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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations 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 the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30 , 2009

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 Alaska Kenai Peninsula Chapter

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 2988

City or town, state or country, and ZIP + 4
Soldotna AK 99669

D Employer identification number
92-0141166

E Telephone number
(907) 260-7402

F Group Exemption Number ► 2663

• *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) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► N/A

J Organization type (check only one) — [X] 501(c) (4) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 157,800.

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	
	2	Program service revenue including government fees and contracts			2	8,700.
	3	Membership dues and assessments			3	2,321.
	4	Investment income			4	1,377.
	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 ln 5b from ln 5a) (att sch)			5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ► [X]				
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	145,402.		
	b	Less direct expenses other than fundraising expenses	6b	85,773.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	59,629.
	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** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►			9	72,027.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt			10	39,480.
	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	1,387.
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	2,857.
	16	Other expenses (describe ► See Other Expenses Statement)			16	16,656.
	17	**Total expenses** (add lines 10 through 16) ►			17	60,380.
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	11,647.
	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	119,743.
	20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt			20	10,880.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►			21	142,270.

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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 the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	115,921.	22	127,667.
23	Land and buildings	800.	23	10,543.
24	Other assets (describe ► See L-24 Stmt)	3,022.	24	4,060.
25	**Total assets**	119,743.	25	142,270.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	119,743.	27	142,270.

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

What is the organization's primary exempt purpose? Wildlife Conservation & Hunter Education

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) and (4) organizations and 4947(a)(1) trusts; optional for others)	
28	Educational Programs: 4H Shooter Sports; Educational Moose Hunt; Youth Hunter Prgm; Become an Outdoor Woman; Bear Safety Education (Grants $ 5,298.) If this amount includes foreign grants, check here ► ☐	28a	5,298.
29	Scholarships (Grants $ 5,100.) If this amount includes foreign grants, check here ► ☐	29a	5,100.
30	Conservation - Alaskans for Professional Wildlife Mgt, 20,700 Conservation - Chronic Wasting Disease Kodiak, 5,000 (Grants $ 20,700.) If this amount includes foreign grants, check here ► ☐	30a	25,700.
31	Other program services (attach schedule) See Attached Schedule (Grants $ 3,382.) If this amount includes foreign grants, check here ► ☐	31a	3,382.
32	Total program service expenses (add lines 28a through 31a) ►	32	39,480.

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

(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 and deferred compensation	(e) Expense account and other allowances
Larry Lewis PO Box 403 Kasilof AK 99610	President 6.00	0.	0.	0.
Mike Crawford PO Box 2067 Soldotna AK 99669	Vice President 5.00	0.	0.	0.
Ron McAlpin PO Box 809 Soldotna AK 99669	Secy/Treasurer 8.00	0.	0.	0.
Rick Abbott PO Box 75 Sterling AK 99672	Director 3.00	0.	0.	0.
Bob Barnes PO Box 1453 Soldotna AK 99669	Director 2.00	0.	0.	0.
Mark Burdick 367 W Beluga Soldotna AK 99669	Director 2.00	0.	0.	0.
Gene Darby 2555 Watergate Way Kenai AK 99611	Director 2.00	0.	0.	0.
Mike Dinkel PO Box 2218 Soldotna AK 99669	Director 2.00	0.	0.	0.
Joe Hardy PO Box 3391 Soldotna AK 99669	Director 4.00	0.	0.	0.
Bill Newberry PO Box 1012 Soldotna AK 99669	Director 2.00	0.	0.	0.
Keith Phillips 47275 Autumn Rd Kenai AK 99611	Director 5.00	0.	0.	0.
Bryan Vermette PO Box 1105 Kasilof AK 99610	Director 2.00	0.	0.	0.

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

			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 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		
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	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	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' 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 ►			

42a The books are in care of ► Ron McAlpin Telephone no ► (907) 260-7402

Located at ► PO Box 2988 Soldotna AK ZIP + 4 ► 99669

			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)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c		X

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		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b		

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 and deferred compensation	(e) Expense account and other allowances
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
Total number of other independent contractors 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

► Signature of officer — Date 12/11/09

► Ron McAlpin, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	James R Dailey	Date 12/10/09	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	DAILEY ACCOUNTING SERVICES, INC. P.O. BOX 930 STERLING AK 99672		EIN ►	Phone no ► (907) 398-4374

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Safari Club International Alaska Kenai Peninsula Chapter

Employer identification number

92-0141166

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.

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . ☐ 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 990EZ 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
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 Fundraiser Dinner (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	93,932.			93,932.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	93,932.			93,932.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes	26,834.			26,834.
	6 Rent/facility costs	1,935.			1,935.
	7 Other direct expenses	29,397.			29,397.
	8 Direct expense summary Add lines 4- through 7 in column (d)			►	58,166.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	35,766.

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			51,470.	51,470.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes			23,208.	23,208.
	4 Rent/facility costs			2,310.	2,310.
	5 Other direct expenses			2,089.	2,089.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100.00 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	27,607.
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	23,863.

			YES	NO
9	Enter the state(s) in which the organization operates gaming activities: Alaska			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If 'No,' Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If 'Yes,' Explain:			
11	Does the organization operate gaming activities with nonmembers?	11	X	
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?	12		X

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	100.00 %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name. ► Ron McAlpin				
Address ► PO Box 809 Soldotna, AK 99669				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			X
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: ► Joe Hardy				
Gaming manager compensation ► $ 0.				
Description of services provided: ► Manages Gaming Permit				
[X] Director/officer [ ] Employee [ ] 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		X	
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 ► $ 34,480.				

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No
Safari Club International Alaska Kenai Peninsula Chapter	92-0141166

Line 24 - Other Assets:	Beginning of Year	End of Year
Fundraiser Prepaid	3,022.	0.
Firearms on Hand		4,060.
Totals to Form 990-EZ, Part II, line 24	3,022.	4,060.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)

Depreciation	657.
Labor	532.
Hats for Sale	576.
Bankcard Fees	193.
Bank Charges	192.
Dues & Fees	268.
Meetings	966.
Member Functions	4,683.
Miscellaneous	994.
Advertising	1,326.
Travel	6,269.
Total	16,656.

Schedule O (Form 990), Supplemental Information to Form 990
Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

State Name	Amount
Alaska	34,480.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment Wounded Warrior Program

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Outreach	Business [X] Person [ ] Kenai River Professional Guides Assoc PO Box 3674 Soldotna AK 99669	none	1,908.

If property other than cash was given, the following additional information needs to be provided:
Description of Property $1000 cash, $908 Rifle
Date of Gift 04/29/09

Book Value	How Book Value Determined
0.	n/a
FMV	**How FMV Determined**
908.	purchase

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **Conservation Marketing**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Conservation	Business [ ] Person [ ] Alaskans for Professional Wildlife Mgt PO Box 4053 Palmer AK 99645	none	20,700.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **Food/Lunches for Skilak Lake Youth Hunts**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Hunter Development	Business [ ] Person [ ] Various	none	108.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **"Make-a-Wish"-type Hunt**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Promote Hunting	Business [ ] Person [X] Sutter/Buttes SCI Chapter PO Box 1097 Verdi NV 89439	Sister Chapter	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **Reimbursed Freight Expense**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Bear Safety Cans	Business [X] Person [ ] US Fish & Wildlife Service 1011 E Tudor Rd Anchorage AK 99503	none	-249.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **Gift Membership to Parent Organization**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Education	Business [X] Person [ ] Safari Club International 4800 Gates Pass Rd Tucson AZ 85745	Parent Organization	55.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **4H Youth Shooting Sports Training**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Hunter Development	Business [X] Person [ ] Cooperative Extension Service 43961 KBeach Rd Soldotna AK 99669	none	4,200.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **4H Youth Shooting Sports Training**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Hunter Development	Business [X] Person [ ] Cooperative Extension Service 43961 KBeach Rd Soldotna AK 99669	none	488.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **Food and Supplies**
Date of Gift **06/19/09**

Book Value	How Book Value Determined
0.	n/a
FMV	**How FMV Determined**
488.	Purchased at Local Merchants

Purpose of Payment **SCI Blue Bag Program**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Medical/Educational	Business [X] Person [ ] Native School Limpopo Province South Africa XX 00000	none	723.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **Education/Medical Supplies/Mosquito Netting**
Date of Gift **06/23/09**

Book Value	How Book Value Determined
0.	n/a
FMV	**How FMV Determined**
723.	Purchases

Purpose of Payment **Bear Safety Training**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Bear Safety	Business [ ] Person [X] Larry L Lewis PO Box 403 Kasilof AK 99610	Director	77.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **Food**
Date of Gift **11/20/08**

Book Value	How Book Value Determined
0.	n/a
FMV	**How FMV Determined**
77.	purchase

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment: American Wilderness Leadership School (AWLS)

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business [X] Person [ ] Safari Club International 4800 Gates Pass Rd Tucson AZ 85745	Parent Organization	1,600.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Educational Moose Hunt

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Hunter Development	Business [ ] Person [X] Joe Hardy PO Box 3391 Soldotna AK 99669	Director	370.

If property other than cash was given, the following additional information needs to be provided:
Description of Property Food and Supplies
Date of Gift 02/17/09

Book Value	How Book Value Determined
0.	n/a
FMV	How FMV Determined
370.	Purchase

Purpose of Payment: Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business [X] Person [ ] Western Washington Univ 516 High St Bellingham WA 98225	none	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **Research Grant/Chronic Wasting Disease**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scientific Research in Kodiak AK	Business [X] Person [ ] Alaska Dept of Fish & Game PO Box 115526 Juneau AK 99811	none	5,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **Scholarship**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Abilene Christian Univ ACU Box 29120 Abilene TX 79699	none	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **Scholarship**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Kenai Peninsula College 156 College Road Soldotna AK 99669	none	1,500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Adjustment for Stale Checks from Previous Period(s)	10,880.
Total	10,880.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return

Safari Club International Alaska Kenai Peninsula Chapter

Identifying number

92-0141166

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		10,400.	7.0 yrs	MQ	SL	657.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	657.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form **8868**
(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ..... ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ..... ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print

File by the due date for filing your return. See instructions.

Name of Exempt Organization	Employer identification number
Safari Club International Alaska Kenai Peninsula Chapter	92-0141166

Number, street, and room or suite number. If a P.O. box, see instructions.
PO Box 2988

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Soldotna AK 99669

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Ron McAlpin

Telephone No. ► (907) 260-7402 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ..... ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ► [ ]. If it is for part of the group, check this box .. ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ___ or

► [X] tax year beginning Jul 1, 20 08, and ending Jun 30, 20 09.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 4-2008)