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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

Address change Name change Number & street (or P.O. box, if mail is not delivered to street addr.) Region/ surface Region/ surf	P			010 calendar year, or tax year beginning	, 2010, and en	ding			, 20		
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K Checks If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form \$90-EZ or Form \$90 return is not required though Form \$90-K (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines \$5, 8c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90-EZ. \$ 76, 874 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Chintbulons, grits, grants, and smillar amounts received. 1 1, 8.15. 1 Contributions, grits, grants, and smillar amounts received. 2 3 Membership dues and assessments. 2 1 1 Contributions, grits, grants, and smillar amounts received. 3 3, 2, 233 4 Investment income. 3 4 68 5 Gross amount from sale of assets other than inventory. 5 4 68 5 Gross amount from sale of assets other than inventory. 5 5 5 5 6 6 Gaming and fundrasing events. 5 5 5 5 6 6 Gross income from garmiton facility of the sum of such grants and subtract line 6 5 from garmiton facility of the sum of such grants givents reported on line 1) (attach schedule G if the sum of such grants givents reported on line 1) (attach schedule G if the sum of such grants grant	J				4947(a)(1) or 5	- 1			,		
L Add lines 5b, 5c, and 7b, to line 3 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,874 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, girls, grants, and smillar amounts received. 1 1,815 2 Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments 3 3 2,233 4 Investment income 4 68 5 Gross amount from sale of assets other than inventory 5 5 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gross income from gardin (Editach Schedule C) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1)	K	Cr	eck >		on and its gross	receipts	are normal	ly not	more than \$50,000 A		
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16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 56,946		E									
16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 56,946		Ë					i	-			
16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 57, 392 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 56, 946		Ņ						-	F 9 9		
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NET BY SET BY SE	-			Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · · · · · · · · · · · · · · · ·			_			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 56,946	-	A.		•				<u> </u>	-440		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 56,946	E	š						10	57 392		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 56,946	T	Ŧ	20						31,372		
		S						_	56 946		
	F	or Pa			, 20	· · · · · · · · · · · ·	••••				

	rt II	Balance Sheets. (see t	the instruc	ctions for Part II.)					
		Check if the organization use	ed Sched	ule O to respond to any	question in th	nis Part II		<u></u>	
						(A) Beg	inning of year	<u>L</u> .	(B) End of year
22		, savings, and investments.					37,625	22	37,179
23		I and buildings						23	···
24		r assets (describe in Schedule	•				.9,767	24	19,767
25		l assets				5	7,392	25	56,946
26		I liabilities (describe in Sched				·		26	
27		assets or fund balances (line					7,392	27	56,946
Pa	irt III	Statement of Program		_	•			↓	Expenses
	-	Check if the organization us				this Part III	·····		uired for section 501(c)(3) 501(c)(4) organizations and
		organization's primary exemp					·	1	on 4947(a)(1) trusts; optional
		hat was achieved in carrying						for o	thers.)
	cribe th	e services provided, the num	ber of per	sons benefited, & other i	relevant infor	mation for e	each program title.	<u> </u>	-
28									
								ļ	
								1	
	(Grants	3\$)	If this amo	ount includes foreign gra	nts, check he	ere	<u></u> ▶	28a	·
29									
									
		.							
	(Grants	3 \$	if this amo	ount includes foreign gra	nts, check he	ere		29a	1
30									
			-						
	(Cranto		If this same	nunt maludas farsian ava					
04	(Grants			ount includes foreign gra	nts, check ne	ere	<u> </u>	30a	<u> </u>
	(Grants	program services (describe in		•	mta abank ba		. п	_ م	
		rogram service expenses (a		ount includes foreign gra				31a	
	rt IV	List of Officers, Dire							
	*****	mot of officers, bile		racioco, ana itoy	p.o	U. LISTEACH			
		Check if the organization us	sed Sched	dule O to respond to any					
		Check if the organization us	sed Sched	(b) Title and average	question in (c) Comp	this Part IV	(d) Contribution	 s to	(e) Expense
		Check if the organization us (a) Name and address	sed Sched		question in	this Part IV ensation paid,		s to lans &	<u> </u>
Se	e at		sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
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Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
Se	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and
	e at	(a) Name and address	sed Sched	(b) Title and average hours per week	question in (c) Comp	this Part IV ensation paid,	(d) Contribution employee benefit p	s to lans &	(e) Expense account and

	Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		
00	B.18		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
24	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			1
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	l		
0.5	(see instructions)	34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			Ė
_	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			Ė
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			۱
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during		ŀ	
	the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1	1	i
ь	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			Ė
39	Section 501(c)(7) organizations. Enter:			į
a	Initiation fees and capital contributions included on line 9	[
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 ▶; section 4912 ▶; section 4955 ▶		1	į
Þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction		1	į
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its			
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			į
	organization managers or disqualified persons during the year under sections			į
_	4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		1	
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			į
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
	Located at ► ZIP + 4 ►			
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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
13	Section 4947(a)(1) nonexempt charatable trusts filing Form 990-EZ in lieu of Form 1041 Check here			>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	<u>1</u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	[Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in			
	Schedule O	44d		X
IVA		990-	EZ (2	(010)

`							Yes	No
45 Is any	related organization a controlled enti	ty of the organization with	in the meaning	g of section	512(b)(13)?	4	;	X
a Did th	ne organization receive any payment fi	om or engage in any tran	saction with a	controlled	entity within		7	
the m	eaning of section 512(b)(13)? If "Yes	" Form 990 and Schedule	e R must be co	ompleted in	istead of	ļ		İ
Form	990-EZ (see instructions)					. 45	а	X
46 Did th	ne organization engage, directly or indi	rectly, in political campaig	gn activities on	behalf of	or in opposition to candid	dates		
for pu	blic office? If 'Yes," complete Schedu	ile C, Part I				46		X
Part VI	Section 501(c)(3) organiz	ations and section	4947(a)(1)	попехе	mpt charitable trus	sts only	All sect	ion
	501(c)(3) organizations and secti	on 4947(a)(1) nonexempt	t charitable trus	sts must ar	swer questions 47-49b	and 52, an	d compl	ete
	the tables for lines 50 and 51							
_	Check if the organization used So	chedule O to respond to a	iny question in	this Part V	Λ ,			
							Yes	No
47 Did th	ie organization engage in lobbying act	ivities? If "Yes," complete	e Schedule C,	Part II	•	47	7	X
48 Is the	organization a school as described in	section 170(b)(1)(A)(ii)?	If `Yes," comp	olete Sched	dule E	41	3	X
49a Did th	e organization make any transfers to	an exempt non-charitable	related organ	ızatıon?		49	8	X
b If Ye	es," was the related organization a sec	tion 527 organization?			•	49	ь	X
50 Comp	lete this table for the organization's fiv	re highest compensated e	employees (oth	ner than off	ficers, directors, trustees	and key e	mployee	∋ s)
_ who e	each received more than \$100 000 of	compensation from the or	ganization If t	here is nor	ne, enter ` None "			
(a) Nar	ne and address of each employee	(b) Title and average	(c) Compe	nsation	(d) Contributions to		Expense	
	paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		ount and Irlowances	
NONE								
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							-	
						Į.		
						Į.		
						ļ		
f Total	number of other employees paid over	\$100,000	.L		·	<u> </u>		
	lete this table for the organization's fir		ndependent co	ontractors v	who each received more	than \$100	.000 of	
	ensation from the organization. If then	=	•					
(a) Na	me and address of each independent	contractor paid more than	n \$100,000	(b)	Type of service	(c) Com	pensati	on
NONE								
	· · · · · · · · · · · · · · · · · · ·	······································				···		
								
					ļ			
d Total	number of other independent contract	ors each receiving over \$	100.000					
	e organization complete Schedule A?	_		ne and 494	7(a)(1)			
	empt charitable trusts must attach a c		o, organization	13 410 454	7 (4)(1)	► □ v	es X	No
	ties of perjury, I declare that I have ex		ling accompan	woo sched	fules and statements, an			
knowledge a	and belief, it is true, correct, and comp	lete. Declaration of prepa	rer (other than	officer) is	based on all information	of which p	reparer	has
any knowled	lge /							
	Att All VI	Dia			1 6	= ///	7001	
Sign	Signature of officer	Po	······································			5///	201	<u> </u>
Here	\			DECTO	DAIM DAIM	te .		
	JACK LUPIEN		<u>_</u>	RESID	ENT			
	Type or print name and title	10		I 5		(maria)		
Paid	Print/Type preparer's name	Preparer's signature		Date	Check X if	PTIN		
	C-V	DV C POCOCES	mpo	<u> </u>	self employed			
Preparer		ARK & ASSOCIA	TES		Firm's EIN ▶	 		
Use Only	1 1 2 2 2 2 2 2	CASSIA			Phone no			
Anu th - 170	BOISE ID 83705		·		208-383-	·		
	discuss this return with the preparer		ctions .		· · · · · · · · · · · · · · · · · · ·			No
NA 10	990EZ4 TWF 41826 Copyright Form	s (Software Only) 2010 TVV				Form 990	FEZ (2	2010)

Page 4

Form 990-EZ (2010) SAFARI CLUB INTERNATIONAL 82-0489166

2010 DETAIL STATEMENTS

SAFARI CLUB INTERNATIONAL CP T

		Page
STATEMENT #1 - Printing, publication, postage (990 EZ	PG 1 Line	15)
NEWSLETTER	1,854	
OPERATIONS FEES		
Of Bical Tond Theb	1,024	
TOTAL CARRIED TO 990 EZ PG 1 Line 15		3,478
STATEMENT #2 - Contributions, gifts, grants (EZ1 PF1)	Line 1)	
	1,280	
**********	474	
	51	
••••••••	10	
FOTAL CARRIED TO EZ1 PF1 Line 1	• • • • •	1,815
STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG :	l Line 14)	·
STORAGE	599	
TOTAL CARRETTE TO COO TO DO 1 1/2 14		
TOTAL CARRIED TO 990-EZ PG 1 Line 14		599
STATEMENT #4 - ()		
BANQUET REVENUE	69,758	
	•	
SENSORY TRAILER INCOME	3,000	
	·	70 75
	·	72,758
FOTAL CARRIED TO	·	72,758
FOTAL CARRIED TO	• • • • • • • • • • • • • • • • • • • •	72,758
FOTAL CARRIED TO	4,032	72,758
FOTAL CARRIED TO	4,032 1,046	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX.	4,032 1,046 1,078	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER.	4,032 1,046 1,078 2,028	72,758
FOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES.	4,032 1,046 1,078 2,028 1,499	72,758
FOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES.	4,032 1,046 1,078 2,028 1,499 34,592	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES CREDIT CARD FEES.	4,032 1,046 1,078 2,028 1,499 34,592 243	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES CREDIT CARD FEES. 2010 BANQUET EXPENSES.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37	72,758
FOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309	72,758
STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES FORD RANCH.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION. CONSERVATION EXPENSES FORD RANCH. DONATIONS.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823	72,758
STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION CONSERVATION EXPENSES FORD RANCH DONATIONS. KIDS DAY.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634	72,758
STATEMENT #5 - () AUCTION ITEMS MERCHANT FEES SALES TAX SPONSOR DINNER. SUPPLIES BANQUET EXPENSES CREDIT CARD FEES 2010 BANQUET EXPENSES BOARD MEETING EXPENSES CONSERVATION EXPENSES NWT FEDERATION CONSERVATION EXPENSES FORD RANCH DONATIONS KIDS DAY MARKETING	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954	72,758
STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION. CONSERVATION EXPENSES FORD RANCH. DONATIONS. KIDS DAY. MARKETING. NATIONAL MEMBERSHIP PAYMENT.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954 5,090	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION. CONSERVATION EXPENSES FORD RANCH. DONATIONS. KIDS DAY. MARKETING. NATIONAL MEMBERSHIP PAYMENT. INSURANCE.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954	72,758
STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION CONSERVATION EXPENSES FORD RANCH. DONATIONS. KIDS DAY. MARKETING. NATIONAL MEMBERSHIP PAYMENT.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954 5,090	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION. CONSERVATION EXPENSES FORD RANCH. DONATIONS. KIDS DAY. MARKETING. NATIONAL MEMBERSHIP PAYMENT. INSURANCE. PELLET TRAILER EXPENSE. SCI DONATION.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954 5,090	72,758
TOTAL CARRIED TO STATEMENT #5 - () AUCTION ITEMS. MERCHANT FEES. SALES TAX. SPONSOR DINNER. SUPPLIES. BANQUET EXPENSES. CREDIT CARD FEES. 2010 BANQUET EXPENSES. BOARD MEETING EXPENSES. CONSERVATION EXPENSES NWT FEDERATION. CONSERVATION EXPENSES FORD RANCH. DONATIONS. KIDS DAY. MARKETING. NATIONAL MEMBERSHIP PAYMENT. INSURANCE. PELLET TRAILER EXPENSE.	4,032 1,046 1,078 2,028 1,499 34,592 243 1,041 37 309 500 9,823 634 2,954 5,090 25 2,545	72,758

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER 82-0489166

OTHER INCOME IS REVENUE GENERATED FROM BANQUETS
OTHER ASSETS INCLUDE THE SENSORY TRAILER, INCLUDING ANIMAL MOUNTS AND
PROMOTIONAL ITEMS

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public
Inspection For calendar year 2010 or tax period beginning , and ending .

Name of Organization SAFARI CLUB INTERNATIONAL CP TREASURE VALLEY CHAPTER 82-0489166

Primary Purpose

CONSERVING WILDLIFE AND PRESERVING HUNTING

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV									
Open to Public	<u> </u>		· · · · · · · · · · · · · · · · · · ·						
Inspection For calendar year 2010 or tax	period beginning	, and	ending	•					
Name of Organization	<u>, </u>	<u>-</u>		fication Number					
SAFARI CLUB INTERNATIONAL	CP TREASURE	VALLEY CHAPT							
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account					
• •	Hrs. per Week	not paid, enter 0)	Ben. Plans & Def. Comp	& Other Allowances					
JACK LUPIEN	President								
2329 RIDGEVIEW WAY									
Boise, ID 83712		0	o	0					
	Treasurer								
P.O. Box 133		ļ							
Nampa, ID 83653		0	o	0					
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990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V,	Line 42a
Open to Public	
Inspection For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number
SAFARI CLUB INTERNATIONAL CP TREASURE	VALLEY CHAPTER 82-0489166
Part V - Line 42a	
Individual Name	BRYAN MOORE
Street Address	P.O. Box 133
U.S. Address:	
Zip code 83653 City Nampa	State <u>ID</u>
or Foreign Address	
City	
Province or State	· · · · · · · · · · · · · · · · · · ·
Country	··· ·· ······ · · · · · · · · · · · ·
Postal code	
Phone Number	
Fax Number	

2010 DETAIL STATEMENTS

SAFARI CLUB INTERNATIONAL CP T 82-0489166	_	Page 2
RECONCILIATION /UNCLEARED DRAFTS	1,560	
TOTAL CARRIED TO	•	73,243