

AMENDED**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)**2007****Open to Public Inspection**Department of the Treasury
Internal Revenue Service (77)

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

A For the 2007 calendar year, or tax year beginning Jul 1 , 2007, **and ending** Jun 30 , 2008**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☒ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.**C** Name of organization

INTERNATIONAL ASSOCIATION OF ANTARCTICA TOUR OPERATORS

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

11 S. ANGELL STREET, BOX 302

City, town or country

PROVIDENCE

State ZIP code + 4

RI 02906

D Employer Identification Number

91-1533200

E Telephone number**F** Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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 ▶ N/A**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**G** Web site: ▶ WWW.IAATO.ORG**J** Organization type

(check only one)

☒ 501(c) 6 (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 ▶ 524,181.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received			
a Contributions to donor advised funds	1 a		
b Direct public support (not included on line 1a)	1 b		
c Indirect public support (not included on line 1a)	1 c		
d Government contributions (grants) (not included on line 1a)	1 d		
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1 e		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3	511,526.	
4 Interest on savings and temporary cash investments	4	10,973.	
5 Dividends and interest from securities	5	177.	
6a Gross rents	6 a		
b Less: rental expenses	6 b		
c Net rental income or (loss). Subtract line 6b from line 6a	6 c		
7 Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities 8 a	(B) Other	
b Less: cost or other basis and sales expenses	8 b		
c Gain or (loss) (attach schedule)	8 c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8 d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (including reported on line 1d) \$ _____ of contributions	9 a		
b Less: direct expenses other than fundraising expenses	9 b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9 c		
10a Gross sales of inventory, less returns and allowances	10 a		
b Less: cost of goods sold	10 b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10 c		
11 Other revenue (from Part VII, line 103)	11	1,505.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	524,181.	
13 Program services (from line 44, column (B))	13	0.	
14 Management and general (from line 44, column (C))	14		
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	446,515.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	77,666.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	343,594.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	421,260.	

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Part II 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 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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) <small>See Ln</small>	23	1,066.	0.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	203,044.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	2,505.			
30 Professional fundraising fees	30				
31 Accounting fees	31	6,961.			
32 Legal fees	32				
33 Supplies	33	4,986.			
34 Telephone	34	6,312.			
35 Postage and shipping	35	1,920.			
36 Occupancy	36	7,800.			
37 Equipment rental and maintenance	37				
38 Printing and publications	38	425.			
39 Travel	39	261.			
40 Conferences, conventions, and meetings	40	119,012.			
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,910.			
43 Other expenses not covered above (itemize)					
a SUBCONTRACT AND CONTRACT EXPENSE	43a	60,937.			
b COMPUTER EXPENSE	43b	1,261.			
c DUES	43c	295.			
d TRAVEL INSURANCE	43d	217.			
e INTERNET/WEBSITE	43e	1,617.			
f LICENSES	43f	10.			
g See Other Expenses Stmt	43g	22,976.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	446,515.	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 \$ _____, (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? **SEE STATEMENT**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a IAATO HAS 85 MEMBERS; ACHIEVEMENTS INCLUDE UNIFORM GUIDELINES FOR MEMBERS TRAVELING TO THE ANTARCTICA, INCLUDING PATTERNS AND FREQUENCY OF TRAVEL. PUBLICATIONS AND INFORMATION ARE PRIMARILY PROVIDED THROUGH THEIR WEBSITE, IAATO.ORG.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

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Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	316,459.	45	600,029.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	29,737.		
	b Less: allowance for doubtful accounts		47c	29,737.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	3,228.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments — land, buildings, & equipment basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	112,073.			
b Less: accumulated depreciation (attach schedule)	46,805.	38,775.	57c	65,268.
58 Other assets, including program-related investments (describe ► _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	435,303.	59	698,262.	
LIABILITIES	60 Accounts payable and accrued expenses	1,733.	60	11,255.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► <u>See Line 65 Stmt</u> _____)	89,976.	65	265,747.
	66 Total liabilities. Add lines 60 through 65	91,709.	66	277,002.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	343,594.	72	421,260.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	343,594.	73	421,260.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	435,303.	74	698,262.

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

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

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

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

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 and deferred compensation plans	(E) Expense account and other allowances
DENISE LANDAU 25 DAKOTA MEADOWS DRIVE CARBONDALE CO 81623	EXECUTIVE DIRECTOR 40.00	101,296.	0.	15,000.
ALICIA FREYMAN C/O ZEGRAHM EXPEDITIONS, 192 NICKERSON ST SEATTLE WA 98107	SECRETARY AND MEMBE 0.00	0.	0.	0.
UTE HOHN BOWEN GOBERNADOR PAZ 633-1 PISO USHUAIA, TIERRA DEL FUEGO 9410 ARGEN	EXECUTIVE COMMITTEE 0.00	0.	0.	0.
STEVE WELLMEIER 75 BLACKSTONE BLVD PROVIDENCE RI 02906	EXECUTIVE DIRECTOR 40.00	10,942.	0.	0.
ERICA WIKANDER 347 W. 57TH STREET, APT 34C NEW YORK NY 10019	EXECUTIVE COMMITTEE 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
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)	75b	X
c 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	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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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 and deferred compensation plans	(E) Expense account and other allowances
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
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Part VI Other Information (See the instructions.)

76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77	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	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	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?	80a		X
b	If 'Yes,' enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X

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Form 990 (2007)

Part VI Other Information (continued)

		Yes	No
82 a	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
82 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)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	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?	N/A	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	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		X
88 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		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89 b	501(c)(3) and 501(c)(4) organizations. 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	N/A	
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		0
91 a	The books are in care of <u>PAT HASKELL</u> Telephone number <u>(401) 272-2152</u> Located at <u>11 S. ANGELL ST., BOX 302</u> <u>PROVIDENCE</u> <u>RI</u> ZIP + 4 <u>02906</u>		
91 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	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

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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?

91 c

X

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

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	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments	485000		7		511,526.
95 Interest on savings & temporary cash invmnts			7		10,973.
96 Dividends & interest from securities			7		177.
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b REIMBURSED EXPENSES	485000		7		1,435.
c REFERRAL INCOME	485000		7		70.
d					
e					
104 Subtotal (add columns (B), (D), and (E))					524,181.
105 Total (add line 104, columns (B), (D), and (E))					524,181.

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)
94	REVENUE ALLOWED IAATO TO CONTINUE IMPROVING AND DEVELOPING SAFE AND ENVIROMENTALLY RESPONSIBLE TRAVEL AMONG TOUR OPERATORS TO THE ANTARCTICA.
103	SEE ABOVE

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

N/A

(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
	%			
	%			
	%			
	%			

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	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.			
	Signature of officer <u>STEPHEN K. WALLMISER</u>		Date <u>2/12/2010</u>	
Paid Preparer's Use Only	Preparer's signature <u>Michael D. Corrado CPA</u>	Date <u>12/22/09</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <u>P00526520</u>
	Firm's name (or yours if self-employed) <u>MICHAEL D CORRADO, INC.</u>		EIN <u></u>	
	Address, and ZIP + 4 <u>2399 PAWTUCKET AVENUE EAST PROVIDENCE RI 02914</u>		Phone no <u>(401) 431-4084</u>	

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Form 990 (2007)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

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

OMB No 1545-0172

2007Attachment
Sequence No **67**

Name(s) shown on return

INTERNATIONAL ASSOCIATION OF ANTARCTICA TOUR OPERATORS

Identifying number

91-1533200

Business or activity to which this form relates

Form 990 / Form 990EZ

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	\$125,000.
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	\$500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

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) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	3,336.
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 2007	17	1,253.
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 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,492.	5.0 yrs	MQ	200DB	274.
c 7-year property		1,328.	7.0 yrs	MQ	200DB	47.
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a 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 instructions	22	4,910.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes		No		24b If 'Yes,' is the evidence written?						Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25													
26 Property used more than 50% in a qualified business use																			
27 Property used 50% or less in a qualified business use																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28													
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29												

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven.												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
SOFTWARE	08/01/07	17,835.	197	5.00 yrs	3,265.
See Additional Amortization Statement					5.
43 Amortization of costs that began before your 2007 tax year				43	11,713.
44 Total. Add amounts in column (f). See the instructions for where to report				44	14,983.

Miscellaneous StatementSTATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSADVOCATE, PROMOTE, AND PRACTICE SAFE AND
ENVIRONMENTALLY RESPONSIBLE PRIVATE SECTOR TRAVEL
TO THE ANTARCTIC

Total

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
REIMBURSED EXPENSES	389.			
BANK CHARGES	386.			
GUIDELINES	6,423.			
PUBLIC RELATIONS EXPENSE	200.			
TRANSITION EXPENSE	595.			
Amortization	14,983.			
Total	22,976.			

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> DR. KIM CROSBIE 18/3 GRANGE TERRACE EDINBURGH EH9 2LD, UNITED K	ENVIROMENTAL OPERATI 40.00	75,806.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> CEES DEELSTRA 300 ELLIOTT AVENUE WEST SEATTLE WA 98119	EXECUTIVE COMMITTEE 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> TED CHEESEMAN 20800 KITTREDGE ROAD SARATOGA CA 94070	EXECUTIVE COMMITTEE 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> EMILIO FREEMAN 14471 MIRAMAR PARKWAY, SUITE 401 MIRAMAR FL 33027	FINANCE COMMITTEE 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> PAUL BEGGS PRINCESS CRUISES, 24844 AVENUE ROCKFELLER	MARINE COMMITTEE 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> SANTA CLARITA CA 91355 BEAU RIFFENBURGH SAGA BLDG, ENBROOK PARK FOLKSTONE, KENT CT20 3SE, UK	BYLAWS COMMITTEE 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> DAVID ROOTES 4376 S. 700 EAST, SUITE 226 SALT LAKE CITY UT 84107-3096	ACCREDITATION COMMIT 0.00	0.	0.	0.

Form 4562, line 42

Additional Amortization Statement

(a) Description of costs	(b) Date amorti- zation begins	(c) Amortizable amount	(d) Code section	(e) Amorti- zation period or percentage	(f) Amortization for this year
RARE BIRD SOFTWARE	06/30/08	2,215.	197	5.00 yrs	1.
SOFTWARE	06/30/08	16,180.	197	5.00 yrs	4.
Total					<u>5.</u>

Form 990, Page 2, Part II, Line 23

Specific Assistance to Individuals

Line 23 - Specific Assistance to Individuals: Class of Activity	Total Amount	Program Services Amount
MEDICAL, DENTAL AND HOSPITAL EXPENSES	1,066.	0.
Total	<u>1,066.</u>	<u>0.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
CREDIT CARD PAYABLE	18,187.	735.
ADVANCE PAYMENTS FOR MEMBERSHIP	71,789.	265,012.
Total	<u>89,976.</u>	<u>265,747.</u>