseis.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement and b	alance sh	neet	
	works of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in furthe	rance of		
	public service, provide, in Part XIII, the text of the footnote to its finar	ncial statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958).	, to report in its revenue statement and balan	ce sheet		
	works of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in furthe	rance of		
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$	
	(ii) Assets included in Form 990, Part X		>	\$	529,363
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, prov	/ide the		
	following amounts required to be reported under SFAS 116 (ASC 95	8) relating to these items			
а	Revenue included on Form 990, Part VIII, line 1		>	\$	
b	Assets included in Form 990, Part X			\$	

_	•
Page	

Part III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, o	or Other	Similar A	ssets (c	ontinue	<u>d)</u>
3 Using the organization's acquisition, access								
collection items (check all that apply)	_							
a 🗶 Public exhibition	d 🔲 L	oan or exchange prog	grams					
b Scholarly research	e 🗌 C	Other						
c X Preservation for future generations								
4 Provide a description of the organization's	collections and explain	how they further the o	organization's	exempt p	urpose in Par	t		
XIII								
5 During the year, did the organization solicit							□ v ₂	X No
assets to be sold to raise funds rather than		art of the organization	's collection'		· · · · · · · · · · · · · · · · · · ·		Yes_	<u>∧</u> No
Part IV Escrow and Custodial A Complete if the organization		on Form 990 Pa	rt IV/ line 0	or reno	rted an am	ount on	Form	
990, Part X, line 21	on answered Tes	Oli i Olili 550, i a	itiv, mic s	, or repo	ilica air air	iount on	7 01111	
1a Is the organization an agent, trustee, custo	odian or other intermedia	ary for contributions o	r other assets	s not			-	
included on Form 990, Part X?							Yes	No
b If "Yes," explain the arrangement in Part X	III and complete the foll	owing table						
, ,	·	_				/	Amount	
c Beginning balance					1c_			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an amount on							Yes	∐ No
b If "Yes," explain the arrangement in Part X Part V Endowment Funds.	III Check here if the ex	planation has been pr	ovided on Pa	וווא חוו				
Part V Endowment Funds. Complete if the organization	on answered "Ves"	on Form 990 Pa	rt IV line 1	n				
Complete ii the organization	(a) Current year	(b) Prior year	(c) Two year	I	(d) Three year	s back	(e) Four yea	ars back
1a Beginning of year balance	272,690	Visit 1	, , ,				 	
b Contributions	154,670	265,668						
c Net investment earnings, gains, and								
losses	48,592	9,516						
d Grants or scholarships								
e Other expenditures for facilities and				1				
programs						+		
f Administrative expenses	5,825	2,494			<u> </u>	+		
g End of year balance	470,127	272,690						
 2 Provide the estimated percentage of the ci a Board designated or quasi-endowment ► 		(line 1g, column (a))	neid as					
b Permanent endowment ► %								
c Temporarily restricted endowment	%							
The percentages on lines 2a, 2b, and 2c s								
3a Are there endowment funds not in the pos	•	tion that are held and	administered	for the				
organization by	_						Ye	
(i) unrelated organizations							3a(i)	X
(ii) related organizations							3a(ii)	X
b If "Yes" on line 3a(ii), are the related organ							_3b	
4 Describe in Part XIII the intended uses of the		wment funds						
Part VI Land, Buildings, and Eq		F 000 De		10 000	Farm 000	Dort V	lino 10	
Complete if the organization					Cumulated	1	(d) Book valu	
Description of property	(a) Cost or other ba (investment)	(othe			reciation		(u) book vaic	
1a Land	(vosanorit)	(00)	·			+		
b Buildings	 	3.7	06,743	1.	950,50	7	1,756	,236
c Leasehold improvements			19,223		464,93		_	,284
d Equipment			05,994		834,61			,384
e Other			11,512				11	
Total Add lines 1a through 1e (Column (d) mus	t agual Form 000 Part	Y column (B) line 10	2c 1				2.993	416

Schedule D (F	Form 990) 2017 SAFARI GAME SEARCH	FOUNDATION	93-0772232	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b See Form 990, Par	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of val	
•	(including name of security)		Cost or end-of-year m	arket value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)			-	
(D)				
(E)				
(F)				
(G)			-	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
1 -1 x 7 1,1	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c See Form 990. Par	t X. line 13
	(a) Description of investment	(b) Book value	(c) Method of val	
		, ,	Cost or end-of-year m	arket value
(1)		-		
(2)				
(3)				
(4)				
(5)				
				·
(6)			•	
(7)	-			
(8)				
(9)	on (h) must acual Form 000. Part V. col. (P) line 12.)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
Part IX	Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Par	t X line 15
	(a) Description	on romin 990, raitiv, inte	e i id Gee i Gilli 990, i al	(b) Book value
-41	INTEREST IN ASSETS HE	ID BY OCE		1,028,74
(1)	ANIMALS ON EXHIBIT	IND BI OCE		529,36
(2)	OTHER ASSETS: DEFERRED	PAYMENT		44,16
(3)	OTHER ASSETS. DEFERRED	PAIMENI	-	44,10
(4)				
(5)		··		
(6)				
(7)		•		
(8)				
(9)				1 602 27
	n (b) must equal Form 990, Part X, col (B) line 15)		>	1,602,27
Part X	Other Liabilities.	F 000 P+ N/ I	- 44 445 C F 00	00 D-4 V
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e Tie or Tit See Form 98	90, Paπ X,
	line 25		1	
1.	(a) Description of liability	(b) Book value		
	income taxes			
	R LIABILITIES	6,978		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

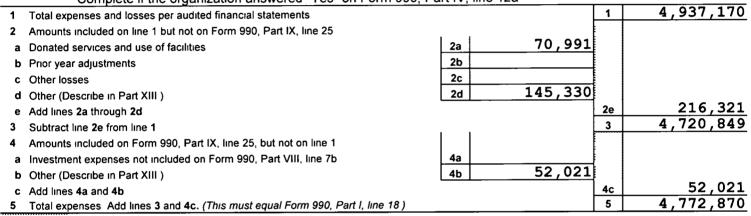
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

5,651,904

Schedule D (Form 990) 2017 SAFARI GAME SEARCH FOUNDATION 93-0772232 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 5,922,726 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 106,522 2a a Net unrealized gains (losses) on investments 70,991 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII) 177,513 2e e Add lines 2a through 2d 5,745,213 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b -93,309 4h b Other (Describe in Part XIII) -93,309 4c c. Add lines 4a and 4b.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)



Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116

ANIMALS ON EXHIBIT REPRESENT BREEDING HERDS OF VARIOUS SPECIES. THESE ANIMALS WERE CAPITALIZED AT APPRAISED COST WHEN THE FOUNDATION PURCHASED THE COLLECTION IN JANUARY 1981. THE BALANCE OF THIS ACCOUNT ALSO INCLUDES THOSE ANIMALS PURCHASED DURING 1988 AND 1989 TO POPULATE THE NORTH AMERICAN FOR ALL OTHER ANIMAL TRANSACTIONS, ACQUISITIONS HAVE BEEN EXPANSION. RECOGNIZED AS A CURRENT EXPENSE TO BE NETTED AGAINST PROCEEDS FROM THE SALE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THAT OF ANIMALS. COLLECTIONS BE CAPITALIZED IN THEIR ENTIRETY. THE AMOUNT REQUIRED TO BE RECORDED IN ORDER TO CAPITALIZE THE COLLECTION HAS NOT BEEN DETERMINED.

IN VIEW OF THE IMPRACTICALITY OF PLACING A VALUE ON RECURRING ANIMAL BIRTHS

Part XIII Supplemental Information (continued)

AND DEATHS, NO VALUE IS PLACED ON THESE ADDITIONS OR DELETIONS TO THE ANIMAL COLLECTIONS. THE COST OR CONTRIBUTED VALUE OF ANIMALS ACQUIRED, OTHER THAN THOSE ACQUIRED FOR THE NORTH AMERICAN EXPANSION, IS NETTED AGAINST PROCEEDS FROM SALES. DURING THE YEAR ENDED SEPTEMBER 30, 2018, THERE WAS \$12,699 SPENT ON TRANSPORTATION COSTS AND FOR THE ACQUISITIONS OF ANIMALS AND NO PROCEEDS FROM THE SALE OF ANIMALS.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE SEE DESCRIPTION FOR PART III, LINE 1A FOR PART XIII.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

EACH YEAR A PORTION OF THE BOARD DESIGNATED ENDOWMENT FUND (THE FUND) IS PAID OUT AS AN ANNUAL DISTRIBUTION TO SUPPORT THE ORGANIZATION'S BUDGETED ACTIVITIES, WHILE ANY APPRECIATION IN EXCESS OF THIS ANNUAL DISTRIBUTION IS RETAINED IN THE FUND SO IT CAN GROW AND SUPPORT FUTURE GENERATIONS. IN THIS MANNER THE FUND WILL PROVIDE AN ADDITIONAL SOURCE OF FUNDS TO ENABLE THE ORGANIZATION TO FULFILL ITS MISSION FOR GENERATIONS TO COME.

PART X - FIN 48 FOOTNOTE

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE FOUNDATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME DURING THE YEAR ENDED SEPTEMBER 30, 2018, AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. THE INFORMATIONAL FEDERAL FORM 990 IS FILED ANNUALLY ALONG WITH AN ANNUAL STATE FILING REQUIRED BY THE OREGON DEPARTMENT OF JUSTICE. THE FOUNDATION'S MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS WHICH COULD AFFECT THEIR TAX-EXEMPT STATUS OR LEAD TO A CHANGE IN THEIR TAX

Part XIII Supplemental Information (continued)

LIABILITIES. AT SEPTEMBER 30, 2018, THE FEDERAL AND STATE RETURNS FOR THE TAX YEARS 2014 THROUGH 2017 REMAINED OPEN TO EXAMINATION.

			• -								
PART	XT.	LINE	4B	_	REVENUE	AMOUNTS	INCLUDED	ON	RETURN	_	OTHER

FUNDRAISING EXPENSES	\$ -143,464
LOSS ON DISPOSAL OF ASSETS	\$ -1,866
DONATED AUCTION ITEMS	\$ 52,021

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

\$ 1,866 LOSS ON SALE OF FIXED ASSETS

\$ 143,464 FUNDRAISING EXPENSES

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

\$ 52,021 DONATED AUCTION ITEMS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury, Internal Revenue Service

Attach to Form 990 or Form 990-EZ ► Go to www irs gov/Form990 for the latest instructions Open to Public

Name of the organization

Part I

SAFARI GAME SEARCH FOUNDATION DBA

Employer identification number 93-0772232

Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations X Solicitation of government grants Internet and email solicitations X Special fundraising events Phone solicitations In-person solicitations

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Total						lacksquare	542,846	55,833	487,013
10									
10									
9									·
8									
7									
6									
5									
MYRTLE (CREEK	OR_	97457	AUCTION		A	228,240	7,500	220,140
UPON F	THEISS-SKI REQUEST		97457	AUCTION		x	228,246	7,500	220,746
VANCOUVI			98683	DEVELOPMEN		x	0	18,333	-18,333
2 E.J. I	LONGFELLOW						321,000	33,7000	
1 UPON F			97304	GRANTS		x	314,600	30,000	284,600
(i) Name and address of individual or entity (fundraiser) DICKINSON DEVELOPMENT CONSULTING			(II) Activity	(II) Did fund- raiser have custody or control of contributions? Yes No		(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	

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

93-0772232 Schedule G (Form 990 or 990-EZ) 2017 SAFARI GAME SEARCH FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events LAWS AUCTION ZOOBILEE 2 (add col (a) through (event type) (event type) (total number) col (c)) Revenue 320,054 282,617 15,323 22,114 1 Gross receipts 27 6 221,226 221,193 2 Less Contributions 3 Gross income (line 1 minus 15,296 98,828 61,424 22,108 line 2) 4 Cash prizes 52,021 52,021 5 Noncash prizes 2,746 2,746 Direct Expenses 6 Rent/facility costs 7,703 7,703 7 Food and beverages 900 900 8 Entertainment 7,347 7,060 26,986 12,579 9 Other direct expenses 90,356 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Yes No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2017 SAFARI GAME SEAR	CH	FOUNDATION	93-077223	2	Page 3
11	Does the organization conduct gaming activities with nonmembers?				Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member	r of a	partnership or other entity			
	formed to administer charitable gaming?				Y	es 🗌 No
13	Indicate the percentage of gaming activity conducted in					
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the person who prepares the organization'	's ga	ming/special events books and			
	records					
	Name ▶					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization	ganız	ation receives gaming			_
	revenue?				Y	es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization	▶	\$	and the		
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address of the third party					
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent	conf	ractor			
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distribution	ıs fro	m the gaming proceeds to		г	
	retain the state gaming license?				Y	es 💹 No
b	Enter the amount of distributions required under state law to be distributed		ther exempt organizations or			
<u></u>	spent in the organization's own exempt activities during the tax year	<u> </u>				
Pai	rt IV Supplemental Information. Provide the explanation					
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a	pplic	cable. Also provide any a	idditional Information		
	See instructions) A T	CINC VC DEIMDI	DCEMENT EVDI	A NTA I	UTON
	H G, PART I, LINE 2B, COL (V) - FUNDE	KAI	SING VS. REIMBO	DESEMENT EXPL	MINA.	LION
E.	J. LONGFELLOW CREATIVE SOLUTIONS	2 TO 12	DATE AC DETMO	ID CEMENING		
AD	D'L EXPENSES IN THE AMOUNT OF \$735 WE	LRE	PAID AS KEIME	DESEMBNIS		
m_	ANY MURICO CURID					
	NYA THEISS-SKRIP D'L EXPENSES IN THE AMOUNT OF \$15,978) T.	EDE DATO AC DE	TMDITDCEMENTC		
ΑD	IN THE PRODUCT OF \$13,970	۱۷ ر	EVE LUID WO KE	THEORSEMENT 2		
				Schedule G (Form 990	0 0 0 0 0	1.E7\ 2047
				Scriedule G (Form 99)	וצפוטיי	~LL) 401/

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

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.

► Go to www irs gov/Form990 for the latest information

Employer identification number

Name of the organization GAME SEARCH FOUNDATION SAFARI 93-0772232 **DBA** Part I Types of Property (c) (d) (b) (a) Noncash contribution Method of determining Check if Number of contributions of amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications Clothing and household 5 aoods ĥ Cars and other vehicles 7 Boats and planes R Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities — Partnership, LLC. 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution — Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 41,497 FAIR MARKET VALUE 1 X 19 Food inventory 14,000 FAIR MARKET VALUE X 1 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 52,021 FAIR MARKET VALUE 132 25 Other > (AUCTION ITEMS) 77,000 X 154 VALUE OF MEAT 26 Other ▶(HORSES X 2 26,400 FAIR MARKET VALUE Other ▶(TRACTORS 27 X 2 5,200 FAIR MARKET **VALUE** Other ▶(OTHER 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a contributions? b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

Schedule M (Form 990) 2017

SAFARI GAME SEARCH FOUNDATION

93-0772232

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAFARI GAME SEARCH FOUNDATION DBA

Employer identification number

93-0772232

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT INDIRECT PROGRAM SERVICES

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

PAT MARKHAM CHERYL FORD

BUSINESS RELATIONSHIP

LAUREN YOUNG

LINDSAY ROBERTS

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

SAFARI GAME SEARCH FOUNDATION MAKES AVAILABLE THE FORM 990 TO THE GOVERNING
BODY FOR REVIEW BEFORE IT IS FILED BY MANAGEMENT.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE ANNUAL FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.