

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SAFARI CLUB INTERNATIONAL		D Employer identification number 86-0974183
		Doing Business As		E Telephone number (520) 620-1220
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4800 WEST GATES PASS ROAD		
		City or town, state or country, and ZIP + 4 TUCSON, AZ 85745		G Gross receipts \$ 21,397,709.
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 Form 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 net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	292	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	291	
	5 Total number of employees (Part V, line 2a)	5	101	
	6 Total number of volunteers (estimate if necessary)	6	422	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,172,920.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,129,567.	878,250.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,458,152.	3,156,808.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-687,214.	126,399.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,148,324.	10,557,001.	
		14,048,829.	14,718,458.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,579,269.	2,988,235.
		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)	5,229,858.	5,101,225.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,117,464.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,977,156.	5,392,995.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,786,283.	13,482,455.	
19 Revenue less expenses. Subtract line 18 from line 12		-1,737,454.	1,236,003.	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,502,859.	11,292,048.	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,391,371.	5,460,071.	
	4,111,488.	5,831,977.		

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: 5/16/11
 Type or print name and title: **KENNETH JAMES, CFO**

Paid Preparer's Use Only

Preparer's signature: *[Signature]*
 Date: 5/12/11
 Check if self-employed:
 Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DELOITTE 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

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

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

KEN JAMES

• The books are in the care of **4800 WEST GATES PASS ROAD - TUCSON, AZ 85745**
 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.

4 I request an additional 3-month extension of time until **MAY 16, 2011**

5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

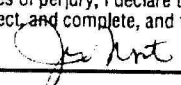
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE 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.		\$
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.		\$
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.		\$ N/A

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 **CPA** Date **1/7/11**

CLIENT'S COPY

