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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning , 2008, and ending , 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 VALLEY

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

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) ▶

Website: ▶N/A

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

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

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.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ . ▶ $ 85,711

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	80,785
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,560
	4	Investment income	4	1,366
	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 (complete applicable parts of Schedule G). 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 ▶)	8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	85,711
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	2,233
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,172
	16	Other expenses (describe ▶ See attachment #1)	16	88,904
	17	**Total expenses.** Add lines 10 through 16 ▶	17	92,309
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,598
	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	84,215
	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	77,617

Part II Balance Sheets

If total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	64,448	22	57,850
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #2)	19,767	24	19,767
25	**Total assets**	84,215	25	77,617
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	84,215	27	77,617

G-5 23 NE

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

What is the organization's primary exempt purpose? See attachment #3

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 #4

(Grants $) If this amount includes foreign grants, check here ▶ 28a 1,000

29

(Grants $) If this amount includes foreign grants, check here ▶ 29a 694

30

(Grants $) If this amount includes foreign grants, check here ▶ 30a 4,227

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 5,921

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #5				

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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, 6a, and 7a (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 section 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," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
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," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 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," complete Schedule L, Part I	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? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ See attachment #6 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, Report of Foreign Bank and Financial Accounts.**			
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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

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 — 5-20-10 Date

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's Identifying No (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NILE CLARK & ASSOCIATES 836 LA CASSIA Boise, ID 83705-		EIN ▶ Phone no. ▶ 208- 383-1186	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes X No

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection | For calendar year 2008 or tax period beginning , and ending .

Name of Organization
SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER

Employer Identification Number
82-0489166

Description of Other Expenses	Amount
NATIONAL ORGANIZATION DUES & FEES	15,380
TRAVEL EXPENSES	4,312
FUND RAISING EVENTS COSTS	51,042
SUPPLIES	7,528
BANK FEES	1,487
POSTAGE	220
INSURANCE	1,929
MEETING EXPENSE	162
OFFICE EXPENSES	289
WEB HOSTING	480
TRAILER EXPENSES	154
CHARITABLE CONTRIBUTION	694
SCHOLARSHIP	1,000
EVENT EXPENSES	4,227
Total	88,904

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2008 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)
TRAILER	19,767	19,767	
Totals	19,767	19,767	

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 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 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 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	1,000

Exempt Purpose Achievements

EDUCATIONAL SCHOLARSHIPS

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 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	694

Exempt Purpose Achievements

CHARITABLE CONTRIBUTIONS TO LOCAL GROUPS - TOYS FOR TOTS, CHRISTMAS FAMILIES

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 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	4,227

Exempt Purpose Achievements

TOOK SENSORY SAFARI TRAILER TO SCHOOLS AND PUBLIC EVENTS, SUCH AS KIDS DAY, TO EDUCATE THE GENERAL PUBLIC ABOUT WILDLIFE CONSERVATION.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 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
TIM ATTWOOD 7730 RITCHEY RD Fruitland, ID 83619	SECRETARY 0.50	0	0	0
SHIRLEY SANCHOTENA 22480 DUFF LN Middleton, ID 83644	TREASURER 0.50	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 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 . . . . . SHIRLEY SANCHOTENA
or
Business Name:

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