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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Department of the Treasury
 Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTERNATIONAL GALAPAGOS TOUR OPERATORS ASSOC INC		D Employer identification number 16-1533920
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 706 CAYUGA HEIGHTS ROAD		E Telephone number (406) 273-0514
		City or town, state or country, and ZIP + 4 ITHACA NY 14850		F Group Exemption Number ►

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

G Accounting method: Cash Accrual
 Other (specify) ►

I Website: ► N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **125,384.**

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

RECEIPTS	1	Contributions, gifts, grants, and similar amounts received	1	44,863.
	2	Program service revenue including government fees and contracts	2	65,781.
	3	Membership dues and assessments	3	14,576.
	4	Investment income	4	164.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (all sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ reported on line 1) of contributions	6a	
	6b	Less: direct expenses of special events and activities	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
INVENTORY	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
EXPENSES	8	Other revenue (describe ► MISCELLANEOUS RECEIPTS)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	125,384.
	10	Grants and similar amounts paid (attach schedule) SEE STMT	10	80,901.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	22,870.
	13	Professional fees and other payments to independent contractors	13	3,330.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,454.
	16	Other expenses (describe ► See Other Expenses Statement)	16	27,474.
	17	Total expenses (add lines 10 through 16)	17	138,029.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,645.
	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	69,249.
	20	Other changes in net assets or fund balances (attach explanation) misc adjust	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	56,604.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	54,945.	22 63,522.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	31,934.	24 14,244.
25 Total assets	86,879.	25 77,766.
26 Total liabilities (describe ► GRANTS AND ACCTS PAYABLE)	17,630.	26 21,162.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,249.	27 56,604.

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

Form 990-EZ (2008)

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Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	b 501(c)(3) and (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,' complete Schedule L, Part I	40b	
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e 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	40e	X
41	List the states with which a copy of this return is filed		

42a The books are in care of CANDY GOFF Telephone no. (406) 273-0514
 Located at 706 CAYUGA HEIGHTS ROAD ITHACA NY ZIP + 4 14850

		Yes	No
42b	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:		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000	0	

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: *David Blanton* Date: 10/12/2010
 Type or print name and title: DAVID BLANTON, EXECUTIVE DIR.

Paid Preparer's Use Only

Preparer's signature: *Loren W Randall* Date: 10/08/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: CER ACCOUNTING, PLLC, P.O. BOX 4325, MISSOULA, MT 59806
 Preparer's Identifying Number (See instructions): (406) 728-5539
 Check if self-employed:

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Name as Shown on Return
INTERNATIONAL GALAPAGOS TOUR OPERATORS ASSOC INC

Employer Identification No.
16-1533920

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	31,184.	14,244.
PREPAID INSURANCE	750.	0.
Totals to Form 990-EZ, Part II, line 24	31,934.	14,244.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

MISC FEES	670.
CONSERVATION EDUCATION	21,519.
COMMUNICATIONS	296.
INSURANCE	1,750.
TRAVEL	3,239.
Total	<u>27,474.</u>

Supporting Statement of:

Form 990-EZ/Line 10

Description	Amount
GALAPAGOS CONSERVANCY	27,279.
CHARLES DARWIN FOUNDATION	11,622.
WILDAID	20,000.
SCALESIA FOUNDATION	10,000.
CONSERVATION INTERNATIONAL-GALAPAGOS	12,000.
Total	<u>80,901.</u>

Supporting Statement of:

Form 990-EZ/Line 24, Column (A)

Description	Amount
ACCOUNTS RECEIVABLE	31,184.
PREPAID INSURANCE	750.
Total	<u>31,934.</u>