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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

Open to Public Inspection

A For 2007 calendar year, or tax year beg. , 2007, & end. , 20

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SAFARI CLUB INTERNATIONAL CP TREASURE V

No. & street (or P.O. box, if mail is not delivered to street address): PO BOX 133 — Room/suite:

City or town, state or country, and ZIP + 4: Nampa ID 83653

D Employer identification number: 82-0489166

E Telephone number: (208)514-0141

F Group Exemption Number. . . . ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check▶ [ ] if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one) -- [X] 501(c)(4) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 8 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $ 118,019

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,530
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	Other revenue (describe ▶ See attachment #1)	8	116,489
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	118,019
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	498
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,624
	16	Other expenses (describe ▶ See attachment #2)	16	89,763
	17	**Total expenses.** Add lines 10 through 16 ▶	17	95,885
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	22,134
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,081
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	84,215

Part II **Balance Sheets** — If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	42,314	22	64,448
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #3)	19,767	24	19,767
25	**Total assets**	62,081	25	84,215
26	**Total liabilities** (describe ▶ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	62,081	27	84,215

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form **990-EZ** (2007)

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LHX 25 NE

Part III Statement of Program Service Accomplishments (See instructions.)

What is the organization's primary exempt purpose? See attachment #4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)

28 See attachment #5

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 2,188

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 3,037

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 2,600

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses.** Add lines 28a through 31a ▶ 32 7,825

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
See attachment #6				

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

			Yes	No
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ See attachment #7 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 43 |

Please Sign Here

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

Michael Black — Signature of officer — Date 5-20-10

Michael Black President SCI-TVC — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ X	Preparer's SSN or PTIN (See Gen Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NILE CLARK & ASSOCIATES 836 LA CASSIA Boise ID 83705		EIN ▶ Phone no. ▶	

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection

For calendar year 2007 or tax period beginning , and ending .

Name of Organization
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER

Employer Identification Number
82-0489166

Description of Other Revenue	Amount
BANQUET INCOME	106,539
DUES	9,950
Total	116,489

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2007 or tax period beginning , and ending .

Name of Organization
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER

Employer Identification Number
82-0489166

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
TRAILERS	19,767	19,767	
Totals	19,767	19,767	

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Description of Other Expenses	Amount
NATIONAL ORGANIZATION DUES & FEES	21,978
REFUND	2,100
TRAVEL EXPENSES	5,070
FUND RAISING EVENTS COSTS	53,593
BANK FEES	545
ADVERTISING	2,309
INSURANCE	1,983
EDUCATION & TRAINING EXPENSES	685
CONTRIBUTIONS	1,500
Total	89,763

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Primary Purpose

CONSERVING WILDLIFE AND PRESERVING HUNTING

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	2,188

Exempt Purpose Achievements

TOO SENSORY SAFARI TRAILER TO SCHOOLS AND PUBLIC EVENTS TO EDUCATE THE GENERAL PUBLIC ABOUT WILDLIFE CONSERVATION. DONATED FOOD, TIME AND MONEY TO CHARITIES.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	3,037

Exempt Purpose Achievements

DONATION OF MONEY TO VARIOUS NON-PROFIT GROUPS

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	2,600

Exempt Purpose Achievements

EDUCATIONAL SCHOLARSHIPS

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .

Name of Organization SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER

Employer Identification Number 82-0489166

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
MICHAEL BLACH 3609 Sunnyridge Nampa, ID 83686	President 2.00	0	0	0
SHIRLEY SANCHOTENA 22480 DUFF LN Middleton, ID 83644	TREASURER 1.00	0	0	0
TIM ATWOOD 7730 RITCHEY RD Fruitland, ID 83619	SECRETARY 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2007 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER	82-0489166

Part V - Line 42a

Individual Name or Business Name. SHIRLEY SANCHOTENA

Street Address 22480 DUFF LN

U.S. Address:

Zip code 83644 City Middleton State ID

or Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number