

Form **990-EZ****Short Form**

1906

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning

July 1, 2018

, 2018, and ending

Jun 30

, 2019

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Safari Club International

Number and street (or P.O. box, if mail is not delivered to street address)

11 Office Park

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Little Rock, AR 72211

D Employer identification number

74-2579359

E Telephone number

479-651-8990

F Group Exemption Number

03

G Accounting Method: Cash Accrual Other (specify) ►**I Website:** ► N/A**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

78800

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

Revenue	SCANNED SEP 03 2019	1 Contributions, gifts, grants, and similar amounts received	RECEIVED		1 78,800
			2	3	
		2 Program service revenue including government fees and contracts			2
		3 Membership dues and assessments			3
		4 Investment income			4
		5a Gross amount from sale of assets other than inventory	5a		5a
		b Less, cost or other basis and sales expenses	5b		5b
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
		6 Gaming and fundraising events:			
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		6a
		b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		6b
		c Less, direct expenses from gaming and fundraising events	6c		6c
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d
		7a Gross sales of inventory, less returns and allowances	7a		7a
		b Less, cost of goods sold	7b		7b
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c
		8 Other revenue (describe in Schedule O)			8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 78,800
		10 Grants and similar amounts paid (list in Schedule O)			10 23,256
		11 Benefits paid to or for members			11
		12 Salaries, other compensation, and employee benefits			12
		13 Professional fees and other payments to independent contractors			13
		14 Occupancy, rent, utilities, and maintenance			14
		15 Printing, publications, postage, and shipping			15
		16 Other expenses (describe in Schedule O)			16 41,180
		17 Total expenses. Add lines 10 through 16			17 64,436
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 14,364
		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 72,840
		20 Other changes in net assets or fund balances (explain in Schedule O)			20 0
		21 Net assets or fund balances at end of year. Combine lines 18 through 20			21 87204

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

'Check' if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	72,840	22 87,204
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	72,840	25 87,204
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,840	27 87,204

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gary Acord	1			
President				
Elizabeth Caddell	1			
Treasurer				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40a	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction 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	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► AR		
42a The organization's books are in care of ► Elizabeth Cadell Located at ► 11 Office Park, Little Rock, AR	Telephone no. ► 479-651-8990 ZIP + 4 ► 72211	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No 46 ? 23

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No ? 23 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ? 24	 Signature of officer Elizabeth Caddell , Treasurer Type or print name and title		7/1/19	
			Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
				PTIN
	Firm's name ► Firm's address ►		Firm's EIN ► Phone no	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
Safari Club International

Employer identification number
74-2579359

Form 990-EZ, Part I, Line 10, Payments to Affiliates

Affiliate Name: Safari Club International - \$11,571

Affiliate Name. AR Youth Hunter Education Challenge - \$5,250

Affiliate Name: Saline County Shooting Club- \$1,500

Affiliate Name: Avilla Christian- \$1,500

Affiliate Name. Arkansas Hunters Feeding the Hungry- \$2,000

Affiliate Name. Christmas Dinner- Wine- \$256

Affiliate Name. Membership Event-Pheasant Shoot- \$1,053

Affiliate Name: Blue Rock Fun Shoot- \$1,926

Total Included in 990-EZ- \$23,256

Name of the organization Safari Club International	Employer Identification number 74-2579359
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Form 990-EZ, Part I, Line 16, Payments to Affiliates:**Description of Other Expenses**

Auctioneer - 1,240

Audio/Visual - 2,077

Decorations - 1,000

Facility - 2,542

Food/Beverage - 7,735

Art/Hunt Reimbursement - 3,375

Ticket Seller's Fee - 2,487

Prizes Purchased - 17,276

Bank Charges/Credit Cards - 1,492

Security - 540

Donor and Staff Recognition - 1,416

Total to Form 990-EZ, Line 16 - 41,180

Form 990-EZ Part III, Primary Exempt Purpose- The Chapter consists of outdoorsmen/women who actively support hunting, fishing,

and conservation of our natural resources. They help fund a number of charitable and educational causes in the state of Arkansas, one

which is AWH

Form 990-EZ Part V, Information regarding personal benefit contracts. The organization did not, during the year, receive any funds, directly

or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly or

indirectly, on a personal benefit contract