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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		C Name of organization SAFARI CLUB INTERNATIONAL FOUNDATION		D Employer identification number 86-0292099	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		Doing Business As		E Telephone number (520) 620-1220	
Please use IRS label or print or type. See Specific Instructions.		Number and street (or P O box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD		G Gross receipts \$ 13,287,605	
		City or town, state or country, and ZIP + 4 TUCSON, AZ 85745			
		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)	
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶ 4325	
J Website: ▶ WWW.SAFARICLUBFOUNDATION.ORG					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1972		M State of legal domicile NV	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROGRAMS DEDICATED TO WILDLIFE CONSERVATION, OUTDOOR EDUCATION & HUMANITARIAN SERVICES 		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>1</u>		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>1</u>		
	5 Total number of employees (Part V, line 2a) 5 <u>4</u>		
	6 Total number of volunteers (estimate if necessary) 6 <u>11</u>		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a <u></u>		
	b Net unrelated business taxable income from Form 990-T, line 34 7b <u></u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,382,137	3,567,246
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	640,247	442,149
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-897,408	956,369
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,172	270,813
		5,318,148	5,236,577
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	389,433	548,377
	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)	1,796,919	1,625,798
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>563,588</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,405,763	2,861,634
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,592,115	5,035,809
	19 Revenue less expenses Subtract line 18 from line 12	-273,967	200,768
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	14,692,977	14,964,236
	21 Total liabilities (Part X, line 26)	300,204	373,427
	22 Net assets or fund balances Subtract line 21 from line 20	14,392,773	14,590,809

Part II Signature Block	
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 2011-05-12 Date
	KENNETH JAMES CFO Type or print name and title
Paid Preparer's Use Only	Preparer's signature Deloitte Tax LLP Date Check if self-employed ☒ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DELOITTE TAX LLP 2901 N CENTRAL AVENUE SUITE 1200 PHOENIX, AZ 850122799 EIN
	Phone no (602) 234-5100

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE MISSION OF THE SCI FOUNDATION IS TO FUND AND MANAGE WORLDWIDE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION, OUTDOOR EDUCATION & HUMANITARIAN SERVICES SEE SCHEDULE O FOR CONTINUATION

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 501(c)(4) organizations and section 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 \$ 1,773,086 including grants of \$ 222,768) (Revenue \$ 1,998,261)

EDUCATION PROJECTS 1 NUMEROUS PROJECTS CONDUCTED TO EDUCATE HUNTERS AND NON-HUNTERS ABOUT THE ENVIRONMENT, ECOSYSTEMS, OUTDOOR LIVING SKILLS AND THE CRITICAL ROLE THE HUNTING SPORTSMAN PLAYS IN SCIENTIFIC WILDLIFE MANAGEMENT AND ITS PRODUCTIVE IMPACT ON WILDLIFE POPULATIONS 2 INTERNATIONAL WILDLIFE MUSEUM - OPERATING COSTS OF SCIF'S NATURAL HISTORY MUSEUM CONSTRUCTED TO PRESERVE AND DISPLAY THE PHYSICAL HISTORY OF WILDLIFE OF THE WORLD AND TO EDUCATE THE PUBLIC ON SCIENTIFIC CONSERVATION AND BIODIVERSITY ISSUES WHICH IMPACT CURRENT AND FUTURE WILDLIFE POPULATIONS APPROXIMATELY 67,187 VISITORS 3 AMERICAN WILDERNESS LEADERSHIP SCHOOL - FACILITIES AND PROGRAMS FOR CONSERVATION AND ENVIRONMENTAL EDUCATION PROGRAMS 7 SESSIONS ATTENDED BY 176 INDIVIDUALS, INCLUDING TEACHERS WHO WILL IMPLEMENT PROGRAMS THROUGHOUT THEIR SCHOOL SYSTEMS

4b

(Code) (Expenses \$ 1,768,511 including grants of \$ 235,085) (Revenue \$ 1,095,323)

WILDLIFE CONSERVATION PROJECTS PROJECTS CONDUCTED WORLDWIDE TO ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS IN ORDER TO ASSURE THE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS PROJECTS INCLUDE WILDLIFE RELOCATION, COLLARING, MONITORING AND DISEASE TESTING, AND GRANTS TOTALING \$235,085 WERE MADE TO OTHER EXEMPT ENTITIES TO FURTHER THESE CONSERVATION EFFORTS

4c

(Code) (Expenses \$ 275,041 including grants of \$ 90,525) (Revenue \$ 155,802)

HUMANITARIAN SERVICES CONDUCT NUMEROUS HUMANITARIAN RELIEF AND ENRICHMENT PROJECTS SUCH AS 'SPORTSMEN AGAINST HUNGER' SERVING MILLIONS OF MEALS THROUGH FOOD BANKS AND HOMELESS SHELTERS, 'SENSORY SAFARI' ENABLING VISUALLY IMPAIRED CHILDREN AND ADULTS TO SEE WILDLIFE THROUGH THEIR SENSE OF TOUCH, 'SAFARI CARE' PROVIDING FREE SUPPLIES AND CLOTHING TO IMPOVERISHED COMMUNITIES WORLDWIDE, AND FULFILLING LIFELONG HUNTING WISHES THROUGH THE 'DISABLED HUNTER' PROGRAM

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 3,816,638

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
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	3	No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No				
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	5					
6	Did the organization maintain any donor advised funds or any similar funds or 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 	6	No				
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 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes				
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 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes				
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes				
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 U S ? If "Yes," complete Schedule F, Part II 	15	No				
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 U S ? If "Yes," complete Schedule F, Part III 	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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	1a17	1cYes	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
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	2a45	2bYes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
b	If "Yes," enter the name of the foreign country SF 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .		7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	14	
b	Enter the number of voting members that are independent	1b	14	
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		No
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

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

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

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

Form 990 (2009)

1b	Total	218,001	395,843	45,548
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		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>		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>	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>		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

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	9,910				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,557,336				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			3,567,246			
Program Service Revenue			Business Code					
	2a	TUITION & ADMISSIONS	900,099	407,781	407,781			
	b	MEMBERSHIP DUES	900,099	34,368	34,368			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			442,149			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		160,864			160,864	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		8,476,709						
		7,681,204						
		795,505						
	d	Net gain or (loss)		795,505	795,505			
	8a	Gross income from fundraising events (not including \$ 9,910 of contributions reported on line 1c) See Part IV, line 18		a	413,517			
		b		Less direct expenses	b	292,675		
		c		Net income or (loss) from fundraising events . . .		120,842		120,842
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b		Less direct expenses	b			
c		Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances		a	128,157				
	b		Less cost of goods sold	b	77,149			
	c		Net income or (loss) from sales of inventory . . .		51,008	51,008		
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME		900,099	98,963	98,963			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			98,963				
12	Total revenue. See Instructions			5,236,577	1,387,625	0	281,706	

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	515,577	515,577		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	22,300	22,300		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,500	10,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	261,727	118,224	141,513	1,990
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	1,115,822	954,790	87,308	73,724
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,146	6,480	2,323	343
9	Other employee benefits	164,688	94,701	52,362	17,625
10	Payroll taxes	74,415	57,302	11,694	5,419
11	Fees for services (non-employees)				
a	Management	1,762		1,762	
b	Legal	38,070	710	37,360	
c	Accounting	26,479	9,091	17,388	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	39,558	531	36	38,991
g	Other	14,273	12,023		2,250
12	Advertising and promotion	188,241	186,416	1,825	
13	Office expenses	313,160	212,386	86,191	14,583
14	Information technology	19,349	1,451	17,898	
15	Royalties				
16	Occupancy	178,055	172,851	5,204	
17	Travel	341,469	231,221	107,649	2,599
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,005	20,139	28,927	939
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	362,614	321,065	41,424	125
23	Insurance	70,324	60,949	9,375	
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	PROGRAMS & PROJECTS	684,009	684,009		
b	BAD DEBT	405,160	160		405,000
c	MAINTENANCE & SECURITY	124,162	119,312	4,850	
d	PRODUCTION COSTS	4,450	4,450		
e	MISCELLANEOUS	494		494	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,035,809	3,816,638	655,583	563,588
26	Joint costs. Check here ☐ 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			639,904	1	1,061,731
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,689,217	3	798,789
	4	Accounts receivable, net			32,913	4	19,994
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			27,145	8	27,815
	9	Prepaid expenses and deferred charges			31,358	9	20,660
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	11,742,388			
	b	Less accumulated depreciation	10b	7,044,820	4,961,773	10c	4,697,568
	11	Investments—publicly traded securities			5,837,794	11	6,864,216
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,472,873	15	1,473,463
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,692,977	16	14,964,236
Liabilities	17	Accounts payable and accrued expenses			211,590	17	257,043
	18	Grants payable				18	
	19	Deferred revenue			88,614	19	116,384
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			300,204	26	373,427
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,567,563	27	6,071,477
	28	Temporarily restricted net assets			89,162	28	84,511
	29	Permanently restricted net assets			8,736,048	29	8,434,821
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			14,392,773	33	14,590,809
	34	Total liabilities and net assets/fund balances			14,692,977	34	14,964,236

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
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? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

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

7

☐

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

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,017,251	5,541,791	6,930,283	5,416,823	3,601,615	26,507,763
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,025,597	1,152,319	1,016,403	1,064,354	949,455	6,208,128
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,042,848	6,694,110	7,946,686	6,481,177	4,551,070	32,715,891
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,031,781	2,937,418	3,977,128	4,477,588	2,989,985	17,413,900
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	3,031,781	2,937,418	3,977,128	4,477,588	2,989,985	17,413,900
8 Public Support (Subtract line 7c from line 6)						15,301,991

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	7,042,848	6,694,110	7,946,686	6,481,177	4,551,070	32,715,891
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,663	222,196	335,306	284,415	160,864	1,074,444
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	71,663	222,196	335,306	284,415	160,864	1,074,444
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	208,918	22,125	30,735	66,802	98,963	427,543
13 Total support (Add lines 9, 10c, 11 and 12.)	7,323,429	6,938,431	8,312,727	6,832,394	4,810,897	34,217,878
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	44.720 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	49.320 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	3.140 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.920 %
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 86-0292099

Name: SAFARI CLUB INTERNATIONAL FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Former			
LAWRENCE RUDOLPH PRESIDENT	20 00	X						0	0	0
KEVIN ANDERSON PRESIDENT ELECT	20 00	X						0	0	0
SVEN LINDQUIST CORPORATE SECRETARY	20 00	X						0	0	0
JOHN WHIPPLE CORPORATE TREASURER	20 00	X						0	0	0
Mike Christianson Vice President	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
Virginia J BYRUM Vice President	20 00	X						0	0	0
PAUL BARSTAD Vice President	20 00	X						0	0	0
CRAIG KAUFFMAN Vice President	20 00	X						0	0	0
John R Monson Foundation Director	20 00	X						0	0	0
Steve Skold Foundation Director	20 00	X						0	0	0
MERLE SHEPARD EX-OFFICIO & SCI PAST PRESIDENT	20 00	X						0	0	0
JOHN EICHINGER EXECUTIVE DIRECTOR	20 00			X				0	245,153	18,444
KENNETH JAMES CFO	30 00			X				0	150,690	144
Richard White Interim Executive Director	20 00			X				64,408	0	15,322
WILLIAM MORITZ DIRECTOR OF CONSERVATION	20 00				X			153,593	0	11,638

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAMS & PROJECTS	684,009	684,009		
BAD DEBT	405,160	160		405,000
MAINTENANCE & SECURITY	124,162	119,312	4,850	
PRODUCTION COSTS	4,450	4,450		
MISCELLANEOUS	494		494	

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

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? ☐ Yes☐ 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 for any other purpose conferring impermissible private benefit? ☐ Yes☐ 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 importantly land area ☐ Protection of natural habitat☐ Preservation of a 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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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	▶ \$ _____ 1,373,975
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	▶ \$ _____ 47,310

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 FOR SALE

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

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 the arrangement 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	7,776,029	8,913,914		
b	Contributions	-270,227	-234,602		
c	Investment earnings or losses	938,144	-868,088		
d	Grants or scholarships	26,336			
e	Other expenditures for facilities and programs				
f	Administrative expenses	38,991	35,196		
g	End of year balance	8,378,619	7,776,028		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

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

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

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) Accumulated depreciation	(d) Book value
1a Land		323,925		323,925
b Buildings		9,588,098	5,297,297	4,290,801
c Leasehold improvements				
d Equipment		1,817,414	1,747,523	69,891
e Other		12,951		12,951
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,697,568

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)	15,236,577
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,035,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	200,768
4	Net unrealized gains (losses) on investments	-2,732
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	-2,732
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	198,036

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	15,603,669
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-2,732	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e-2,732	
3	Subtract line 2e from line 13	5,606,401
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 7b4a	
b	Other (Describe in Part XIV)4b-369,824	
c	Add lines 4a and 4b4c-369,824	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5,236,577

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	15,405,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d369,824	
e	Add lines 2a through 2d2e369,824	
3	Subtract line 2e from line 13	5,035,809
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5,035,809

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 IV, 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. Also complete this part to provide any additional information.		
Part III, Line 4		SALES PROCEEDS WERE USED TO FUND PROGRAM ACTIVITIES
Part V, Line 4	Description of Intended Use of Endowment Funds	THE EARNINGS ON THE ENDOWMENT FUNDS ARE TO BE USED FOR MISSION PROGRAMS SUCH AS WILDLIFE CONSERVATION, EDUCATION PROGRAMS, AND SCHOLARSHIPS
Part XII, Line 4b - Other Adjustments		CONVENTION -292675 COST OF SALES -77149
Part XIII, Line 2d - Other Adjustments		CONVENTION 292675 COST OF SALES 77149
		PART X There are no uncertain tax positions, therefore, there is no FIN 48 footnote in the audit report
		SCHEDULE D, PART V CONTRIBUTIONS ARE REPRESENTED AS A NEGATIVE AMOUNT DUE TO THE WRITE-OFF OF PLEDGES AND ADJUSTMENTS TO ALLOWANCE AND DISCOUNT AMOUNTS SCIF REPORTS ON AN ACCRUAL BASIS. THEREFORE, BOTH PLEDGES RECEIVABLE AND PLEDGES THAT WERE WRITTEN-OFF ARE INCLUDED WITHIN CONTRIBUTIONS

Employer identification number
86-0292099

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]

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.

[illegible]

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 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	(b) Event #2	(c) Other Events	(d) Total Events
		CONVENTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	423,427		423,427
	2	Less Charitable contributions	9,910		9,910
	3	Gross income (line 1 minus line 2)	413,517		413,517
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	292,675		292,675
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter 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 ► _____			
☐ 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	
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)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

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" to 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 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

16

3

Enter total number of other organizations

5

Software ID:

Software Version:

EIN: 86-0292099

Name: SAFARI CLUB INTERNATIONAL FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SE MICHIGAN BOWHUNTERS CHAPTERPO BOX 1646 CLARKSTON, MI 483471646	38-2946309	501(C)(4)	5,500				DISABLED HUNTER SUPPORT/CHAPTER YOUTH PROGRAMS
MICHIGAN INVOLVEMENT COMMITTEE2852 COLONIAL WAY BLOOMFIELD HILLS, MI 48304	36-4526107	501(C)(3)	10,500				PREDATOR-PREY PROJECT/MICHIGAN GRAY WOLF PROJECT
MINNESOTA CHAPTERPO BOX 1303 BURNSVILLE, MN 553570303	23-7435558	501(C)(4)	10,500				YOUTH OUTDOOR EDUCATION/CHAPTER YOUTH PROGRAMS/DISABLED HUNTER SUPPORT
GRAND SLAM CLUBOVIS PO BOX 310727 BIRMINGHAM,AL 35231	58-1969611	501(C)(3)	10,000				MOUNTAIN SHEEP IN MONGOLIA SURVEY PROJECT
THE SALVATION ARMY EASTERN MICHIGAN DIVISION 16130 NORTHLAND DRIVE SOUTHFIELD,MI 48075	36-2167910	501(C)(3)	6,000				AFTER SCHOOL ARCHERY PROGRAM
UNIVERSITY OF MONTANA PO BOX 7159 MISSOULA,MT 59807	81-0362989	501(C)(3)	25,000				SCHOLARSHIP ENDOWMENT
SAN DIEGO CHAPTERPO BOX 600155 SAN DIEGO,CA 921600155	95-3415118	501(C)(3)	5,750				OUTDOOR EDUCATION SUMMIT/CHAPTER YOUTH PROGRAMS
TEXAS PARKS AND WILDLIFE DEPT REVENUE SECTION4200 SMITH SCHOOL RD AUSTIN,TX 78744	74-1680372	GOVERNMENT AGENCY	14,070				MEXICAN CADETS TRAININGMEXICAN CADETS TRAINING
BOARD OF REGENTS - NSHE UNIVERSITY OF NEVADA RENO CONTROLLERS OFFICE - MAIL STOP 124 RENO,NV 895570025	86-0000024	501(C)(3)	27,846				WINTER MULE DEER PROJECT EAST MOJAVE DESERT
DENVER CHAPTERPO BOX 543 BENNETT,CO 801020543	51-0157851	501(C)(4)	8,250				WOUNDED WARRIOR PROJECT/WAEI OUTDOORS SKILLS PRGM/CHAPTER YOUTH PROGRAMS/DISABLED HUNTER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON BUSH HAITI FUNDPO BOX 632454 BALTIMORE, MD 212632454	27-2122785	501(C)(3)	50,000				DISASTER RELIEF
THE SALVATION ARMY 2445 PRIOR AVE ROSEVILLE, MN 55113	41-0698597	501(C)(3)	7,500				YOUTH ARCHERY PROGRAM
UNITY COLLEGE90 QUAKER HILL ROAD INITY, ME 049883712	01-0275130	501(C)(3)	22,500				ENDOWMENT
UNIVERSITY OF IDAHOPO BOX 441138 MOSCOW, ID 838441138	23-7098404	501(C)(3)	22,500				ENDOWMENT
BADGERLAND CHAPTER N7632 4TH AVE WESTFIELD, WI 53964	39-1920142	501(C)(3)	5,450				CHAPTER YOUTH PROGRAMS/DISABLED HUNTER SUPPORT
KANSAS CITY CHAPTER 8820 NE 108TH ST KANSAS CITY, MO 641579717	94-2684643	501(C)(4)	5,500				CHAPTER YOUTH PROGRAMS/DISABLED HUNTER SUPPORT
NORTH COUNTRY BOWHUNTERS CHAPTER 4707 HIGHWAY 61 N 190 WHITE BEAR LAKE, MN 551103227	93-1073065	501(C)(4)	5,500				CHAPTER YOUTH PROGRAMS/DISABLED HUNTER SUPPORT
FRIEDKIN CONSERVATION FUND7701 WILSHIRE PLACE DR HOUSTON, TX 77040	76-0438974	501(C)(3)	12,500				OPERATION AND MAINT COSTS ANTIPOACHING MICROLIGHT AIRCRAFT
WYOMING GAME AND FISH COMMISSION5400 BISHOP BLVD CHEYENNE, WY 82006	83-0208667	GOVERNMENT AGENCY	50,000				EVALUATING CLIMATE AND BEAR PREDATION ON SHIRAS MOOSE
UNIVERSITY OF IDAHO OFFICE OF SPONSORED PROGRAMS820 IDAHO AVE MOSCOW, ID 838443020	82-6000945	501(C)(3)	50,000				NEWFOUNDLAND PREDATOR-PREY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO STATE UNIVERSITY OFFICE OF BUSINESS & RESOURCES PLNGGERALD THOMAS HALL RM 238 LAS CRUCES, NM 88003	85-6000401	501(C)(3)	36,850				MARCO POLO AND ARGALI SHEEP RESEARCH - TAJIKISTAN
NATIONAL ARCHERY IN THE SCHOOLS PROGRAM (NASP)2035 RILEY RD SPARTA, WI 546561460	20-1112663	501(C)(3)	10,000				ASSIST IN PROMOTING SPORT OF ARCHERY IN SCHOOLS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number
86-0292099

Part I

Questions Regarding Compensation

	Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are 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.	1b	
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?	2	
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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: 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.	4a	No
	4b	No
	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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.	5a	No
	5b	No
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.	6a	No
	6b	No
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.	7	No
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.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

[illegible]

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.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 86-0292099

Name: SAFARI CLUB INTERNATIONAL FOUNDATION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136060001

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization SAFARI CLUB INTERNATIONAL FOUNDATION	Employer identification number 86-0292099
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		SCIF HAS A LADIES DIVISION OF AROUND 925 MEMBERS THEY ELECT A PRESIDENT WHO SERVES ON THE GOVERNING BODY OF SCIF

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		SCIF HAS A LADIES DIVISION OF AROUND 925 MEMBERS THEY ELECT A PRESIDENT WHO SERVES ON THE GOVERNING BODY OF SCIF

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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, SCIF 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 SCIF'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, SCIF WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE TO DO THIS SCIF 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 COMPRISED 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 SCIF POLICIES ARE POSTED ON SCIF'S WEBSITE

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	FINANCIAL STATEMENTS AND REPORTING	THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 1	DESCRIPTION OF ORGANIZATION'S MISSION STATEMENT	THE MISSION OF THE SCI FOUNDATION IS TO FUND AND MANAGE WORLDWIDE PROGRAMS DEDICATED TO WILDLIFE CONSERVATION, OUTDOOR EDUCATION & HUMANITARIAN SERVICES THE PURPOSES AND OBJECTIVES ARE A) WILDIFE CONSERVATION TO CONDUCT AND SUPPORT SCIENTIFIC AND TECHNICAL STUDIES IN THE FIELD OF WILDLIFE CONSERVATION, TO ASSIST IN DESIGN AND DEVELOPMENT OF SCIENTIFICALLY SOUND WILDLIFE PROGRAMS FOR THE MANGEMENT OF WILDLIFE AND HUNTING, AND TO DEMONSTRATE THE CONSTRUCTIVE ROLE THAT HUNTING AND HUNTERS PLAY IN THE CONSERVATION OF WILDLIFE B) CONSERVATION EDUCATION TO CARRY OUT AND SUPPORT EDUCATION PROGRAMS ON WILDLIFE CONSERVATION, ECOLOGY AND NATURAL RESOURCE MANAGEMENT THAT INCLUDE A DEMONSTRATION OF THE CONSTRUCTIVE ROLE THAT HUNTING AND HUNTERS PLAY IN NATURAL RESOURCE CONSERVATION AND LAND MANAGEMENT C) HUMANITARIAN SERVICES TO DESIGN, CARRY OUT AND SUPPORT PROGRAMS TO ASSIST THE DISABLED IN ENJOYING SPORT HUNTING AND TO UTILIZE THE RESOURCES OF THE HUNTING COMMUNITY AND THE VARIOUS ASPECTS OF HUNTING TO AID THOSE LESS FORTUNATE BY PROVIDING HUMANITARIAN SERVICES D) PROVIDE CHARITABLE DONATIONS TO PROVIDE CHARITABLE DONATIONS TO OTHER ORGANIZATIONS OR TO INDIVIDUALS PURSUING THE SAME OR SIMILAR GOALS AS THOSE OF THE SCI FOUNDATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL FOUNDATION

Employer identification number

86-0292099

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(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) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SAFARI CLUB INTERNATIONAL 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 86-0974183	WILDLIFE CONSERVATION/HUNTING RIGHTS	AZ	501(C)(4)		N/A
SAFARI INTERNATIONAL CONSERVATION FUND 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 23-7222137	INACTIVE	AZ	501(C)(3)		N/A

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

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	(b) Transaction type(a-r)	(c) Amount involved
(1) SAFARI CLUB INTERNATIONAL	C	2,917,235
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]