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Form 990

Return of Organization Exempt From Income Tax

2008

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

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Check if applicable
 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	
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) 4800 WEST GATES PASS ROAD	Room/suite
City or town, state or country, and ZIP + 4 TUCSON, AZ 85745	

D Employer identification number

86-0974183

E Telephone number

(520) 620-1220

G Gross receipts \$ 24,646,088

F Name and address of Principal Officer
KENNETH JAMES
4800 WEST GATES PASS ROAD
TUCSON, AZ 85745

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ► 2663

I Tax-exempt status 501(c) (4) ► (insert no) 4947(a)(1) or 527

J Web site: ► WWW SCIFIRSTFORHUNTERS.ORG

K Type of organization Corporation trust association other ►

L Year of Formation 2000

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	289
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	288
5 Total number of employees (Part V, line 2a)	5	114
6 Total number of volunteers (estimate if necessary)	6	350
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	2,513,818
b Net unrelated business taxable income from Form 990-T, line 34	7b	-18,979
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,235,756
	9 Program service revenue (Part VIII, line 2g)	Current Year 1,129,567
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,202,991
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	261,298
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,665,487
		17,365,532
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,946,128
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,396,123
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,229,858
	b (Total fundraising expenses, Part IX, column (D), line 25 984,424)	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,326,265
	18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	16,668,516
	19 Revenue less expenses Subtract line 18 from line 12	15,786,283
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	697,016
	21 Total liabilities (Part X, line 26)	-1,737,454
	22 Net assets or fund balances Subtract line 21 from line 20	5,934,493
		4,111,488

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
***** Signature of officer KENNETH JAMES CFO Type or print name and title	Date 2010-05-05

Preparer's signature Preparer's name (or yours if self-employed), address, and ZIP + 4 Firm's name (or yours if self-employed), address, and ZIP + 4	Date 2901 N CENTRAL AVENUE SUITE 1200 PHOENIX, AZ 850122799	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst) EIN Phone no ► (602) 234-5100
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May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 6,201,230 including grants of \$ 0) (Revenue \$ 6,396,896)

MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 54,000 EXISTING MEMBERS, PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 190 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING, PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS, AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

4b (Code) (Expenses \$ 2,184,333 including grants of \$ 127,400) (Revenue \$ 69,700)

HUNTING ADVOCACY THIS CATEGORY REPRESENTS THE ARM OF THE ORGANIZATION ADVOCATING THE PRESERVATION OF THE HUNTING HERITAGE AND HUNTER'S RIGHTS AND THE SUSTAINABLE USE OF WILDLIFE SPECIES SCI IS THE ACTIVE VOICE TO EDUCATE ITS MEMBERS, THE GENERAL PUBLIC AND GOVERNMENT DECISION-MAKERS ON HUNTING'S ROLE IN WILDLIFE MANAGEMENT AS AN EFFECTIVE CONSERVATION TOOL EFFORTS IN 2008/2009 TO ACCOMPLISH THIS INCLUDED SEVERAL PROJECTS AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS FACILITATING LEGISLATION THROUGH DEVELOPMENT OF NEW LEGISLATION OR LITIGATION AGAINST EXISTING LEGISLATION, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS WHICH REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE, NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS

4c (Code) (Expenses \$ 4,451,869 including grants of \$ 4,451,869) (Revenue \$ 0)

CONSERVATION GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS PROJECTS INCLUDE WILDLIFE RELOCATION, COLLARING AND MONITORING, DISEASE TESTING, AND ENDANGERED SPECIES BREEDING PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses \$ 12,837,432 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors 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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 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, 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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as 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 U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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 questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1		No
2	Yes	
3		No
4		
5		No
6		No
7		No
8		No
9	Yes	
10		No
11	Yes	
12	Yes	
13		No
14a	Yes	
14b	Yes	
15		No
16		No
17		No
18	Yes	
19		No
20		No
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(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

37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a	Yes	
28b	Yes	
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 127	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 114	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	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 .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a No	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a No	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
11	<i>Section 501(c)(12) organizations</i> Enter		
11a	Gross income from members or shareholders	11a No	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a No	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	289
b Enter the number of voting members that are independent . . .	1b	288
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?	2	Yes
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	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	Yes
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body?	8a	Yes
b each committee with authority to act on behalf of the governing body?	8b	Yes
9a Does the organization have local chapters, branches, or affiliates?	9a	Yes
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or 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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	Yes
b Other officers or key employees of the organization?	15b	Yes
Describe the process in Schedule O		
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	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AZ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 KEN JAMES
 4800 WEST GATES PASS ROAD
 TUCSON, AZ 85745
 (520) 620-1220

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

Part VII **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization □ 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SAFARI VIDEO PRODUCTIONS 1880 HARBOR ISLAND DR 3RD FLOOR SAN DIEGO, CA 92101	VIDEO PRODUCTION	249,137

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1,129,567					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total (Add lines 1a-1f) 1,129,567					
Program Service Revenue		Business Code				
	2a ADVERTSNG & SPONSRSHP	511,120	3,074,535	560,717	2,513,818	
	b MEMBER SERVICES	900,099	383,617	383,617		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ► \$ 3,458,152					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) ►				239,224	
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►					
Other Revenue		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	4,147,136				
	b Less cost or other basis and sales expenses	5,073,574				
	c Gain or (loss)	-926,438				
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including \$ 12,203,903 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
	b Less direct expenses . . . b	5,118,433				
c Net income or (loss) from fundraising events ►						
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
a						
b Less direct expenses . . . b						
c Net income or (loss) from gaming activities ►						
10a Gross sales of inventory, less returns and allowances						
a	735,529					
b Less cost of goods sold . . . b	405,252					
c Net income or (loss) from sales of inventory ►						
Miscellaneous Revenue	Business Code					
11a DUES & SUBSCRIPTIONS	900,099	2,718,873	2,718,873			
b OTHER INCOME	900,099	13,704	13,704			
c						
d All other revenue _____						
e Total. Add lines 11a-11d \$ 2,732,577						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	14,048,829	10,166,220	2,513,818	239,224		

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,562,769	4,562,769		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	16,500	16,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	538,763	352,321	172,747	13,695
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,831,645	2,545,864		787,246
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,958	59,708	9,178	14,072
9 Other employee benefits	499,867	268,348	137,469	94,050
10 Payroll taxes	276,625	166,899	57,352	52,374
11 Fees for services (non-employees)				
a Management	66,228		66,228	
b Legal	120,324	26,572	93,752	
c Accounting	67,683	613	67,070	
d Lobbying	275,179	275,179		
e Professional fundraising See Part IV, line 17				
f Investment management fees	30,126	30,126		
g Other	510,002	510,002		
12 Advertising and promotion	621,108	615,012	6,096	
13 Office expenses	947,644	710,591	237,053	
14 Information technology	112,949	36,064	76,885	
15 Royalties	7,190	7,190		
16 Occupancy	83,370	64,878	18,492	
17 Travel	547,443	374,271	173,172	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	198,620	16,902	181,718	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,216	89,498	91,731	22,987
23 Insurance	219,849	160,180	59,669	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRODUCTION COSTS	1,712,095	1,712,095		
b PROGRAMS & PROJECTS	175,983	175,983		
c MAINTENANCE & SECURITY	46,889	29,648	17,241	
d BAD DEBT	16,538	16,538		
e TAXES	13,720	13,681	39	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	15,786,283	12,837,432	1,964,427	984,424
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	3,448,133	2,801,287
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	1,868,346	1,397,166
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	280,443	263,756
9	Prepaid expenses and deferred charges	535,579	626,701
10a	Land, buildings, and equipment cost basis	10a	1,618,562
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	1,293,035
290,864		10c	325,527
11	Investments—publicly traded securities	4,945,919	11
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	12	
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,369,284	16
17	Accounts payable and accrued expenses	1,009,419	17
18	Grants payable	18	
19	Deferred revenue	4,425,372	19
20	Tax-exempt bond liabilities	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	14,829
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	25	
26	Total liabilities. Add lines 17 through 25	5,434,791	26
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		5,391,371
27	Unrestricted net assets	27	
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	0	30
31	Paid-in or capital surplus, or land, building or equipment fund	0	31
32	Retained earnings, endowment, accumulated income, or other funds	5,934,493	32
33	Total net assets or fund balances	5,934,493	33
34	Total liabilities and net assets/fund balances	11,369,284	34
		9,502,859	
Liabilities			
Net Assets or Fund Balances			

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
2b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 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	Yes
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	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

Additional Data

Software ID:
Software Version:
EIN: 86-0974183
Name: SAFARI CLUB INTERNATIONAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
MERLE SHEPARD , PRESIDENT	20 00	X					0	0	0
LAWRENCE RUDOLPH , PRESIDENT ELECT	20 00	X					0	0	0
SVEN LINDQUIST , CORPORATE SECRETARY	20 00	X					0	0	0
KEVIN ANDERSON , CORPORATE TREASURER	20 00	X					0	0	0
DENNIS ANDERSON , EX-OFFICIO	20 00	X					0	0	0
RON ARENDT , VICE PRESIDENT	20 00	X					0	0	0
PAUL BABAZ , VICE PRESIDENT	20 00	X					0	0	0
BRUCE EAVENSON , VICE PRESIDENT	20 00	X					0	0	0
JOSEPH HOSMER , VICE PRESIDENT	20 00	X					0	0	0
JOHN NELSON , VICE PRESIDENT	20 00	X					0	0	0
MARY LYNN WEST , VICE PRESIDENT	20 00	X					0	0	0
JOHN WHIPPLE , VICE PRESIDENT	20 00	X					0	0	0
CHERI EBY , VICE PRESIDENT	20 00	X					0	0	0
GREG ACORD , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT ANDERSON , CHAPTER PRESIDENT	5 00	X					0	0	0
DRAGOS APOSTOL , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK ASTON , CHAPTER PRESIDENT	5 00	X					0	0	0
JARROLD BACHMANN , CHAPTER PRESIDENT	5 00	X					0	0	0
J ELOY BADENES , CHAPTER PRESIDENT	5 00	X					0	0	0
SCOTT BAGI , CHAPTER PRESIDENT	5 00	X					0	0	0
CHAD BAUER , CHAPTER PRESIDENT	5 00	X					0	0	0
RONALD BENSON , CHAPTER PRESIDENT	5 00	X					0	0	0
DUANE BERNARD , CHAPTER PRESIDENT	5 00	X					0	0	0
JIM BEUTECALE , CHAPTER PRESIDENT	5 00	X					0	0	0
MICHAEL BLACH , CHAPTER PRESIDENT	5 00	X					0	0	0
TRAVIS BLACK , CHAPTER PRESIDENT	5 00	X					0	0	0
TIM BOATMAN , CHAPTER PRESIDENT	5 00	X					0	0	0
BOBBY BOIDO , CHAPTER PRESIDENT	5 00	X					0	0	0
GEORGI BOJADJIEV , CHAPTER PRESIDENT	5 00	X					0	0	0
MIKE BOREL , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
SCOTT BORG , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT BRANDAU , CHAPTER PRESIDENT	5 00	X					0	0	0
MAXIME BRAS , CHAPTER PRESIDENT	5 00	X					0	0	0
DALE BRUDER , CHAPTER PRESIDENT	5 00	X					0	0	0
DALE BUDZON , CHAPTER PRESIDENT	5 00	X					0	0	0
JEROME BULLOCK , CHAPTER PRESIDENT	5 00	X					0	0	0
LODOVICO CALDESI , CHAPTER PRESIDENT	5 00	X					0	0	0
CHRIS CALIENDO , CHAPTER PRESIDENT	5 00	X					0	0	0
KENNETH CARPENTER , CHAPTER PRESIDENT	5 00	X					0	0	0
MARIO CARREGAL , CHAPTER PRESIDENT	5 00	X					0	0	0
DALE CARRUTH , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT CASTELLANI , CHAPTER PRESIDENT	5 00	X					0	0	0
JOHN CEGLAREK , CHAPTER PRESIDENT	5 00	X					0	0	0
GARY CHRISTENSEN , CHAPTER PRESIDENT	5 00	X					0	0	0
MICHAEL CLIFFORD , CHAPTER PRESIDENT	5 00	X					0	0	0
GARY CLYMER , CHAPTER PRESIDENT	5 00	X					0	0	0
RADISLAV COBANIN , CHAPTER PRESIDENT	5 00	X					0	0	0
STAN COPELAND , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT CORREA , CHAPTER PRESIDENT	5 00	X					0	0	0
DAVID CRAIGO , CHAPTER PRESIDENT	5 00	X					0	0	0
IMRE CSETERKI , CHAPTER PRESIDENT	5 00	X					0	0	0
BRIAN DAIL , CHAPTER PRESIDENT	5 00	X					0	0	0
FARLEY DANIELS , CHAPTER PRESIDENT	5 00	X					0	0	0
MICHAEL DAWSON , CHAPTER PRESIDENT	5 00	X					0	0	0
ABIGAIL DAY , CHAPTER PRESIDENT	5 00	X					0	0	0
EDUARDO DE ARAOZ , CHAPTER PRESIDENT	5 00	X					0	0	0
VALERIY DEMA , CHAPTER PRESIDENT	5 00	X					0	0	0
AARON DEROSE , CHAPTER PRESIDENT	5 00	X					0	0	0
PHILLIP DI ROCCO , CHAPTER PRESIDENT	5 00	X					0	0	0
CHARLES DIXON , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
NORMAN DONG , CHAPTER PRESIDENT	5 00	X					0	0	0
JEREMY DREW , CHAPTER PRESIDENT	5 00	X					0	0	0
CHARLES ELZER , CHAPTER PRESIDENT	5 00	X					0	0	0
ANDERS ENGSTROM , CHAPTER PRESIDENT	5 00	X					0	0	0
BRUCE ESSEN , CHAPTER PRESIDENT	5 00	X					0	0	0
GERALD FAUST , CHAPTER PRESIDENT	5 00	X					0	0	0
DENNIS FLEMING , CHAPTER PRESIDENT	5 00	X					0	0	0
ADAM FLOD , CHAPTER PRESIDENT	5 00	X					0	0	0
ARTHUR FOGACA DE ASSIS , CHAPTER PRESIDENT	5 00	X					0	0	0
DEWEY FRANCE , CHAPTER PRESIDENT	5 00	X					0	0	0
DAVE FUNK , CHAPTER PRESIDENT	5 00	X					0	0	0
JUAN GALMEZ PUIG , CHAPTER PRESIDENT	5 00	X					0	0	0
BALDOMERO GARCIA LOPEZ , CHAPTER PRESIDENT	5 00	X					0	0	0
SCOTT GAUTHIER , CHAPTER PRESIDENT	5 00	X					0	0	0
CRAIG GILLOCK , CHAPTER PRESIDENT	5 00	X					0	0	0
LARRY GOODWIN , CHAPTER PRESIDENT	5 00	X					0	0	0
COREY GOSS , CHAPTER PRESIDENT	5 00	X					0	0	0
RICHARD GOTSHALL , CHAPTER PRESIDENT	5 00	X					0	0	0
EDWARD GRASSER , CHAPTER PRESIDENT	5 00	X					0	0	0
SUE GREGORY , CHAPTER PRESIDENT	5 00	X					0	0	0
JIM HAMMILL , CHAPTER PRESIDENT	5 00	X					0	0	0
RENA HANKS , CHAPTER PRESIDENT	5 00	X					0	0	0
JOYCE HANLEY , CHAPTER PRESIDENT	5 00	X					0	0	0
DON HARTER , CHAPTER PRESIDENT	5 00	X					0	0	0
D FLINTLOCK HARTZLER , CHAPTER PRESIDENT	5 00	X					0	0	0
HERBERT HAZEN , CHAPTER PRESIDENT	5 00	X					0	0	0
CAL HENDRICK , CHAPTER PRESIDENT	5 00	X					0	0	0
JOHN HENRY , CHAPTER PRESIDENT	5 00	X					0	0	0
CARL HILBERT , CHAPTER PRESIDENT	5 00	X					0	0	0
JERRY HOLLINGSWORTH , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest compensated employee			
RAY HOLLINGSWORTH , CHAPTER PRESIDENT	5 00	X					0	0	0
LARRY HULS , CHAPTER PRESIDENT	5 00	X					0	0	0
EDWARD JAGELS , CHAPTER PRESIDENT	5 00	X					0	0	0
EDWARD JOHANSEN , CHAPTER PRESIDENT	5 00	X					0	0	0
LARRY JOHNS , CHAPTER PRESIDENT	5 00	X					0	0	0
TOM JOHNSON , CHAPTER PRESIDENT	5 00	X					0	0	0
WARD JONES , CHAPTER PRESIDENT	5 00	X					0	0	0
WILLIAM JULIACHS , CHAPTER PRESIDENT	5 00	X					0	0	0
SHANE KAISER , CHAPTER PRESIDENT	5 00	X					0	0	0
GENNADY KISSELEV , CHAPTER PRESIDENT	5 00	X					0	0	0
MICHAEL KLEIN , CHAPTER PRESIDENT	5 00	X					0	0	0
JOSEPH KOBACK , CHAPTER PRESIDENT	5 00	X					0	0	0
RONALD KUJAWA , CHAPTER PRESIDENT	5 00	X					0	0	0
RONALD LANFORD , CHAPTER PRESIDENT	5 00	X					0	0	0
BRAD LENCIONI , CHAPTER PRESIDENT	5 00	X					0	0	0
LARRY LEWIS , CHAPTER PRESIDENT	5 00	X					0	0	0
JAMES LIGHTSEY , CHAPTER PRESIDENT	5 00	X					0	0	0
JOSE MARIA LOSA REVERTE , CHAPTER PRESIDENT	5 00	X					0	0	0
PABLO LUPIS , CHAPTER PRESIDENT	5 00	X					0	0	0
ZAC LYTTLE , CHAPTER PRESIDENT	5 00	X					0	0	0
ROYCE A MAPLES , CHAPTER PRESIDENT	5 00	X					0	0	0
JON MARCUS , CHAPTER PRESIDENT	5 00	X					0	0	0
TOM MASTERS , CHAPTER PRESIDENT	5 00	X					0	0	0
CHRIS MAYER , CHAPTER PRESIDENT	5 00	X					0	0	0
CLIFF MCGEHEE , CHAPTER PRESIDENT	5 00	X					0	0	0
TIM MCKINNON , CHAPTER PRESIDENT	5 00	X					0	0	0
JOHN MCLAURIN , CHAPTER PRESIDENT	5 00	X					0	0	0
BILL MEALER , CHAPTER PRESIDENT	5 00	X					0	0	0
DONALD MILLER , CHAPTER PRESIDENT	5 00	X					0	0	0
W STEPHEN MINORE , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
MIKE MISTELSKE , CHAPTER PRESIDENT	5 00	X					0	0	0
DARREL MITCHELL , CHAPTER PRESIDENT	5 00	X					0	0	0
MATT MITCHELL , CHAPTER PRESIDENT	5 00	X					0	0	0
JOSEPH MOESSER , CHAPTER PRESIDENT	5 00	X					0	0	0
ERIC MOLAND , CHAPTER PRESIDENT	5 00	X					0	0	0
VICKI MORIARTY , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK MORTON , CHAPTER PRESIDENT	5 00	X					0	0	0
TIM MULHOLLEN , CHAPTER PRESIDENT	5 00	X					0	0	0
KEVIN MULKERAN , CHAPTER PRESIDENT	5 00	X					0	0	0
CRAIG NAKAMOTO , CHAPTER PRESIDENT	5 00	X					0	0	0
WAYNE NELSEN , CHAPTER PRESIDENT	5 00	X					0	0	0
TY NUESSLE , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK O'NEAL , CHAPTER PRESIDENT	5 00	X					0	0	0
CALVIN ORT , CHAPTER PRESIDENT	5 00	X					0	0	0
BILL PASCALE , CHAPTER PRESIDENT	5 00	X					0	0	0
RAFAEL PEREZ-FRAGERO REY , CHAPTER PRESIDENT	5 00	X					0	0	0
JIM PHARES , CHAPTER PRESIDENT	5 00	X					0	0	0
ROMAN PILLWEIN , CHAPTER PRESIDENT	5 00	X					0	0	0
JAMES POWELL , CHAPTER PRESIDENT	5 00	X					0	0	0
GERALD RABANAL , CHAPTER PRESIDENT	5 00	X					0	0	0
KENT RAINS , CHAPTER PRESIDENT	5 00	X					0	0	0
LELAND REINIER , CHAPTER PRESIDENT	5 00	X					0	0	0
THOMAS RENCK , CHAPTER PRESIDENT	5 00	X					0	0	0
DENNIS RICCI , CHAPTER PRESIDENT	5 00	X					0	0	0
TAZ RIDLEY , CHAPTER PRESIDENT	5 00	X					0	0	0
STEVEN RILENGE , CHAPTER PRESIDENT	5 00	X					0	0	0
LUIS RIVERA SIACA , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK ROBINSON , CHAPTER PRESIDENT	5 00	X					0	0	0
PAUL ROEN , CHAPTER PRESIDENT	5 00	X					0	0	0
RUSTY ROKITA , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee			
GARLAND ROLLING , CHAPTER PRESIDENT	5 00	X					0	0	0
CALVIN RYAN , CHAPTER PRESIDENT	5 00	X					0	0	0
KENNETH SARDEGNA , CHAPTER PRESIDENT	5 00	X					0	0	0
BRYAN SCHANZE , CHAPTER PRESIDENT	5 00	X					0	0	0
WILLIAM SCHEG , CHAPTER PRESIDENT	5 00	X					0	0	0
IVAN SCHELL , CHAPTER PRESIDENT	5 00	X					0	0	0
JOHN SCIANNNA , CHAPTER PRESIDENT	5 00	X					0	0	0
RICK SCOTT , CHAPTER PRESIDENT	5 00	X					0	0	0
DAVID SEFTON , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK SHAFFER , CHAPTER PRESIDENT	5 00	X					0	0	0
DAVID SMALL , CHAPTER PRESIDENT	5 00	X					0	0	0
DANIEL SNYDER , CHAPTER PRESIDENT	5 00	X					0	0	0
JAMES ST MICHAEL , CHAPTER PRESIDENT	5 00	X					0	0	0
GLEN STEEN , CHAPTER PRESIDENT	5 00	X					0	0	0
LARRY STEINER , CHAPTER PRESIDENT	5 00	X					0	0	0
DOUG STROMBERG , CHAPTER PRESIDENT	5 00	X					0	0	0
BILL SWAN , CHAPTER PRESIDENT	5 00	X					0	0	0
GEORGE SWIDERSKI , CHAPTER PRESIDENT	5 00	X					0	0	0
SCOTT TALBOT , CHAPTER PRESIDENT	5 00	X					0	0	0
CRAIG TAYLOR , CHAPTER PRESIDENT	5 00	X					0	0	0
KRISTY TITUS , CHAPTER PRESIDENT	5 00	X					0	0	0
JON TRUDEAU , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK VEJAR , CHAPTER PRESIDENT	5 00	X					0	0	0
LINDA VEURINK , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT VITRO , CHAPTER PRESIDENT	5 00	X					0	0	0
DANIEL VOINOVSKI , CHAPTER PRESIDENT	5 00	X					0	0	0
FRED WAITE , CHAPTER PRESIDENT	5 00	X					0	0	0
JACK WALKER , CHAPTER PRESIDENT	5 00	X					0	0	0
MARK WEHINGER , CHAPTER PRESIDENT	5 00	X					0	0	0
ROBERT WELSH , CHAPTER PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
EDWARD WHITE , CHAPTER PRESIDENT	5 00	X					0	0	0
ELIZABETH WILLIAMS , CHAPTER PRESIDENT	5 00	X					0	0	0
JAMES WIROSKO , CHAPTER PRESIDENT	5 00	X					0	0	0
DICK WITHERS , CHAPTER PRESIDENT	5 00	X					0	0	0
SCOTT WONDERGEM , CHAPTER PRESIDENT	5 00	X					0	0	0
RICHARD WOODWARD , CHAPTER PRESIDENT	5 00	X					0	0	0
DOYLE WORBINGTON , CHAPTER PRESIDENT	5 00	X					0	0	0
BARRY YINGLING , CHAPTER PRESIDENT	5 00	X					0	0	0
PAUL BARSTAD , DIRECTOR-AT- LARGE	5 00	X					0	0	0
RON BARTELS , DIRECTOR-AT-LARGE	5 00	X					0	0	0
CHARLES CHUCK BAZZY , DIRECTOR- AT-LARGE	5 00	X					0	0	0
MIKE BOREL , DIRECTOR-AT-LARGE	5 00	X					0	0	0
SCOTT CHAPMAN , DIRECTOR-AT- LARGE	5 00	X					0	0	0
MICHAEL DREWNOWSKI , DIRECTOR- AT-LARGE	5 00	X					0	0	0
DAVID EKKEBUS , DIRECTOR-AT- LARGE	5 00	X					0	0	0
TONY GIOFFRE , DIRECTOR-AT- LARGE	5 00	X					0	0	0
STEVE GREENWELL , DIRECTOR-AT- LARGE	5 00	X					0	0	0
LARRY HIGGINS , DIRECTOR-AT- LARGE	5 00	X					0	0	0
ROBERT KEAGY , DIRECTOR-AT- LARGE	5 00	X					0	0	0
CHARLIE KELLER , DIRECTOR-AT- LARGE	5 00	X					0	0	0
ALAN MAKI , DIRECTOR-AT-LARGE	5 00	X					0	0	0
RALPH MARCUM , DIRECTOR-AT- LARGE	5 00	X					0	0	0
JOHN MCLAURIN , DIRECTOR-AT- LARGE	5 00	X					0	0	0
JEANNE SMITH BEUTECALE , DIRECTOR-AT-LARGE	5 00	X					0	0	0
BILL STRATTON , DIRECTOR-AT- LARGE	5 00	X					0	0	0
PETER THERON , DIRECTOR-AT- LARGE	5 00	X					0	0	0
ELAINE VOGELER , DIRECTOR-AT- LARGE	5 00	X					0	0	0
CHARLES WHITLOW , DIRECTOR-AT- LARGE	5 00	X					0	0	0
NICOLAS FRANCO , HONORARY INTERNATIONAL D	5 00	X					0	0	0
DIETER OCHSENBEIN , HONORARY INTERNATIONAL D	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
GUIDO BRACCHETTI , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
TERRENCE CUMMINS , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
UBERTO D'ENTREVES , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
FRANK HEGER , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
STEFFEN HEITLAND , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
FRANCESC MARTI JUSMET , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
JOSE MARTINEZ DE HOZ , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
ARCHIE NESBITT , INTERNATIONAL DIRECTOR	5 00	X					0	0	0
IVAN ARMENGOL , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
HERB ATKINSON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
BRETT AXTON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
STEPHEN BLACKWELL , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
RANDALL BUSH , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
MIKE CHRISTIANSON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
GEORGE COBB , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DRAKE DAWSON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DOUGLAS EVANS , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JOHN FLOYD , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JAMES FRICKERT , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
FRANCIS GALLELA , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JERRY HALE , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
W LAIRD HAMBERLIN , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
RAY HAMMOND , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
ORVILLE HUDSPETH , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
CHRISSE J JACKSON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
SVEN-ERIK JANSSON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
CRAIG KAUFFMAN , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
ROBERT KEICHER , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JEFF KEIM , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JEFF KENNEDY , REGIONAL REPRESENTATIVE	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
TERRY KERR , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JAMES LEONARD , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
EDWARD LONG , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
SHERRY MADDOX , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JEFFREY MEYERL , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
RON MIZRAHI , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
CHARLES OAKES , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DWIGHT ORTMANN , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
GENE RURKA , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
GREG RUSTEMEYER , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
J THOMAS SALDIAS , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DUWAYNE SCHULER , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
STEVE SKOLD , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DAVID SMALL , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
DAVID SPORCIC , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
GARY TENNISON , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
NORBERT ULLMANN , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
JULIAN YAPUR , REGIONAL REPRESENTATIVE	5 00	X					0	0	0
PATRICK BOLLMAN , SCI PAST PRESIDENT	5 00	X					0	0	0
RAYMOND CAPPELLI , SCI PAST PRESIDENT	5 00	X					0	0	0
ALBERT CHERAMIE , SCI PAST PRESIDENT	5 00	X					0	0	0
ALFRED DONAU , SCI PAST PRESIDENT	5 00	X					0	0	0
ROBERT EASTERBROOK , SCI PAST PRESIDENT	5 00	X					0	0	0
VERN EDEWAARD , SCI PAST PRESIDENT	5 00	X					0	0	0
HYLAND ERICKSON , SCI PAST PRESIDENT	5 00	X					0	0	0
JOHN JACKSON , SCI PAST PRESIDENT	5 00	X					0	0	0
DON KIRN , SCI PAST PRESIDENT	5 00	X					0	0	0
CARROLL MANN , SCI PAST PRESIDENT	5 00	X					0	0	0
DONALD MCMILLAN , SCI PAST PRESIDENT	5 00	X					0	0	0
LANCE NORRIS , SCI PAST PRESIDENT	5 00	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
ANDY OLDFIELD , SCI PAST PRESIDENT	5 00	X					0	0	0
WARREN PARKER , SCI PAST PRESIDENT	5 00	X					0	0	0
EPOCIUS , SCI PAST PRESIDENT	5 00	X					0	0	0
RICHARD URSEM , SCI PAST PRESIDENT	5 00	X					0	0	0
NORDEN VAN HORNE , SCI PAST PRESIDENT	5 00	X					0	0	0
R DOUGLAS YAJKO , SCI PAST PRESIDENT	5 00	X					0	0	0
GEORGE BANKS , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
GARY BOGNER , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
RALPH CUNNINGHAM , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
LAWRENCE KATZ , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
JOHN MONSON , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
MIKE ROGERS , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
MIKE SIMPSON , SCI/SCIF PAST PRESIDENT	5 00	X					0	0	0
JACK BEAL , SCICF PAST PRESIDENT	5 00	X					0	0	0
PETER HORN , SCICF PAST PRESIDENT	5 00	X					0	0	0
HECTOR KITSCHA , SCICF PAST PRESIDENT	5 00	X					0	0	0
JACK LEEDS , SCICF PAST PRESIDENT	5 00	X					0	0	0
DON MORGAN , SCICF PAST PRESIDENT	5 00	X					0	0	0
PHILIP RIPEPI , SCICF PAST PRESIDENT	5 00	X					0	0	0
JOHN EIGHINGER , EXECUTIVE DIRECTOR	20 00			X			209,555	0	19,331
KENNETH JAMES , CFO	30 00			X			148,300	0	1,517
MARK LABARERA , DIRECTOR OF MARKETING	30 00			X			153,519	0	14,900
ANGELIA SAGI , SALES MANAGER	40 00			X			153,734	0	10,946
ANNA SEIDMAN , DIRECTOR OF LITIGATION	40 00				X		147,802	0	7,906
DOUGLAS BURDIN , ENFIRONMENTA LTGTN CNSL	40 00				X		138,977	0	14,225
ELIZABETH GRIMES , DIRECTOR OF CONVENTION	40 00				X		108,101	0	11,485
STEPHEN COMUS , DIRECTOR OF PUBLICATIONS	40 00				X		98,266	0	13,417
JOHN MITCHELL , SALES/ADVRTSNG PROJ MNGR	40 00				X		88,546	0	17,216

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

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

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury
Internal Revenue Service**Name of the organization**
SAFARI CLUB INTERNATIONAL**Employer identification number**

86-0974183

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

 Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

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

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ 0

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ 0

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land					
b Buildings		43,466	43,466		0
c Leasehold improvements					
d Equipment		1,539,807	1,249,569	290,238	
e Other		35,289		35,289	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				325,527	

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	►

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,048,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,786,283
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,737,454
4	Net unrealized gains (losses) on investments	4	-85,551
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-85,551
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,823,005

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,486,963
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-85,551
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,523,685
e	Add lines 2a through 2d	2e	5,438,134
3	Subtract line 2e from line 1	3	14,048,829
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,048,829

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	21,309,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	5,523,685
e	Add lines 2a through 2d	2e	5,523,685
3	Subtract line 2e from line 1	3	15,786,283
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,786,283

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part IV, Line 2b		SCI HOLDS FUNDS FOR THE AMERICAN WILDLIFE CONSERVATION PARTNERS (AWCP) WHICH IS A NETWORK OF MORE THAN FORTY ORGANIZATIONS THAT WORK TOGETHER TO CONSERVE WILDLIFE AND WILDLIFE HABITAT AS WELL AS TO PRESERVE THE TRADITIONS OF HUNTING AND TRAPPING
Part XII, Line 2d - Other Adjustments		COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES 304640 COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS 100612 FUNDRAISING EVENT - CONVENTION 5150433 RECLASS AS GRANTS - 32000
Part XIII, Line 2d - Other Adjustments		COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES 304640 COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS 100612 FUNDRAISING EVENT - CONVENTION 5150433 RECLASS AS GRANTS - 32000
		PART X FIN 48 WAS NOT APPLICABLE TO THE JUNE 30, 2009 FISCAL YEAR

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

**Open to Public
Inspection**

► **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**

Department of the Treasury
Internal Revenue Service

Employer identification number

86-0974181

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance Yes No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ► □ Use Schedule F-1 if additional space is needed.

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Software ID:

Software Version:

EIN: 86-0974183

Name: SAFARI CLUB INTERNATIONAL

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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2008

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InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesDepartment of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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 activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total	►					

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 CONVENTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	12,203,903			12,203,903
	2 Less Charitable contributions . . .				
	3 Gross revenue (line 1 minus line 2) . . .	12,203,903			12,203,903
Direct Expenses	4 Cash Prizes . . .				
	5 Non-cash Prizes . . .				
	6 Rent/Facility costs . . .	646,387			646,387
	7 Other direct expenses . . .	4,472,046			4,472,046
	8 Direct expense summary Add lines 4 through 7 in column (d)				5,118,433
	9 Net income summary Combine lines 3 and 8 in column (d)				7,085,470

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . .				
Direct Expenses	2 Cash prizes . . .				
	3 Non-cash prizes . . .				
	4 Rent/facility costs . . .				
	5 Other direct expenses . . .				
	6 Volunteer labor . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	13b
a The organization's facility
b An outside facility
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**Schedule I
(Form 990)**

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

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Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations ► 2

3 Enter total number of other organizations ► 3

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 SCI'S LARGEST GRANT IS TO SCIF, A RELATED ORGANIZATION FOR OTHER GRANTS, SCI REQUESTS PROGRESS REPORTS AND FINAL REPORTS AS WELL AS PICTURES, VIDEOS AND AN ARTICLE DETAILING THE COMPLETED PROJECT
	</td	

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(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service**Name of the organization**
SAFARI CLUB INTERNATIONAL**Employer identification number**

86-0974183

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation					
JOHN EIGHINGER	(i) (ii)	184,501	25,054		5,250	14,081	228,886	122,415
MARK LABARERA	(i) (ii)	140,965	12,554		6,150	8,750	168,419	
ANGELIA SAGI	(i) (ii)	97,118	56,616		3,939	7,007	164,680	
ANNA SEIDMAN	(i) (ii)	147,748	54		6,150	1,756	155,708	
DOUGLAS BURDIN	(i) (ii)	138,923	54		4,650	9,575	153,202	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

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Internal Revenue Service

- Attach to Form 990 or Form 990-EZ.
- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons

Grants of Assistance Benefiting Interested Persons

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury
Internal Revenue Service
Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		RELATED BOARD MEMBERS CRISSIE & JOHN JACKSON - HUSBAND & WIFE MICHAEL DAWSON & DRAKE DAWSON - MOTHER & SON MARK O'NEAL, MICHAEL DAWSON, DRAKE DAWSON -FAMILY MEMBERS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		SCI HAS MEMBERS, AND THOSE MEMBERS WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 190 LOCAL CHAPTERS WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SCI

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		SCI HAS MEMBERS, AND THOSE MEMBERS WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 190 LOCAL CHAPTERS WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SCI

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		ONCE FORM 990 HAS BEEN PREPARED, NOTICE IS SENT TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS INVITING THEM TO REVIEW AND COMMENT ON THE FORM 990 THIS INVITATION WILL BE SENT APPROXIMATELY TWO WEEKS PRIOR TO THE DATE WHEN THE 990 WILL BE FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		IN ADDITION TO SENDING OUT AN ANNUAL QUESTIONNAIRE TO DIRECTORS TO DETERMINE CONFLICTS OF INTEREST, SCI PERIODICALLY REVIEWS WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING, AND WHETHER ANY TRANSACTIONS, PARTNERSHIPS AND AGREEMENTS WITH OTHER ORGANIZATIONS OR INDIVIDUALS CONFORM TO WRITTEN POLICIES, ARE PROPERLY DOCUMENTED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER SCI'S PURPOSES, AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		GENERALLY, SCI WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE TO DO THIS SCI RELIES ON RELEVANT COMPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDUAL WHOSE COMPENSATION IS BEING CONSIDERED. THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE, OR A SIMILAR COMMITTEE COMPRISING OF MEMBERS OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FINANCIAL STATEMENTS IN THE FORM OF THE 990'S GOVERNING DOCUMENTS AND A COMPILATION OF SCI POLICIES ARE POSTED ON SCI'S WEBSITE

Identifier	Return Reference	Explanation
SCH L, PART IV,	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON MIKE ROGERS, JR /SAFARI VIDEO PRODUCTIONS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SON OF MIKE ROGERS, SR , CURRENT INDIVIDUAL DIRECTOR/TRUSTEE (C) AMOUNT OF TRANSACTION \$249,137 (D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT MIKE ROGERS, JR IS THE SOLE OWNER OF THE COMPANY "SAFARI VIDEO PRODCTIONS" SCI COMPENSATES SAFARI VIDEO PRODUCTIONS FOR VIDEO SERVICES AND TV SHOW HOSTING

SCHEDULE R **(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

Name of the organization
SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
► See separate instructions.

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F)

Part II Identification of Related Tax-Exempt Organizations

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	SAFARI CLUB INTERNATIONAL FOUNDATION	B	4,419,869
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.