

Click on the question-mark icons to display help windows.
 The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form 990-EZ Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Short Form</h2> <h1 style="margin:0;">Return of Organization Exempt From Income Tax</h1> <p style="margin:0;">Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p style="margin:0;">▶ Do not enter social security numbers on this form, as it may be made public.</p> <p style="margin:0;">▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No. 1545-0047 <h1 style="font-size: 2em; margin:0;">2020</h1> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;"> Open to Public Inspection </div>
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A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ? Safari Club International Michigan Involvement Committee aka SCI MIC Number and street (or P.O. box if mail is not delivered to street address) ? Room/suite 2852 Colonial Way City or town, state or province, country, and ZIP or foreign postal code Bloomfield Hills, MI 48304-1627	D Employer identification number ? 364526107 E Telephone number 248-334-2770 F Group Exemption Number ▶ ?
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B ? (Form 990, 990-EZ, or 990-PF).
I Website: ▶ www.scimic.org		
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 33,506		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	33,500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	6
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	33,506	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	31,614
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits ?	12	
	13 Professional fees and other payments to independent contractors ?	13	245
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	39
	16 Other expenses (describe in Schedule O) ?	16	1,970
	17 Total expenses. Add lines 10 through 16 ▶	17	33,868
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(362)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,976
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	37,614

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,177	37,614
23 Land and buildings		
24 Other assets (describe in Schedule O)	1,799	
25 Total assets	37,976	37,614
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,976	37,614

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

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

What is the organization's primary exempt purpose? Conservation and Education

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Purchased for the Michigan Dept. of Natural Resources (MDNR) 4,040 AA lithium batteries, 20 trail cameras, 14 trail camera security boxes, 20 cable locks, and 1 year of rent of mapper software for Deer and Northern Hardwoods Research. (Grants \$ 7,563) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,563
29 Purchased for the MDNR parts costing \$11,732 to build a super computer to analyze the huge amount of data from the 10-year Predator/Prey Research Project plus 7 vials of immobilizing drug and 9 VHF bear radio collars for the Surrogate Sow/Orphaned Cub Research Project costing \$3,019. (Grants \$ 14,751) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,751
30 Awarded \$1,550 scholarships each to 6 different graduate students: 3 different students at Mich. State Univ., East Lansing, MI; 2 different students at Grand Valley State Univ., Allendale, MI; and 1 student at Central Mich. Univ., Mi. Pleasant, MI. (Grants \$ 9,300) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,300
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	31,614

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert V Taylor, President & Director	4	0	0	0
Paul Royce, Secretary & Director	4	0	0	0
Joseph P Konwinski, Treasurer & Director	10	0	0	0
James Stony Bing, Director	2	0	0	0
Mary Browning, Director	2	0	0	0
Richard Delisle, Director	2	0	0	0
Carl Griffin, Director	2	0	0	0
James Hammill, Director	2	0	0	0
Michael Hoskins, Director	2	0	0	0
Joseph Merritt, Director	2	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Joseph P Konwinski Telephone no. 248-334-2770 Located at 2852 Colonial Way, Bloomfield Hills, MI ZIP + 4 48304-1627
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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- | | Yes | No |
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| 47 Did the organization engage in lobbying activities or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | ✓ |
| b If "Yes," was the related organization a section 527 organization? | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				