



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Part I Summary

Form fields for Part I: B (Check if applicable), C (Name of organization: SAFARI CLUB INTERNATIONAL), D (Employer identification number: 86-0974183), E (Telephone number: (520) 620-1220), F (Name and address of principal officer: KENNETH JAMES), G (Gross receipts: \$21,397,709), H(a) (Is this a group return for affiliates?), H(b) (Are all affiliates included?), H(c) (Group exemption number: 2663), I (Tax-exempt status: 501(c)(4)), J (Website: WWW.SCIFIRSTFORHUNTERS.ORG), K (Form of organization: Corporation), L (Year of formation: 2000), M (State of legal domicile: AZ)

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 (Mission), 2 (Discontinued operations), 3-6 (Members and employees), 7a-b (Revenue and taxable income), 8-12 (Revenue breakdown), 13-19 (Expenses breakdown), 20-22 (Net Assets or Fund Balances)

Part II Signature Block

Signature block section with declaration: Under penalties of perjury, I declare that I have examined this return... Signature of officer: KENNETH JAMES CFO, Date: 2011-05-16

Paid Preparer's Use Only section: Preparer's signature: Deloitte Tax LLP, Date, Check if self-employed, Preparer's identifying number, Firm's name: DELOITTE TAX LLP, address: 2901 N CENTRAL AVENUE SUITE 1200, PHOENIX, AZ 850122799, Phone no: (602) 234-5100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

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

**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 \$ 5,657,100 including grants of \$ 0 ) (Revenue \$ 7,256,423 )  
 MEMBER & CHAPTER SERVICES SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 52,000 EXISTING MEMBERS, PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 200 CHAPTERS WORLDWIDE IN THE AREAS OF MEMBERSHIP AND FUNDRAISING, PRODUCING MONTHLY AND BI-MONTHLY PUBLICATIONS, AND PROMOTING MEMBERSHIP IN THE ORGANIZATION TO THE NON-MEMBER HUNTING COMMUNITY WORLDWIDE

**4b** (Code ) (Expenses \$ 1,726,177 including grants of \$ 40,000 ) (Revenue \$ 88,589 )  
 HUNTING ADVOCACY THIS CATEGORY REPRESENTS THE ARM OF THE ORGANIZATION ADVOCATING THE PRESERVATION OF THE HUNTING HERITAGE AND HUNTER'S RIGHTS AND THE SUSTAINABLE USE OF WILDLIFE SPECIES SCI IS THE ACTIVE VOICE TO EDUCATE ITS MEMBERS, THE GENERAL PUBLIC AND GOVERNMENT DECISION-MAKERS ON HUNTING'S ROLE IN WILDLIFE MANAGEMENT AS AN EFFECTIVE CONSERVATION TOOL EFFORTS IN 2009/2010 TO ACCOMPLISH THIS INCLUDED SEVERAL PROJECTS AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS FACILITATING LEGISLATION THROUGH DEVELOPMENT OF NEW LEGISLATION OR LITIGATION AGAINST EXISTING LEGISLATION, DEVELOPMENT OF WILDLIFE MANAGEMENT CONCEPTS WHICH REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT BODIES, AND ACTIVE PARTICIPATION IN STATE, NATIONAL AND INTERNATIONAL FORUMS AND MEETINGS

**4c** (Code ) (Expenses \$ 2,948,235 including grants of \$ 2,948,235 ) (Revenue \$ 0 )  
 CONSERVATION GRANTS ARE MADE TO SAFARI CLUB INTERNATIONAL FOUNDATION (SCIF) AND OTHER ORGANIZATIONS TO FURTHER THEIR CONSERVATION EFFORTS ON PROJECTS THAT ESTABLISH AND SUPPORT SCIENTIFIC AND BIOLOGICAL STUDIES OF WILDLIFE POPULATIONS WORLDWIDE IN ORDER TO ASSURE LONG-TERM SUSTAINABILITY OF WILDLIFE POPULATIONS CONSIDERING THEIR ECOLOGICAL CONNECTIONS PROJECTS INCLUDE WILDLIFE RELOCATION, COLLARING AND MONITORING, DISEASE TESTING, AND ENDANGERED SPECIES BREEDING PROGRAMS

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 10,331,512

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . . <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . . <input checked="" type="checkbox"/> <b>12A</b> Yes <input type="checkbox"/> No		
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>14b</b>	<b>b</b> 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? <i>If "Yes," complete Schedule F, Part I</i> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>15</b>	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 ? <i>If "Yes," complete Schedule F, Part II</i> . . . . . <input checked="" type="checkbox"/>		No
<b>16</b>	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 ? <i>If "Yes," complete Schedule F, Part III</i> . . . . . <input checked="" type="checkbox"/>		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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> . . . . .	<b>21</b>	Yes	
<b>22</b>	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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35</b>	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> . . . . .	<b>35</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	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 . . . . .		
	<b>1a</b> 121		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	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 . . . . .		
	<b>2a</b> 101		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	Yes	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body . . .		
<b>1b</b>	Enter the number of voting members that are independent . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>10b</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? . . . . .	Yes	
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>AZ</b>
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>KEN JAMES 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 (520) 620-1220</b>



<b>1b Total</b>	1,067,885	218,001	104,318
-----------------	-----------	---------	---------

**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 **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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
INTELITRANS LLC 4314 E GRAYTHORN AVE 100 PHOENIX, AZ 85044	MAILING SERVICES	832,486
SAFARI VIDEO PRODUCTIONS 1880 HARBOR ISLAND DR 3RD FLOOR SAN DIEGO, CA 92101	VIDEO PRODUCTION	279,700
THE HERALD GROUP 1120 G ST NW - SUITE 600 WASHINGTON, DC 20005	CONSULTING SERVICES	150,382
FENNEMORE CRAIG CORP 3003 NORTH CENTRAL AVE SUITE 2600 PHOENIX, AZ 85012	LEGAL SERVCIES	118,034

**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 **4**

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	878,250					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	878,250					
<b>Program Service Revenue</b>	<b>2a</b>	ADVERTSNG & SPONSRSHP	511,120	2,736,725	563,805	2,172,920		
	<b>b</b>	MEMBER SERVICES	900,099	420,083	420,083			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		3,156,808				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		151,460		151,460		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	Gross Rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,130,679				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	1,155,740			
			<b>c</b>	Gain or (loss)	-25,061			
<b>d</b>	Net gain or (loss) . . . . . ▶		-25,061	-25,061				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>	12,704,659						
<b>c</b>	Net income or (loss) from fundraising events . . ▶	5,238,053	7,466,606		7,466,606			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	613,605				
		<b>c</b>	Net income or (loss) from sales of inventory . . ▶	285,458	328,147	328,147		
Miscellaneous Revenue		Business Code						
<b>11a</b>	DUES & SUBSCRIPTIONS	900,099	2,753,448	2,753,448				
<b>b</b>	OTHER INCOME	900,099	8,800	8,800				
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		2,762,248					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		14,718,458	4,049,222	2,172,920	7,618,066		

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,972,735	2,972,735		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	15,500	15,500		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	341,547	113,979	221,333	6,235
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	3,889,557	2,506,213	468,125	915,219
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	87,678	53,945	20,352	13,381
<b>9</b>	Other employee benefits . . . . .	505,742	248,169	149,798	107,775
<b>10</b>	Payroll taxes . . . . .	276,701	166,793	52,238	57,670
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	5,286		5,286	
<b>b</b>	Legal . . . . .	186,498	1,655	184,843	
<b>c</b>	Accounting . . . . .	76,663		76,663	
<b>d</b>	Lobbying . . . . .	235,639	235,639		
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	23,602	23,602		
<b>g</b>	Other . . . . .	495,346	495,346		
<b>12</b>	Advertising and promotion . . . . .	465,075	460,753	4,322	
<b>13</b>	Office expenses . . . . .	783,183	533,357	249,517	309
<b>14</b>	Information technology . . . . .	109,534	42,641	66,893	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	80,788	63,034	17,754	
<b>17</b>	Travel . . . . .	578,681	409,410	169,262	9
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	216,618	52,031	164,587	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	189,159	79,395	92,898	16,866
<b>23</b>	Insurance . . . . .	232,325	158,139	74,186	
<b>24</b>	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 )				
<b>a</b>	PRODUCTION COSTS	1,514,967	1,514,967		
<b>b</b>	PROGRAMS & PROJECTS	152,308	151,745	563	
<b>c</b>	MAINTENANCE & SECURITY	45,427	30,568	14,859	
<b>d</b>	BAD DEBT	3,811	3,811		
<b>e</b>	TAXES	-1,915	-1,915		
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	13,482,455	10,331,512	2,033,479	1,117,464
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	2,801,287	<b>2</b>	4,574,690
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,397,166	<b>4</b>	912,256
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	263,756	<b>8</b>	235,662
	<b>9</b> Prepaid expenses and deferred charges . . . . .	626,701	<b>9</b>	707,719
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	1,747,595		
	<b>b</b> Less accumulated depreciation . . . . .	1,385,138	<b>10c</b>	362,457
	<b>11</b> Investments—publicly traded securities . . . . .	4,088,422	<b>11</b>	4,499,264
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,502,859	<b>16</b>	11,292,048	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	797,381	<b>17</b>	935,606
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,579,161	<b>19</b>	4,524,465
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	14,829	<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,391,371	<b>26</b>	5,460,071
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	4,111,488	<b>32</b>	5,831,977
<b>33</b> Total net assets or fund balances . . . . .	4,111,488	<b>33</b>	5,831,977	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,502,859	<b>34</b>	11,292,048	

**Part XI Financial Statements and Reporting**

**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? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 . . . .

**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? . . . . .

**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 . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**Additional Data**

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

**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
Merle Shepard Ex-Officio & SCI Past President	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
Paul Babaz Vice President	20 00	X						0	0	0
Joseph Hosmer Vice President	20 00	X						0	0	0
Ron Arendt Vice President	20 00	X						0	0	0
Craig Kauffman Vice President	20 00	X						0	0	0
Bruce Eavenson Vice President	20 00	X						0	0	0
Mike Christianson Vice President	20 00	X						0	0	0
J Virginia Byrum Vice President	20 00	X						0	0	0
Paul Barstad Vice President	20 00	X						0	0	0
Warren Parker SCI Past President	5 00	X						0	0	0
Richard Ursem SCI Past President	5 00	X						0	0	0
R Douglas Yajko SCI Past President	5 00	X						0	0	0
Albert Chermie SCI Past President	5 00	X						0	0	0
Vern Edewaard SCI Past President	5 00	X						0	0	0
Robert Easterbrook SCI Past President	5 00	X						0	0	0
Donald McMillan SCI Past President	5 00	X						0	0	0
John Jackson SCI Past President	5 00	X						0	0	0
Hyland Erickson SCI Past President	5 00	X						0	0	0
Lance Norris SCI Past President	5 00	X						0	0	0
E Pocius SCI Past President	5 00	X						0	0	0
Norden Van Horne SCI Past President	5 00	X						0	0	0

**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			
Carroll Mann SCI Past President	5 00	X						0	0	0
Patrick Bollman SCI Past President	5 00	X						0	0	0
Alfred Donau SCI Past President	5 00	X						0	0	0
Don Kirn SCI Past President	5 00	X						0	0	0
Raymond Cappelli SCI Past President	5 00	X						0	0	0
Andy Oldfield SCI Past President	5 00	X						0	0	0
Philip Ripepi SCICF Past President	5 00	X						0	0	0
Jack Beal SCICF Past President	5 00	X						0	0	0
Don Morgan SCICF Past President	5 00	X						0	0	0
Jack Leeds SCICF Past President	5 00	X						0	0	0
Peter Horn SCICF Past President	5 00	X						0	0	0
Dennis Anderson SCI/SCIF Past President	5 00	X						0	0	0
Mike Simpson SCI/SCIF Past President	5 00	X						0	0	0
Ralph Cunningham SCI/SCIF Past President	5 00	X						0	0	0
John Monson SCI/SCIF Past President	5 00	X						0	0	0
Lawrence Katz SCI/SCIF Past President	5 00	X						0	0	0
Gary Bogner SCI/SCIF Past President	5 00	X						0	0	0
Mike Rogers SCI/SCIF Past President	5 00	X						0	0	0
George Banks SCI/SCIF Past President	5 00	X						0	0	0
Mike Borel Director at Large & Chapter Preside	5 00	X						0	0	0
Alan Maki Director at Large	5 00	X						0	0	0
Jeanne Beutecale Director at Large	5 00	X						0	0	0
Charlie Keller Director at Large	5 00	X						0	0	0
Edward Curtis Director at Large	5 00	X						0	0	0
Charles Chuck Bazy Director at Large	5 00	X						0	0	0

**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			
John McLaurin Director at Large & Chapter Preside	5 00	X						0	0	0
Ralph Marcum Director at Large	5 00	X						0	0	0
Tony Gioffre Director at Large	5 00	X						0	0	0
Michael Drewnowski Director at Large & Chapter Preside	5 00	X						0	0	0
Larry Higgins Director at Large	5 00	X						0	0	0
Elaine Vogeler Director at Large	5 00	X						0	0	0
Robert Keagy Director at Large	5 00	X						0	0	0
Peter Theron Director at Large	5 00	X						0	0	0
Scott Chapman Director at Large	5 00	X						0	0	0
Ron Bartels Director at Large	5 00	X						0	0	0
Kirt Fredericks Director at Large	5 00	X						0	0	0
Steve Greenwell Director at Large & Chapter Preside	5 00	X						0	0	0
Ronald Simmons Director at Large	5 00	X						0	0	0
Francesc Marti Jusmet International Director	5 00	X						0	0	0
Zsolt Kohalmi International Director & Chapter Pr	5 00	X						0	0	0
Archie Nesbitt International Director & Chapter Pr	5 00	X						0	0	0
Uberto D'Entreves International Director	5 00	X						0	0	0
Frank Heger International Director	5 00	X						0	0	0
Marco Moura De Castro International Director	5 00	X						0	0	0
Stefan Schluter International Director & Chapter Pr	5 00	X						0	0	0
Terrence Cummins International Director	5 00	X						0	0	0
Bela Hidvegi Honorary International Director	5 00	X						0	0	0
Dieter Ochsenbein Honorary International Director	5 00	X						0	0	0
Nicolas Franco Honorary International Director	5 00	X						0	0	0
Francis Gallela Regional Representative	5 00	X						0	0	0

**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			
Jeff Kennedy Regional Representative	5 00	X						0	0	0
George Cobb Regional Representative	5 00	X						0	0	0
Jeffrey Meyerl Regional Representative	5 00	X						0	0	0
Edward Long Regional Representative	5 00	X						0	0	0
Robert Keicher Regional Representative	5 00	X						0	0	0
Stephen Blackwell Regional Representative & Chapter P	5 00	X						0	0	0
Steve Skold Regional Representative	5 00	X						0	0	0
Norbert Ullmann Regional Representative & Chapter P	5 00	X						0	0	0
DuWayne Schuler Regional Representative	5 00	X						0	0	0
Thomas French Regional Representative	5 00	X						0	0	0
Greg Rustemeyer Regional Representative	5 00	X						0	0	0
Gary Tennison Regional Representative	5 00	X						0	0	0
Ray Hammond Regional Representative & Chapter P	5 00	X						0	0	0
Ivan Armengol Regional Representative	5 00	X						0	0	0
Ron Mizrahi Regional Representative	5 00	X						0	0	0
Dwight James Regional Representative	5 00	X						0	0	0
James Leonard Regional Representative	5 00	X						0	0	0
David Small Regional Representative & Chapter P	5 00	X						0	0	0
Sherry Maddox Regional Representative	5 00	X						0	0	0
Daniel Jackson Regional Representative	5 00	X						0	0	0
Douglas Evans Regional Representative	5 00	X						0	0	0
Randall Bush Regional Representative	5 00	X						0	0	0
Chrissie Jackson Regional Representative	5 00	X						0	0	0
Julian Yapur Regional Representative	5 00	X						0	0	0
Dwight O rtmann Regional Representative & Chapter P	5 00	X						0	0	0

**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			
Barbara Creelman Regional Representative	5 00	X						0	0	0
Jerry Hale Regional Representative	5 00	X						0	0	0
John Floyd Regional Representative	5 00	X						0	0	0
J Thomas Saldias Regional Representative	5 00	X						0	0	0
Charles Oakes Regional Representative	5 00	X						0	0	0
Gordon Cashin Regional Representative	5 00	X						0	0	0
Herb Atkinson Regional Representative	5 00	X						0	0	0
Mike Mistelske Regional Representative & Chapter P	5 00	X						0	0	0
Oluf Svendsen Regional Representative	5 00	X						0	0	0
Gene Rurka Regional Representative & Chapter P	5 00	X						0	0	0
Sven-Erik Jansson Regional Representative	5 00	X						0	0	0
Orville Hudspeth Regional Representative	5 00	X						0	0	0
Donald Detwiler Regional Representative	5 00	X						0	0	0
Jeff Keim Regional Representative	5 00	X						0	0	0
James Frickert Regional Representative	5 00	X						0	0	0
Brett Axton Regional Representative	5 00	X						0	0	0
Larry Steiner Chapter President	5 00	X						0	0	0
James Powell Chapter President	5 00	X						0	0	0
David Craig Chapter President	5 00	X						0	0	0
Edward Grasser Chapter President	5 00	X						0	0	0
Larry Lewis Chapter President	5 00	X						0	0	0
Zac Lytle Chapter President	5 00	X						0	0	0
Mario Carregal Chapter President	5 00	X						0	0	0
Bobby Boido Chapter President	5 00	X						0	0	0
Greg Acord Chapter President	5 00	X						0	0	0

**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			
Eduardo Poma Chapter President	5 00	X						0	0	0
Stan Copeland Chapter President	5 00	X						0	0	0
David Ekkebus Chapter President	5 00	X						0	0	0
Robert Welsh Chapter President	5 00	X						0	0	0
A dam Flod Chapter President	5 00	X						0	0	0
Miloslav Vach Chapter President	5 00	X						0	0	0
Rocky Francis Chapter President	5 00	X						0	0	0
Ricardo Longoria Chapter President	5 00	X						0	0	0
Georgi Bojadjev Chapter President	5 00	X						0	0	0
Mark Vejar Chapter President	5 00	X						0	0	0
Tom Masters Chapter President	5 00	X						0	0	0
Rafael Perez-Fragero Rey Chapter President	5 00	X						0	0	0
Jose Maria Losa Reverte Chapter President	5 00	X						0	0	0
Radislav Cobanin Chapter President	5 00	X						0	0	0
Juan Galmez Chapter President	5 00	X						0	0	0
Maxime Bras Chapter President	5 00	X						0	0	0
James Lightsey Chapter President	5 00	X						0	0	0
Mark Wehinger Chapter President	5 00	X						0	0	0
Pedro Zuccolillo Chapter President	5 00	X						0	0	0
Pablo Lupis Chapter President	5 00	X						0	0	0
Dragos Apostol Chapter President	5 00	X						0	0	0
David Sefton Chapter President	5 00	X						0	0	0
Gary Christensen Chapter President	5 00	X						0	0	0
Joseph Koback Chapter President	5 00	X						0	0	0
Robert Anderson Chapter President	5 00	X						0	0	0

**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			
Bill Swan Chapter President	5 00	X						0	0	0
Norman Dong Chapter President	5 00	X						0	0	0
Terry Malone Chapter President	5 00	X						0	0	0
Baldomero Garcia Lopez Chapter President	5 00	X						0	0	0
Doyle Worbington Chapter President	5 00	X						0	0	0
Larry Goodwin Chapter President	5 00	X						0	0	0
Mark Jones Chapter President	5 00	X						0	0	0
Robert Spangler Chapter President	5 00	X						0	0	0
Russell MacLennan Chapter President	5 00	X						0	0	0
Ray Hollingsworth Chapter President	5 00	X						0	0	0
James St Michael Chapter President	5 00	X						0	0	0
Brett Sanderson Chapter President	5 00	X						0	0	0
William Scheg Chapter President	5 00	X						0	0	0
David Porter Chapter President	5 00	X						0	0	0
Wayne Nelsen Chapter President	5 00	X						0	0	0
Jerry Hollingsworth Chapter President	5 00	X						0	0	0
Jim Freeman Chapter President	5 00	X						0	0	0
Edward Jagels Chapter President	5 00	X						0	0	0
Fred Ringer Chapter President	5 00	X						0	0	0
Brad Lencioni Chapter President	5 00	X						0	0	0
Tom Addleman Chapter President	5 00	X						0	0	0
W Laird Hamberlin Chapter President	5 00	X						0	0	0
Brian Dail Chapter President	5 00	X						0	0	0
Luis Rivera Siaca Chapter President	5 00	X						0	0	0
Barbara Kennedy Chapter President	5 00	X						0	0	0

**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			
Kristy Titus Chapter President	5 00	X						0	0	0
Shane Kaiser Chapter President	5 00	X						0	0	0
Damir Vrhovnik Chapter President	5 00	X						0	0	0
Beau Johnston Chapter President	5 00	X						0	0	0
Gordon Barnhill Chapter President	5 00	X						0	0	0
Rod Fogle Chapter President	5 00	X						0	0	0
D Flintlock Hartzler Chapter President	5 00	X						0	0	0
Dave Funk Chapter President	5 00	X						0	0	0
Lodovico Caldesı Chapter President	5 00	X						0	0	0
Herbert Hazen Chapter President	5 00	X						0	0	0
Mike Hagen Chapter President	5 00	X						0	0	0
Mike Ohlmann Chapter President	5 00	X						0	0	0
Dale Bruder Chapter President	5 00	X						0	0	0
Richard Woodward Chapter President	5 00	X						0	0	0
Ronald Lanford Chapter President	5 00	X						0	0	0
Barry Yingling Chapter President	5 00	X						0	0	0
John Henry Chapter President	5 00	X						0	0	0
Abigail Day Chapter President	5 00	X						0	0	0
Phillip Di Rocco Chapter President	5 00	X						0	0	0
L R Lorren Chapter President	5 00	X						0	0	0
Miles Crosby Chapter President	5 00	X						0	0	0
Barry Cowart Chapter President	5 00	X						0	0	0
Daniel Voinovski Chapter President	5 00	X						0	0	0
Dick Withers Chapter President	5 00	X						0	0	0
Eileen Fales Chapter President	5 00	X						0	0	0

**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			
Cesar Rossello Lopez Chapter President	5 00	X						0	0	0
Kelly Ross Chapter President	5 00	X						0	0	0
Fred Waite Chapter President	5 00	X						0	0	0
William Juliachs Chapter President	5 00	X						0	0	0
Linda Veurink Chapter President	5 00	X						0	0	0
Don Harter Chapter President	5 00	X						0	0	0
Rick Scott Chapter President	5 00	X						0	0	0
Richard Lewallen Chapter President	5 00	X						0	0	0
Tony Retsinas Chapter President	5 00	X						0	0	0
Jim Beutecale Chapter President	5 00	X						0	0	0
Joseph Braden Chapter President	5 00	X						0	0	0
Wayne Graham Chapter President	5 00	X						0	0	0
Daniel Snyder Chapter President	5 00	X						0	0	0
Calvin Ort Chapter President	5 00	X						0	0	0
Cal Campbell Chapter President	5 00	X						0	0	0
Jon Trudeau Chapter President	5 00	X						0	0	0
Dale Carruth Chapter President	5 00	X						0	0	0
Mark Zucco Chapter President	5 00	X						0	0	0
Michael Clifford Chapter President	5 00	X						0	0	0
Terry Pierson Chapter President	5 00	X						0	0	0
Taz Ridley Chapter President	5 00	X						0	0	0
Scott Talbot Chapter President	5 00	X						0	0	0
Ronald Ufford Chapter President	5 00	X						0	0	0
Raymond Pringle Chapter President	5 00	X						0	0	0
Jack Walker Chapter President	5 00	X						0	0	0

**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			
Dale Budzon Chapter President	5 00	X						0	0	0
Scott Gauthier Chapter President	5 00	X						0	0	0
Tim McKinnon Chapter President	5 00	X						0	0	0
Jim Phares Chapter President	5 00	X						0	0	0
Jeremiah Drew Chapter President	5 00	X						0	0	0
Jack McCormick Chapter President	5 00	X						0	0	0
John Ceglarek Chapter President	5 00	X						0	0	0
Paul Roen Chapter President	5 00	X						0	0	0
Robert Stallman Chapter President	5 00	X						0	0	0
Gary Clymer Chapter President	5 00	X						0	0	0
Jim Hammill Chapter President	5 00	X						0	0	0
Chris Mayer Chapter President	5 00	X						0	0	0
Scott Bagi Chapter President	5 00	X						0	0	0
Michael Klein Chapter President	5 00	X						0	0	0
Mark Aston Chapter President	5 00	X						0	0	0
David Hatfield Chapter President	5 00	X						0	0	0
Len Dickinson Chapter President	5 00	X						0	0	0
Michael George Chapter President	5 00	X						0	0	0
Ronald Benson Chapter President	5 00	X						0	0	0
Joyce Hanley Chapter President	5 00	X						0	0	0
Ty Nuessle Chapter President	5 00	X						0	0	0
Tim Boatman Chapter President	5 00	X						0	0	0
Carl Hilbert Chapter President	5 00	X						0	0	0
Christopher Melgard Chapter President	5 00	X						0	0	0
Joan Visa Tor Chapter President	5 00	X						0	0	0

**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			
Scott Borg Chapter President	5 00	X						0	0	0
W Stephen Minore Chapter President	5 00	X						0	0	0
Anders Engstrom Chapter President	5 00	X						0	0	0
Joshua Vittori Chapter President	5 00	X						0	0	0
Edward White Chapter President	5 00	X						0	0	0
Gerald Faust Chapter President	5 00	X						0	0	0
Jeffrey Herman Chapter President	5 00	X						0	0	0
Donald Miller Chapter President	5 00	X						0	0	0
Dewey France Chapter President	5 00	X						0	0	0
Eric Moland Chapter President	5 00	X						0	0	0
Kevin Mulkeran Chapter President	5 00	X						0	0	0
Chris Caliendo Chapter President	5 00	X						0	0	0
Kevin Woods Chapter President	5 00	X						0	0	0
Robert Correa Chapter President	5 00	X						0	0	0
Arthur Fogaca De Assis Chapter President	5 00	X						0	0	0
Richard Gotshall Chapter President	5 00	X						0	0	0
Larry Adair Chapter President	5 00	X						0	0	0
Royce A Maples Chapter President	5 00	X						0	0	0
Darrel Mitchell Chapter President	5 00	X						0	0	0
Travis Black Chapter President	5 00	X						0	0	0
Samuel Gesko Chapter President	5 00	X						0	0	0
Ferrell Ross Chapter President	5 00	X						0	0	0
Duane Bernard Chapter President	5 00	X						0	0	0
Eduardo De Araoz Chapter President	5 00	X						0	0	0
Charles Dixon Chapter President	5 00	X						0	0	0

**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			
Larry Johns Chapter President	5 00	X						0	0	0
Charles Elzer Chapter President	5 00	X						0	0	0
Ward Jones Chapter President	5 00	X						0	0	0
Mark Chancler Chapter President	5 00	X						0	0	0
Michaelangelo Ripepi Chapter President	5 00	X						0	0	0
Nobumasa Hayashi Chapter President	5 00	X						0	0	0
Jack Lupien Chapter President	5 00	X						0	0	0
Valeriy Dema Chapter President	5 00	X						0	0	0
Jarrold Bachmann Chapter President	5 00	X						0	0	0
Scott Robinson Chapter President	5 00	X						0	0	0
Elizabeth Williams Chapter President	5 00	X						0	0	0
Scott Wondergem Chapter President	5 00	X						0	0	0
Cal Hendrick Chapter President	5 00	X						0	0	0
Marvin Winter Chapter President	5 00	X						0	0	0
Chad Bauer Chapter President	5 00	X						0	0	0
Ronald Kujawa Chapter President	5 00	X						0	0	0
Leland Reinier Chapter President	5 00	X						0	0	0
JOHN EIGHINGER EXECUTIVE DIRECTOR	20 00			X				245,153	0	18,444
KENNETH JAMES CFO	30 00			X				150,690	0	144
Richard White Interim Executive Director	20 00			X				0	64,408	15,322
William Moritz Director of Hunting Advocacy & Scie	20 00				X			0	153,593	11,638
ANNA SEIDMAN DIRECTOR OF LITIGATION	40 00					X		150,365	0	6,991
DOUGLAS BURDIN ENFIRONMENTA LTGTN CNSL	40 00					X		140,756	0	15,514
ELIZABETH GRIMES DIRECTOR OF CONVENTION	40 00					X		108,627	0	11,308
MARK LABARERA DIRECTOR OF MARKETING	40 00					X		131,482	0	13,466

**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			
ANGELIA SAGI Advertising Sales Director	40 00					X		140,812	0	11,491

**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>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
PRODUCTION COSTS	1,514,967	1,514,967		
PROGRAMS & PROJECTS	152,308	151,745	563	
MAINTENANCE & SECURITY	45,427	30,568	14,859	
BAD DEBT	3,811	3,811		
TAXES	-1,915	-1,915		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- 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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

Part IV 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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	14,718,458
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	13,482,455
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	1,236,003
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	484,486
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	484,486
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	1,720,489

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	20,726,454
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	484,486
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	5,523,510
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,007,996
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,718,458
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	14,718,458

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	19,005,965
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	5,523,510
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,523,510
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,482,455
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	13,482,455

**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

Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES 255352 COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS 30105 FUNDRAISING EVENT - CONVENTION 5238053
Part XIII, Line 2d - Other Adjustments		COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES 255352 COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS 30105 FUNDRAISING EVENT - CONVENTION 5238053 RECLASS AS GRANTS 0
		PART X There are no uncertain tax positions, therefore, there is no FIN 48 footnote in the audit report

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number 86-0974183

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes row for NORTH AMERICA and a Totals row.









**Part III 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
		<b>CONVENTION</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	12,704,659			12,704,659
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	12,704,659			12,704,659
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	627,048			627,048
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	4,611,005			4,611,005
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				5,238,053
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				7,466,606	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

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

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SAFARI CLUB INTERNATIONAL

**Employer identification number**

86-0974183

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If 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

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

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

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

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

**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

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

- a** The organization?
- b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN EIGHINGER	(i)	172,986	5,500	66,667	5,893	12,551	263,597	0
	(ii)	0	0	0	0	0	0	0
KENNETH JAMES	(i)	150,690	0	0	0	144	150,834	0
	(ii)	0	0	0	0	0	0	0
William Moritz	(i)	0	0	0	0	0	0	0
	(ii)	141,351	12,242	0	1,396	10,242	165,231	0
ANNA SEIDMAN	(i)	150,365	0	0	6,600	391	157,356	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS BURDIN	(i)	140,756	0	0	4,950	10,564	156,270	0
	(ii)	0	0	0	0	0	0	0
ANGELIA SAGI	(i)	140,812	0	0	2,109	9,382	152,303	0
	(ii)	0	0	0	0	0	0	0

**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
	Part I, Line 5	THE DIRECTOR OF ADVERTISING SALES, A HIGHLY COMPENSATED EMPLOYEE, RECEIVES COMMISSIONS BASED ON ADVERTISING SALES

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

**Additional Data**

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

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493136049361**

<b>SCHEDULE O</b> (Form 990)	<b>Supplemental Information to Form 990</b>	OMB No 1545-0047
		<b>2009</b>

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> SAFARI CLUB INTERNATIONAL	<b>Employer identification number</b> 86-0974183
--	---

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		RELATED BOARD MEMBERS CHRISSIE & JOHN JACKSON - HUSBAND & WIFE JEANNE & JIM BEUTECALE - HUSBAND & WIFE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		SUMMARY OF SCI CHANGES TO BYLAWS REGARDING VOTING RIGHTS 1 PROXY VOTES - CHAPTER PRESIDENT BOARD MEMBERS THAT CANNOT ATTEND A BOARD MEETING AND WISH TO HAVE ANOTHER MEMBER OF THAT CHAPTER VOTE ON THEIR BEHALF MUST NOW SIGN AND SUBMIT AN APPOINTMENT FORM WHICH IS VALID FOR 1 MONTH UNLESS A DIFFERENT PERIOD IS EXPRESSLY PROVIDED TO THE SCI SECRETARY IF THE CHAPTER PRESIDENT IS UNABLE TO AUTHORIZE ANOTHER MEMBER, THE CHAPTER BOARD MAY APPOINT THE MEMBER PROVIDED THE CHAPTER PRESIDENT APPOINTS THE CHAPTER'S BOARD AS HIS/HER ATTORNEY-IN-FACT 2 REMOTE PARTICIPATION - DIRECTORS MAY NOW PARTICIPATE IN A BOARD MEETING REMOTELY (TELEPHONE, VIDEOCONFERENCING, ETC ) PROVIDED THAT SUCH DIRECTOR HAS MADE A WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR AT LEAST TWO WEEKS PRIOR TO THE DATE OF THE MEETING REQUEST MAY BE DELIVERED BY ANY APPROPRIATE MEANS (EMAIL, FAX, ETC )

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		SCI HAS MEMBERS, AND THOSE MEMBERS WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 200 LOCAL CHAPTERS WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SCI

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		SCI HAS MEMBERS, AND THOSE MEMBERS WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 200 LOCAL CHAPTERS WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE BOARD OF DIRECTORS OF SCI

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is presented to the Organization's Treasurer and Finance Committee for review prior to its filing An open invitation is given to all members of the Organization's Board of Directors to attend, at their option, the Finance Committee meeting at which the Form 990 is to be reviewed Once the final Form 990 has been approved by the Treasurer and Finance Committee, notice is sent to each member of the Organization's Board of Directors inviting them to review the final Form 990 This invitation will be sent not less than two weeks prior to the date when the Form 990 will be filed Any comments to the final Form 990 will be directed to the Treasurer to address with the independent accountants At the next regularly scheduled meeting of the Organizations Board of Directors, the completed and filed Form 990 is presented to the Board as part of Treasurers financial report

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		GENERALLY, SCI WILL BASE COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE TO DO THIS SCI RELIES ON RELEVANT COMPARABILITY DATA INCLUDING, BUT NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE INDIVIDUAL WHOSE COMPENSATION IS BEING CONSIDERED THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE, OR A SIMILAR COMMITTEE 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 SCI POLICIES ARE POSTED ON SCI'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
SCH L, PART IV, INVOLVING INTERESTED PERSONS	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON MIKE ROGERS, JR /SAFARI VIDEO PRODUCTIONS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SON OF MIKE ROGERS, SR , CURRENT INDIVIDUAL DIRECTOR/TRUSTEE (C) AMOUNT OF TRANSACTION \$195,693 (D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT MIKE ROGERS, JR IS THE SOLE OWNER OF THE COMPANY "SAFARI VIDEO PRODCUTIONS" SCI COMPENSATES SAFARI VIDEO PRODUCTIONS FOR VIDEO SERVICES AND TV SHOW HOSTING

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SAFARI CLUB INTERNATIONAL

**Employer identification number**

86-0974183

**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 FOUNDATION 4800 WEST GATES PASS ROAD TUCSON, AZ 85745 86-0292099	FUND/PROMOTE WILDLIFE CONSERVATION/OUTDOOR ED	AZ	501(C)(3)	SCH A, LINE 9	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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
<b>(1)</b> SAFARI CLUB INTERNATIONAL FOUNDATION	B	2,917,235
<b>(1)</b> See Additional Data Table		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		

