

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. C Name of organization SAFARI CLUB INTERNATIONAL Doing Business As	D Employer identification number 86-0974183
	See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD	E Telephone number (520) 620-1220
	City or town, state or country, and ZIP + 4 TUCSON, AZ 85745	G Gross receipts \$ 24,646,088.
	F Name and address of principal officer: KENNETH JAMES SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 2663
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SCIFIRSTFORHUNTERS.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE FREEDOM TO HUNT AND TO PROMOTE WILDLIFE CONSERVATION WORLDWIDE.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 289
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 288
	5 Total number of employees (Part V, line 2a) 5 114
	6 Total number of volunteers (estimate if necessary) 6 350
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 2,513,818. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -18,979.
Revenue	8 Contributions and grants (Part VII, line 1h) Prior Year 1,235,756. Current Year 1,129,567.
	9 Program service revenue (Part VIII, line 2g) 4,202,991. 3,458,152.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 261,298. -687,214.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,665,487. 10,148,324.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,365,532. 14,048,829.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,946,128. 4,579,269.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,396,123. 5,229,858.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 984,424.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 7,326,265. 5,977,156.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,668,516. 15,786,283.
19 Revenue less expenses. Subtract line 18 from line 12 697,016. -1,737,454.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Year 11,369,284. End of Year 9,502,859.
	21 Total liabilities (Part X, line 26) 5,434,791. 5,391,371.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,934,493. 4,111,488.

CLIENT'S COPY

Part II Signature Block

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
 Signature of officer: *Kenneth James* Date: 5/7/10
 KENNETH JAMES, CFO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 5/6/10 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: DENOITTE TAX LLP, 2901 N. CENTRAL AVENUE, SUITE 1200, PHOENIX, AZ 85012-2799
 EIN: Phone no.: (602) 234-5100

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

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See Instructions.

Name of exempt organization

Employer identification number

SAFARI CLUB INTERNATIONAL

86-0974183

Name and title of officer

KENNETH JAMES
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>14048829</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DELOITTE TAX LLP

ERO firm name

**CLIENT'S
COPY**

to enter my PIN 74183

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Kenneth James

Date ▶ 5/5/10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

86140705372

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-File (MaF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature]

Date ▶ 05/05/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
823051
10-24-08

Form 8879-EO (2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SAFARI CLUB INTERNATIONAL	Employer identification number 86-0974183
	Number, street, and room or suite no. If a P.O. box, see instructions. 4800 WEST GATES PASS ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85745	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **KEN JAMES**
Telephone No. **520 620-1220** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **2663**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **05/17/2010**
- For calendar year _____, or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED TO GATHER NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CFO** Date **1/29/10**

DELOITTE TAX LLP
2901 N. CENTRAL AVENUE, SUITE 1200
PHOENIX, AZ 85012-2799

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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

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 [X] 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 [X] 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 6,201,230 . including grants of \$ 0 .) (Revenue \$ 6,396,896 .) MEMBER & CHAPTER SERVICES:

SCI IS COMPRISED OF MEMBERS AND CHAPTERS WORLDWIDE. THIS CATEGORY REPRESENTS THE OPERATING COSTS OF SERVING THE APPROXIMATE 54,000 EXISTING MEMBERS, PROVIDING DIRECT ASSISTANCE TO APPROXIMATELY 190 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 \$ 2,184,333 . including grants of \$ 127,400 .) (Revenue \$ 69,700 .) 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 2008/2009 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 MANGEMENT CONCEPTS WHICH REPRESENT THE INTERESTS OF SPORTSMEN NATIONALLY AND

4c (Code:) (Expenses \$ 4,451,869 . including grants of \$ 4,451,869 .) (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 \$ 12,837,432 . (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any 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>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	127		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an Interest In, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
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.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?	X	
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body and management. Columns include question number, description, and Yes/No checkboxes. Example: 1a Enter the number of voting members of the governing body (1a: 289, 1b: 288).

Section B. Policies

Table with 12 rows of questions regarding organizational policies. Columns include question number, description, and Yes/No checkboxes. Example: 12a Does the organization have a written conflict of interest policy? (12a: X).

Section C. Disclosure

- List of disclosure questions: 17 List the states with which a copy of this Form 990 is required to be filed (AZ); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEN JAMES - (520)620-1220, 4800 WEST GATES PASS ROAD, TUCSON, AZ 85745.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
MERLE SHEPARD PRESIDENT	20.00	X					0.	0.	0.	
LAWRENCE RUDOLPH PRESIDENT ELECT	20.00	X					0.	0.	0.	
SVEN LINDQUIST CORPORATE SECRETARY	20.00	X					0.	0.	0.	
KEVIN ANDERSON CORPORATE TREASURER	20.00	X					0.	0.	0.	
DENNIS ANDERSON EX-OFFICIO	20.00	X					0.	0.	0.	
RON ARENDT VICE PRESIDENT	20.00	X					0.	0.	0.	
PAUL BABAZ VICE PRESIDENT	20.00	X					0.	0.	0.	
BRUCE EAVENSON VICE PRESIDENT	20.00	X					0.	0.	0.	
JOSEPH HOSMER VICE PRESIDENT	20.00	X					0.	0.	0.	
JOHN NELSON VICE PRESIDENT	20.00	X					0.	0.	0.	
MARY LYNN WEST VICE PRESIDENT	20.00	X					0.	0.	0.	
JOHN WHIPPLE VICE PRESIDENT	20.00	X					0.	0.	0.	
CHERI EBY VICE PRESIDENT	20.00	X					0.	0.	0.	
GREG ACORD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROBERT ANDERSON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DRAGOS APOSTOL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MARK ASTON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
JARROLD BACHMANN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
J. ELOY BADENES CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SCOTT BAGI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CHAD BAUER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RONALD BENSON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DUANE BERNARD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JIM BEUTECALÉ CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MICHAEL BLACH CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
TRAVIS BLACK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
TIM BOATMAN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
1b Total							1,246,800.	0.	110,943.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
SAFARI VIDEO PRODUCTIONS, 1880 HARBOR ISLAND DR, 3RD FLOOR, SAN DIEGO, CA 92101	VIDEO PRODUCTION	249,137.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1129567.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		▶ 1,129,567.				
Program Service Revenue	2 a ADVERTSNG & SPONSRSHP	Business Code 511120	3,074,535.	560,717.	2513818.		
	b MEMBER SERVICES	900099	383,617.	383,617.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶ 3,458,152.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶ 239,224.			239,224.	
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)		▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4147136.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	5073574.				
		c Gain or (loss)	<926438.>				
	d Net gain or (loss)		▶ <926,438.>	<926,438.>			
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	12203903				
		b Less: direct expenses	b	5118433.			
c Net income or (loss) from fundraising events			▶ 7,085,470.	7,085,470.			
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
10 a Gross sales of inventory, less returns and allowances	a	735,529.					
	b Less: cost of goods sold	b	405,252.				
	c Net income or (loss) from sales of inventory		▶ 330,277.	330,277.			
Miscellaneous Revenue		Business Code					
11 a DUES & SUBSCRIPTIONS	900099	2,718,873.	2,718,873.				
b OTHER INCOME	900099	13,704.	13,704.				
c							
d All other revenue							
e Total. Add lines 11a-11d		▶ 2,732,577.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		▶ 14048829.	10166220.	2513818.	239,224.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,562,769.	4,562,769.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	16,500.	16,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	538,763.	352,321.	172,747.	13,695.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,831,645.	2,545,864.	498,535.	787,246.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,958.	59,708.	9,178.	14,072.
9 Other employee benefits	499,867.	268,348.	137,469.	94,050.
10 Payroll taxes	276,625.	166,899.	57,352.	52,374.
11 Fees for services (non-employees):				
a Management	66,228.		66,228.	
b Legal	120,324.	26,572.	93,752.	
c Accounting	67,683.	613.	67,070.	
d Lobbying	275,179.	275,179.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,126.	30,126.		
g Other	510,002.	510,002.		
12 Advertising and promotion	621,108.	615,012.	6,096.	
13 Office expenses	947,644.	710,591.	237,053.	
14 Information technology	112,949.	36,064.	76,885.	
15 Royalties	7,190.	7,190.		
16 Occupancy	83,370.	64,878.	18,492.	
17 Travel	547,443.	374,271.	173,172.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	198,620.	16,902.	181,718.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,216.	89,498.	91,731.	22,987.
23 Insurance	219,849.	160,180.	59,669.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRODUCTION COSTS	1,712,095.	1,712,095.		
b PROGRAMS & PROJECTS	175,983.	175,983.		
c MAINTENANCE & SECURITY	46,889.	29,648.	17,241.	
d BAD DEBT	16,538.	16,538.		
e TAXES	13,720.	13,681.	39.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	15,786,283.	12,837,432.	1,964,427.	984,424.
26 Joint Costs. 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,448,133.	2	2,801,287.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,868,346.	4	1,397,166.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	280,443.	8	263,756.
	9 Prepaid expenses and deferred charges	535,579.	9	626,701.
	10a Land, buildings, and equipment: cost basis ...	10a 1,618,562.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,293,035.		
		290,864.	10c	325,527.
	11 Investments - publicly traded securities	4,945,919.	11	4,088,422.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,369,284.	16	9,502,859.	
Liabilities	17 Accounts payable and accrued expenses	1,009,419.	17	797,381.
	18 Grants payable		18	
	19 Deferred revenue	4,425,372.	19	4,579,161.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	14,829.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,434,791.	26	5,391,371.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	5,934,493.	32	4,111,488.
33 Total net assets or fund balances	5,934,493.	33	4,111,488.	
34 Total liabilities and net assets/fund balances	11,369,284.	34	9,502,859.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		X

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 section 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		43,466.	43,466.	0.
c Leasehold improvements				
d Equipment		1,539,807.	1,249,569.	290,238.
e Other		35,289.		35,289.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				325,527.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,048,829.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,786,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,737,454.>
4	Net unrealized gains (losses) on investments	4	<85,551.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<85,551.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,823,005.>

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

1	Total revenue, gains, and other support per audited financial statements	1	19,486,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<85,551.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,523,685.
e	Add lines 2a through 2d	2e	5,438,134.
3	Subtract line 2e from line 1	3	14,048,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,048,829.

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

1	Total expenses and losses per audited financial statements	1	21,309,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	5,523,685.
e	Add lines 2a through 2d	2e	5,523,685.
3	Subtract line 2e from line 1	3	15,786,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,786,283.

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.

PART IV, LINE 2B: SCI HOLDS FUNDS FOR THE AMERICAN WILDLIFE CONSERVATION

PARTNERS (AWCP) WHICH IS A NETWORK OF MORE THAN FORTY ORGANIZATIONS THAT

WORK TOGETHER TO CONSERVE WILDLIFE AND WILDLIFE HABITAT AS WELL AS TO

PRESERVE THE TRADITIONS OF HUNTING AND TRAPPING.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES: 304640.

COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS: 100612.

Part XIV Supplemental Information (continued)

FUNDRAISING EVENT - CONVENTION: 5150433.

RECLASS AS GRANTS: -32000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES - MEMBERSHIP SERVICES & PRODUCT SALES: 304640.

COST OF SALES - PRODUCTION COSTS - RECORD BOOKS/PUBLICATIONS: 100612.

FUNDRAISING EVENT - CONVENTION: 5150433.

RECLASS AS GRANTS: -32000.

PART X: FIN 48 WAS NOT APPLICABLE TO THE JUNE 30, 2009 FISCAL YEAR.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SAFARI CLUB INTERNATIONAL

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	1	2	PROGRAM SERVICES	CONSERVATION HUNTING ADVOCACY	288,743.
Totals	1	2			288,743.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		CONVENTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	12,203,903.		12,203,903.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	12,203,903.		12,203,903.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	646,387.		646,387.
	7	Other direct expenses	4,472,046.		4,472,046.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(5,118,433.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			7,085,470.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA OUTDOOR HERITAGE ALLIANCE, INC. - 898 MENDAKOTA COURT - MENDOTA HEIGHTS, MN 55120	41-1795374	501(C)(3)	25,000.	0.			PROGRAM/AWARDS
BALLOT ISSUES COALITION 1331 H ST. NW, STE 701 WASHINGTON, DC 20005	41-1885768	501(C)(4)	50,000.	0.			PROGRAM/AWARDS
ALASKA CHAPTER - SCI PO BOX 2193 PALMER, AK 99645	94-2608029	501(C)(4)	50,600.	0.			PROGRAM/AWARDS
SAFARI CLUB INTERNATIONAL FOUNDATION - 4800 WEST GATES PASS ROAD - TUCSON, AZ 85745	86-0292099	501(C)(3)	4,419,869.	0.			OPERATING GRANT

- 2** Enter total number of section 501(c)(3) and government organizations **2.**
- 3** Enter total number of other organizations **2.**

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: SCI'S LARGEST GRANT IS TO SCIF, A RELATED ORGANIZATION. FOR OTHER GRANTS, SCI REQUESTS PROGRESS REPORTS AND FINAL REPORTS AS WELL AS PICTURES, VIDEOS AND AN ARTICLE DETAILING THE COMPLETED PROJECT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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:

- a Receive a severance payment or change of control payment? **4a**
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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 must complete lines 5-8.

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? **5a**
- b Any related organization? **5b**
- 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? **6a**
- b Any related organization? **6b**
- 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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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) 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 compensation				
JOHN EIGHINGER	(i) 184,501.	(ii) 25,054.	(iii) 0.	5,250.	14,081.	228,886.	0.
	(ii) 0.	0.	0.	0.	0.	0.	122,415.
MARK LABARERA	(i) 140,965.	(ii) 12,554.	(iii) 0.	6,150.	8,750.	168,419.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ANGELIA SAGI	(i) 97,118.	(ii) 56,616.	(iii) 0.	3,939.	7,007.	164,680.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ANNA SEIDMAN	(i) 147,748.	(ii) 54.	(iii) 0.	6,150.	1,756.	155,708.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DOUGLAS BURDIN	(i) 138,923.	(ii) 54.	(iii) 0.	4,650.	9,575.	153,202.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	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.

PART I, LINE 5: THE DIRECTOR OF ADVERTISING SALES, A KEY EMPLOYEE, RECEIVES COMMISSIONS BASED ON ADVERTISING SALES.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
BOBBY BOIDO CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
GEORGI BOJADJIEV CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MIKE BOREL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SCOTT BORG CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROBERT BRANDAU CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MAXIME BRAS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DALE BRUDER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DALE BUDZON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JEROME BULLOCK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LODOVICO CALDESI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CHRIS CALIENDO CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
KENNETH CARPENTER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MARIO CARREGAL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DALE CARRUTH CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROBERT CASTELLANI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JOHN CEGLAREK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
GARY CHRISTENSEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MICHAEL CLIFFORD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
GARY CLYMER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RADISLAV COBANIN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number

86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
STAN COPELAND CHAPTER PRESIDENT	5.00	X					0.	0.	0.
ROBERT CORREA CHAPTER PRESIDENT	5.00	X					0.	0.	0.
DAVID CRAIGO CHAPTER PRESIDENT	5.00	X					0.	0.	0.
IMRE CSETERKI CHAPTER PRESIDENT	5.00	X					0.	0.	0.
BRIAN DAIL CHAPTER PRESIDENT	5.00	X					0.	0.	0.
FARLEY DANIELS CHAPTER PRESIDENT	5.00	X					0.	0.	0.
MICHAELE DAWSON CHAPTER PRESIDENT	5.00	X					0.	0.	0.
ABIGAIL DAY CHAPTER PRESIDENT	5.00	X					0.	0.	0.
EDUARDO DE ARAOZ CHAPTER PRESIDENT	5.00	X					0.	0.	0.
VALERIY DEMA CHAPTER PRESIDENT	5.00	X					0.	0.	0.
AARON DEROSE CHAPTER PRESIDENT	5.00	X					0.	0.	0.
PHILLIP DI ROCCO CHAPTER PRESIDENT	5.00	X					0.	0.	0.
CHARLES DIXON CHAPTER PRESIDENT	5.00	X					0.	0.	0.
NORMAN DONG CHAPTER PRESIDENT	5.00	X					0.	0.	0.
JEREMY DREW CHAPTER PRESIDENT	5.00	X					0.	0.	0.
CHARLES ELZER CHAPTER PRESIDENT	5.00	X					0.	0.	0.
ANDERS ENGSTROM CHAPTER PRESIDENT	5.00	X					0.	0.	0.
BRUCE ESSEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.
GERALD FAUST CHAPTER PRESIDENT	5.00	X					0.	0.	0.
DENNIS FLEMING CHAPTER PRESIDENT	5.00	X					0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
ADAM FLOD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ARTHUR FOGACA DE ASSIS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DEWEY FRANCE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DAVE FUNK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JUAN GALMEZ PUIG CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
BALDOMERO GARCIA LOPEZ CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SCOTT GAUTHIER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CRAIG GILLOCK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LARRY GOODWIN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
COREY GOSS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RICHARD GOTSHALL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
EDWARD GRASSER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SUE GREGORY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JIM HAMMILL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RENA HANKS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JOYCE HANLEY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DON HARTER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
D. FLINTLOCK HARTZLER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
HERBERT HAZEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CAL HENDRICK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 HENRY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CARL HILBERT CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JERRY HOLLINGSWORTH CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RAY HOLLINGSWORTH CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LARRY HULS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
EDWARD JAGELS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
EDWARD JOHANSEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LARRY JOHNS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
TOM JOHNSON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
WARD JONES CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
WILLIAM JULIACHS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SHANE KAISER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
GENNADY KISSELEV CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MICHAEL KLEIN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JOSEPH KOBACK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RONALD KUJAWA CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RONALD LANFORD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
BRAD LENCIONI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LARRY LEWIS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JAMES LIGHTSEY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
JOSE MARIA LOSA REVERTE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
PABLO LUPIS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
ZAC LYTLE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
ROYCE A. MAPLES CHAPTER PRESIDENT	5.00	X						0.	0.	0.
JON MARCUS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
TOM MASTERS CHAPTER PRESIDENT	5.00	X						0.	0.	0.
CHRIS MAYER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
CLIFF MCGEHEE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
TIM MCKINNON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
JOHN MCLAURIN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
BILL MEALER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DONALD MILLER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
W. STEPHEN MINORE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
MIKE MISTELSKA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DARREL MITCHELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
MATT MITCHELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
JOSEPH MOESSER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
ERIC MOLAND CHAPTER PRESIDENT	5.00	X						0.	0.	0.
VICKI MORIARTY CHAPTER PRESIDENT	5.00	X						0.	0.	0.
MARK MORTON CHAPTER PRESIDENT	5.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
TIM MULHOLLEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
KEVIN MULKERAN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CRAIG NAKAMOTO CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
WAYNE NELSEN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
TY NUESSELE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MARK O'NEAL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CALVIN ORT CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
BILL PASCALE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RAFAEL PEREZ-FRAGERO REY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JIM PHARES CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROMAN PILLWEIN CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JAMES POWELL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
GERALD RABANAL CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
KENT RAINS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LELAND REINIER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
THOMAS RENCK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DENNIS RICCI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
TAZ RIDLEY CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
STEVEN RILENGE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LUIS RIVERA SIACA CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number

86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MARK ROBINSON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
PAUL ROEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
RUSTY ROKITA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
GARLAND ROLLING CHAPTER PRESIDENT	5.00	X						0.	0.	0.
CALVIN RYAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
KENNETH SARDEGNA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
BRYAN SCHANZE CHAPTER PRESIDENT	5.00	X						0.	0.	0.
WILLIAM SCHEG CHAPTER PRESIDENT	5.00	X						0.	0.	0.
IVAN SCHELL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
JOHN SCIANNA CHAPTER PRESIDENT	5.00	X						0.	0.	0.
RICK SCOTT CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DAVID SEFTON CHAPTER PRESIDENT	5.00	X						0.	0.	0.
MARK SHAFFER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DAVID SMALL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DANIEL SNYDER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
JAMES ST. MICHAEL CHAPTER PRESIDENT	5.00	X						0.	0.	0.
GLEN STEEN CHAPTER PRESIDENT	5.00	X						0.	0.	0.
LARRY STEINER CHAPTER PRESIDENT	5.00	X						0.	0.	0.
DOUG STROMBERG CHAPTER PRESIDENT	5.00	X						0.	0.	0.
BILL SWAN CHAPTER PRESIDENT	5.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public
Inspection

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number

86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
GEORGE SWIDERSKI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SCOTT TALBOT CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
CRAIG TAYLOR CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
KRISTY TITUS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JON TRUDEAU CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MARK VEJAR CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
LINDA VEURINK CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROBERT VITRO CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DANIEL VOINOVSKI CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
FRED WAITE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JACK WALKER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
MARK WEHINGER CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ROBERT WELSH CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
EDWARD WHITE CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
ELIZABETH WILLIAMS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
JAMES WIROSKO CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DICK WITHERS CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
SCOTT WONDERGEM CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
RICHARD WOODWARD CHAPTER PRESIDENT	5.00	X					0.	0.	0.	
DOYLE WORBINGTON CHAPTER PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
BARRY YINGLING CHAPTER PRESIDENT	5.00	X						0.	0.	0.
PAUL BARSTAD DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
RON BARTELS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
CHARLES "CHUCK" BAZZY DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
MIKE BOREL DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
SCOTT CHAPMAN DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
MICHAEL DREWNOWSKI DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
DAVID EKKEBUS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
TONY GIOFFRE DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
STEVE GREENWELL DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
LARRY HIGGINS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
ROBERT KEAGY DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
CHARLIE KELLER DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
ALAN MAKI DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
RALPH MARCUM DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
JOHN MCLAURIN DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
JEANNE SMITH BEUTECALE DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
BILL STRATTON DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
PETER THERON DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
ELAINE VOGELER DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public
Inspection

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
CHARLES WHITLOW DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
NICOLAS FRANCO HONORARY INTERNATIONAL D	5.00	X						0.	0.	0.
DIETER OCHSENBEIN HONORARY INTERNATIONAL D	5.00	X						0.	0.	0.
GUIDO BRACCHETTI INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
TERRENCE CUMMINS INTERNATIONAL DIRECTOR	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.
STEFFEN HEITLAND INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
FRANCESC MARTI JUSMET INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
JOSE MARTINEZ DE HOZ INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
ARCHIE NESBITT INTERNATIONAL DIRECTOR	5.00	X						0.	0.	0.
IVAN ARMENGOL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
HERB ATKINSON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
BRETT AXTON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
STEPHEN BLACKWELL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
RANDALL BUSH REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
MIKE CHRISTIANSON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
GEORGE COBB REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
DRAKE DAWSON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
DOUGLAS EVANS REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 FLOYD REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JAMES FRICKERT REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
FRANCIS GALLELA REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JERRY HALE REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
W. LAIRD HAMBERLIN REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
RAY HAMMOND REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
ORVILLE HUDSPETH REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
CHRISSIE JACKSON REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
SVEN-ERIK JANSSON REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
CRAIG KAUFFMAN REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
ROBERT KEICHER REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JEFF KEIM REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JEFF KENNEDY REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
TERRY KERR REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JAMES LEONARD REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
EDWARD LONG REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
SHERRY MADDOX REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
JEFFREY MEYERL REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
RON MIZRAHI REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	
CHARLES OAKES REGIONAL REPRESENTATIVE	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
DWIGHT ORTMANN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
GENE RURKA REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
GREG RUSTEMEYER REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
J. THOMAS SALDIAS REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
DUWAYNE SCHULER / REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
STEVE SKOLD REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
DAVID SMALL REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
DAVID SPORCIC REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
GARY TENNISON REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
NORBERT ULLMANN REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
JULIAN YAPUR REGIONAL REPRESENTATIVE	5.00	X						0.	0.	0.
PATRICK BOLLMAN SCI PAST PRESIDENT	5.00	X						0.	0.	0.
RAYMOND CAPPELLI SCI PAST PRESIDENT	5.00	X						0.	0.	0.
ALBERT CHERAMIE SCI PAST PRESIDENT	5.00	X						0.	0.	0.
ALFRED DONAU SCI PAST PRESIDENT	5.00	X						0.	0.	0.
ROBERT EASTERBROOK SCI PAST PRESIDENT	5.00	X						0.	0.	0.
VERN EDEWAARD SCI PAST PRESIDENT	5.00	X						0.	0.	0.
HYLAND ERICKSON SCI PAST PRESIDENT	5.00	X						0.	0.	0.
JOHN JACKSON SCI PAST PRESIDENT	5.00	X						0.	0.	0.
DON KIRN SCI PAST PRESIDENT	5.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SAFARI CLUB INTERNATIONAL

Employer Identification number
86-0974183

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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.	
DONALD MCMILLAN SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
LANCE NORRIS SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
ANDY OLDFIELD SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
WARREN PARKER SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
E. POCIUS SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
RICHARD URSEM SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
NORDEN VAN HORNE SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
R. DOUGLAS YAJKO SCI PAST PRESIDENT	5.00	X					0.	0.	0.	
GEORGE BANKS SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
GARY BOGNER SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
RALPH CUNNINGHAM SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
LAWRENCE KATZ SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
JOHN MONSON SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
MIKE ROGERS SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
MIKE SIMPSON SCI/SCIF PAST PRESIDENT	5.00	X					0.	0.	0.	
JACK BEAL SCICF PAST PRESIDENT	5.00	X					0.	0.	0.	
PETER HORN SCICF PAST PRESIDENT	5.00	X					0.	0.	0.	
HECTOR KITSCHA SCICF PAST PRESIDENT	5.00	X					0.	0.	0.	
JACK LEEDS SCICF PAST PRESIDENT	5.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INTERNATIONALLY, SCIENTIFIC AND TECHNICAL TESTIMONY BEFORE GOVERNMENT

BODIES, AND ACTIVE PARTICIPATION IN STATE, NATIONAL AND INTERNATIONAL

FORUMS AND MEETINGS.

FORM 990, PART VI, SECTION A, LINE 2: RELATED BOARD MEMBERS:

CHRISSIE & JOHN JACKSON - HUSBAND & WIFE

MICHAELE DAWSON & DRAKE DAWSON - MOTHER & SON

MARK O'NEAL, MICHAELE DAWSON, DRAKE DAWSON -FAMILY MEMBERS

FORM 990, PART VI, SECTION A, LINE 6: SCI HAS MEMBERS, AND THOSE MEMBERS

WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 190 LOCAL CHAPTERS

WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE

BOARD OF DIRECTORS OF SCI.

FORM 990, PART VI, SECTION A, LINE 7A: SCI HAS MEMBERS, AND THOSE MEMBERS

WHO ARE ALSO MEMBERS OF ONE OF THE APPROXIMATELY 190 LOCAL CHAPTERS

WORLDWIDE ELECT THEIR LOCAL CHAPTER PRESIDENT WHO BECOMES A MEMBER OF THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number

86-0974183

BOARD OF DIRECTORS OF SCI.

FORM 990, PART VI, SECTION A, LINE 10: ONCE FORM 990 HAS BEEN PREPARED, NOTICE IS SENT TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS INVITING THEM TO REVIEW AND COMMENT ON THE FORM 990. THIS INVITATION WILL BE SENT APPROXIMATELY TWO WEEKS PRIOR TO THE DATE WHEN THE 990 WILL BE FILED.

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.

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

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2008

Open to Public Inspection

Name of the organization

SAFARI CLUB INTERNATIONAL

Employer identification number
86-0974183

SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS.

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.

SCH L, PART IV,

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: \$249,137

(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.

Part V Transactions With Related Organizations

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	SAFARI CLUB INTERNATIONAL FOUNDATION	B	4,419,869.
(2)			
(3)			
(4)			
(5)			
(6)			

