

# 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)

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

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
 ARIZONA CHAPTER OF SAFARI CLUB INTERNATIONAL, INC  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 P O BOX 43296  
 City or town State or country ZIP + 4  
 TUCSON AZ 85737-3296

**D Employer identification number**  
 51-0183957

**E Telephone number**  
 \_\_\_\_\_

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website** ► AZSCI.COM

**J Organization type** (check only one) ►  501(c) ( 4 ) ◀ (insert no )  4947(a)(1) or  527

**K Check here** ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ► 106,892

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ► \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ► \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a		0	
	b	Direct public support (not included on line 1a)	1b		0	
	c	Indirect public support (not included on line 1a)	1c		0	
	d	Government contributions (grants) (not included on line 1a)	1d		0	
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ 0 noncash \$ 0)	1e			0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
	3	Membership dues and assessments	3			6,938
	4	Interest on savings and temporary cash investments	4			0
	5	Dividends and interest from securities	5			0
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
c	<b>Net rental income or (loss)</b> Subtract line 6b from line 6a	6c			0	
7	Other investment income (describe _____ )	7			0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		0	8a		0	
	b Less cost or other basis and sales expenses	0	8b		0	
	c Gain or (loss) (attach schedule)	0	8c		0	
d	<b>Net gain or (loss)</b> Combine line 8c, columns (A) and (B)	8d			0	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		99,954		
	b Less direct expenses other than fundraising expenses	9b		34,704		
	c <b>Net income or (loss) from special events</b> Subtract line 9b from line 9a	9c				65,250
10a	Gross sales of inventory, less returns and allowances	10a		0		
	b Less cost of goods sold	10b		0		
	c <b>Gross profit or (loss) from sales of inventory</b> (attach schedule) Subtract line 10b from line 10a	10c				0
11	Other revenue (from Part VII, line 103)	11			0	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			72,188	
Expenses	13	Program services (from line 44, column (B))	13			18,825
	14	Management and general (from line 44, column (C))	14			33,576
	15	Fundraising (from line 44, column (D))	15			0
	16	Payments to affiliates (attach schedule)	16			13,605
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17			66,006
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18			6,182
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			36,830
	20	Other changes in net assets or fund balances (attach explanation)	20			0
	21	<b>Net assets or fund balances at end of year</b> Combine lines 18, 19, and 20	21			43,012

**RECEIVED IN CORRESPONDENCE**  
 IRS - OSC - 600  
 NOV 23 2007

Revenue SCANNED DEC 31 2007

**Part I Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	23	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	24	0			
<b>25 a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	0	0	0	
<b>b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b	0	0	0	
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	26	0			
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	27	0			
<b>28</b>	Employee benefits not included on lines 25a - 27	28	0			
<b>29</b>	Payroll taxes	29	0			
<b>30</b>	Professional fundraising fees	30	0			
<b>31</b>	Accounting fees	31	1,710	1,710		
<b>32</b>	Legal fees	32	0			
<b>33</b>	Supplies	33	0			
<b>34</b>	Telephone	34	0			
<b>35</b>	Postage and shipping	35	565	565		
<b>36</b>	Occupancy	36	0			
<b>37</b>	Equipment rental and maintenance	37	0			
<b>38</b>	Printing and publications	38	0			
<b>39</b>	Travel	39	0			
<b>40</b>	Conferences, conventions, and meetings	40	0			
<b>41</b>	Interest	41	0			
<b>42</b>	Depreciation, depletion, etc (attach schedule)	42	1,561	0	1,561	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	Advertising	43a	484	484	0	
<b>b</b>	Newsletter	43b	994	994	0	
<b>c</b>	Guide Fees	43c	21,410	21,410	0	
<b>d</b>		43d	0	0	0	
<b>e</b>	Bank Charges	43e	4,655	4,655	0	
<b>f</b>	Office Expenses	43f	2,197	0	2,197	
<b>g</b>	Part III - Program Services	43g	18,825	18,825	0	
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	52,401	18,825	33,576	0

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
<small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	<small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
<b>a Sponsor Arizona Game &amp; Fish - Javalina Hunt - \$ 1,100</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,100
<b>b Sponsor of Arizona Game &amp; Tank Project # 694 - \$ 10,850</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	10,850
<b>c Sponsor of the Installation of Government Windmill for Arizona Game &amp; Fish - \$ 3,575</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,575
<b>d Sponsor of Black Bear Hunt for Arizona Game &amp; Fish - \$ 3,300</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,300
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	0
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</b>	<b>18,825</b>

**Part IV Balance Sheets** (See the instructions)

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		27,868	<b>45</b>	35,611	
	<b>46</b> Savings and temporary cash investments			<b>46</b>		
	<b>47 a</b> Accounts receivable	<b>47a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	0	<b>47c</b>	0	
	<b>48 a</b> Pledges receivable	<b>48a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	0	<b>48c</b>	0	
	<b>49</b> Grants receivable			<b>49</b>		
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	<b>50a</b>	0	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>		
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	0	<b>51c</b>	0	
	<b>52</b> Inventories for sale or use		5,059	<b>52</b>	5,059	
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>		
	<b>54 a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	<b>54b</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment basis	<b>55a</b>	0			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	0	<b>55c</b>	0	
	<b>56</b> Investments—other (attach schedule)			0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment basis	<b>57a</b>	4,879			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	2,537	3,903	<b>57c</b>	2,342
<b>58</b> Other assets, including program-related investments (describe _____ )			0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58			36,830	<b>59</b>	43,012	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses			<b>60</b>		
	<b>61</b> Grants payable			<b>61</b>		
	<b>62</b> Deferred revenue			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		0	<b>63</b>	0	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule)		0	<b>64b</b>	0	
	<b>65</b> Other liabilities (describe _____ )			0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65			0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted			<b>67</b>		
	<b>68</b> Temporarily restricted			<b>68</b>		
	<b>69</b> Permanently restricted			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		36,830	<b>72</b>	43,012	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		36,830	<b>73</b>	43,012	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		36,830	<b>74</b>	43,012		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Bobby Bordo Str P O BOX 43296 City Tucson ST AZ ZIP 85733	Title President Hr/WK 3	0	0	0
Name Mark Charlton Str P O BOX 43296 City Tucson ST AZ ZIP 85733	Title Vice Pres Hr/WK 3	0	0	0
Name Paul Neill Str P O BOX 43296 City Tucson ST AZ ZIP 85733	Title Treasurer Hr/WK 3	0	0	0
Name Lu Ann Neill Str P O BOX 43296 City Tucson ST AZ ZIP 85733	Title Secretary Hr/WK 3	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">4</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	X	
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		X
<b>d</b>	Does the organization have a written conflict of interest policy?	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

<b>Part VI Other Information</b> (See the instructions)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>b</b>	If "Yes," enter the name of the organization _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 instructions)		
<b>b</b>	Did the organization file Form 1120-POL for this year?		X

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	<b>82b</b>   N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	X	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>   N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>   N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>   N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>   N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>   N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>   N/A	
<b>86</b>	<b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <b>▶</b> N/A, section 4912 <b>▶</b> N/A, section 4955 <b>▶</b> N/A		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> N/A		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> N/A		
<b>e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	X
<b>90 a</b>	List the states with which a copy of this return is filed <b>▶</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>   NONE	
<b>91 a</b>	The books are in care of <b>▶</b> Name Paul Neill Telephone no <b>▶</b> Located at <b>▶</b> P. O. Box 43296 City Tucson ST AZ ZIP + 4 <b>▶</b> 85733		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>	X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ .....

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  ▶  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments			01	6,938	
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			07	65,250	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a _____		0		0	0
b _____		0		0	0
c _____		0		0	0
d _____		0		0	0
e _____		0		0	0
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		72,188	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					72,188

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No 67

Name(s) shown on return ARIZONA CHAPTER OF SAFARI CLUB INTER 990	Business or activity to which this form relates	Identifying number 51-0183957
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	▶ 13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	1,561
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,561
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Auction				
1a Number of special events	1				
2 Gross receipts	99,954				2 99,954
3 Less contributions					3 0
4 Gross revenue	99,954	0	0	0	4 99,954
5 Less direct expenses	34,704				5 34,704
6 Net income or (loss)	65,250	0	0	0	6 65,250

**Line 16 (990) - Payments to Affiliates**

	Name	Street	City	State	ZIP	Foreign Country	ID number	Purpose	Amount
1	Safari Club International							Dues	2,310
2	Safari Club International							30 % profit of Fundrais	11,295
3									
4									
5									
6									
7									
8									
9									
10									
11	Total						11		13,605

**Line 57.(990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)			
		Beginning		End	
1	.....	1			
2	.....	2			
3	.....	3			
4	.....	4			
5	.....	5			
6	Total land (net of any amortization)	6	0		0

  

Buildings and equipment		Buildings and equipment		Accumulated depreciation		
		Beginning	End	Beginning	End	
7	.....	7	4,879	4,879	976	2,537
8	.....	8				
9	.....	9				
10	.....	10				
11	.....	11				
12	.....	12				
13	.....	13				
14	.....	14				
15	.....	15				
16	.....	16				
17	Total buildings and equipment	17	4,879	4,879	976	2,537
18	Buildings and equipment (less accumulated depreciation)	18			3,903	2,342
19	Total land, buildings and equipment	19			3,903	2,342

Category or Item			Accumulated		Book Value
			Cost/Other Basis	Depreciation	
1	.....	1			
2	.....	2			
3	.....	3			
4	.....	4			
5	.....	5			
6	.....	6			
7	.....	7			
8	.....	8			
9	.....	9			
10	.....	10			
11	Total	11	0	0	0

**Line 1.0c (990) - Gross Profit from Sale of Inventory**

0 0 0

	Category	Gross Sales	Cost of Goods Sold	Net
1				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Form **8868**

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev April 2007)  
Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	ARIZONA CHAPTER OF SAFARI CLUB INTERNATIONAL, INC	51-0183957
	Number, street, and room or suite no If a P O box, see instructions	
	P O BOX 43296	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	TUCSON	AZ 85737-3296

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

- The books are in the care of ► See attached worksheet

Telephone No ► \_\_\_\_\_ 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) \_\_\_\_\_ 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 will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 11/15/2007, to file the exempt organization return for the organization named above The extension is for the organization's return for

►  calendar year \_\_\_\_\_ or

►  tax year beginning 4/1/2006, and ending 3/31/2007

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a 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	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a 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	3c	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions