** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning   and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERNATIONAL CAMPAIGN FOR TIBET

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1825 JEFFERSON PLACE, NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20006

D Employer identification number
52-1570071

E Telephone number
(202)785-1515

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 ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

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 Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.SAVETIBET.ORG

J **Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,552,774.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	5,065,789.		
b	Indirect public support	1b	24,301.		
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 5,013,206. noncash $ 76,884.)			1d	5,090,090.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	4,219.
5	Dividends and interest from securities			5	10,008.
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	392,763.	8a			
b	Less: cost or other basis and sales expenses	381,217.	8b			
c	Gain or (loss) (attach schedule)	11,546.	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1				8d	11,546.

9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10 a	Gross sales of inventory, less returns and allowances	10a	23,987.		
b	Less: cost of goods sold	10b	20,090.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 2			10c	3,897.
11	Other revenue (from Part VII, line 103)			11	31,707.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	5,151,467.

Expenses

13	Program services (from line 44, column (B))	13	3,621,433.
14	Management and general (from line 44, column (C))	14	178,070.
15	Fundraising (from line 44, column (D))	15	704,617.
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	4,504,120.

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	647,347.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,034,791.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-32,862.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,649,276.

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02-03-06 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form 990 (2005)

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.

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
22 Grants and allocations (attach schedule) (cash $ 190284. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22	190,284.	190,284.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.**	25	334,853.	316,458.	14,899.	3,496.
26 Other salaries and wages	26	451,558.	362,471.	35,759.	53,328.
27 Pension plan contributions	27	16,326.	12,813.	1,835.	1,678.
28 Other employee benefits	28	63,730.	52,658.	5,307.	5,765.
29 Payroll taxes	29	58,211.	50,158.	4,772.	3,281.
30 Professional fundraising fees	30	373,870.	300,928.	14,730.	58,212.
31 Accounting fees	31	47,305.	40,331.	3,897.	3,077.
32 Legal fees	32				
33 Supplies	33	109,259.	99,538.	5,733.	3,988.
34 Telephone	34	35,092.	32,924.	1,145.	1,023.
35 Postage and shipping	35	569,894.	335,212.	2,555.	232,127.
36 Occupancy	36	113,898.	96,216.	10,506.	7,176.
37 Equipment rental and maintenance	37	5,608.	4,821.	461.	326.
38 Printing and publications	38	1,020,741.	734,804.	49,456.	236,481.
39 Travel	39	247,401.	241,259.	1,124.	5,018.
40 Conferences, conventions, and meetings	40	194,377.	190,360.	1,900.	2,117.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	80,606.	69,211.	6,382.	5,013.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	591,107.	490,987.	17,609.	82,511.
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,504,120.	3,621,433.	178,070.	704,617.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ [X] Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 1,284,729. ; (ii) the amount allocated to Program services $ 1,014,832. ; (iii) the amount allocated to Management and general $; and (iv) the amount allocated to Fundraising $ 269,897.

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** SEE STATEMENT 5

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.

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ▶ SEE STATEMENT 8	
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.)	
a EDUCATION AND AWARENESS - A WIDE RANGE OF ACTIVITIES AND INITIATIVES THAT BUILD GREATER PUBLIC AWARENESS ABOUT ISSUES IN TIBET.	
(Grants and allocations $ 20,000.) If this amount includes foreign grants, check here ▶ ☐	597,571.
b COMMUNICATION - PRINCIPAL COMMUNICATION ACTIVITIES INCLUDE THE CHINESE NEWSLETTER, THE TIBET PRESS WATCH, THE WEBSITE, WWW.SAVETIBET.ORG, AND OUTREACH TO THE MEDIA.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	332,564.
c CAPACITY BUILDING - SUPPORT FOR ICT OFFICES IN AMSTERDAM AND BERLIN AND OUR FIELD TEAMS IN INDIA AND NEPAL	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	249,923.
d SEE STATEMENT 7	
(Grants and allocations $ 7,165.) If this amount includes foreign grants, check here ▶ ☐	99,655.
e Other program services (attach schedule) SEE STATEMENT 9 (Grants and allocations $ 163,119.) If this amount includes foreign grants, check here ▶ ☐	2,341,720.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,621,433.

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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.*

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			2,270.	45	16,953.
	46	Savings and temporary cash investments			511,070.	46	1,088,718.
	47 a	Accounts receivable	47a	21,267.			
	b	Less: allowance for doubtful accounts	47b		3,229.	47c	21,267.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		72,126.	48c	
	49	Grants receivable			32,814.	49	18,000.
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			33,399.	53	96,824.
	54	Investments - securities STMT 10 STMT 13 ▶ ☐ Cost ☒ FMV			443,015.	54	344,318.
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	3,400,890.			
	b	Less: accumulated depreciation STMT 11	57b	163,220.	2,806,086.	57c	3,237,670.
	58	Other assets (describe ▶ SECURITY DEPOSITS)			6,743.	58	580.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			3,910,752.	59	4,824,330.
Liabilities	60	Accounts payable and accrued expenses			83,687.	60	324,679.
	61	Grants payable				61	
	62	Deferred revenue				62	375.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 12			792,274.	64b	850,000.
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65)			875,961.	66	1,175,054.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			2,982,329.	67	3,573,026.
	68	Temporarily restricted			52,462.	68	76,250.
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			3,034,791.	73	3,649,276.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,910,752.	74	4,824,330.

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	5,138,695.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-32,862.		
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	-32,862.
c	Subtract line **b** from line **a**			c	5,171,557.
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): COST OF GOODS SOLD	d2	-20,090.		
	Add lines **d1** and **d2**			d	-20,090.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	5,151,467.

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

a	Total expenses and losses per audited financial statements			a	4,524,210.
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): COST OF GOODS SOLD	b4	20,090.		
	Add lines **b1** through **b4**			b	20,090.
c	Subtract line **b** from line **a**			c	4,504,120.
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	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	4,504,120.

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
SEE STATEMENT 14		284,626.	50,227.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 17			
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 this organization through common supervision or common control?	75c		X
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
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 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	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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
78 a	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? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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 ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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?	82a		X
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.) — 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	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.			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	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	88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ SEE STATEMENT 15			
b	Number of employees employed in the pay period that includes March 12, 2005 — 90b 15			
91 a	The books are in care of ▶ THE CAMPAIGN Telephone no. ▶ (202)785-1515			
	Located at ▶ 1825 JEFFERSON PLACE, NW, WASHINGTON, DC ZIP + 4 ▶ 20036			
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶ N/A			
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 (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,219.	
96 Dividends and interest from securities			14	10,008.	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	11,546.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					3,897.
103 Other revenue:					
a OTHER INCOME			01	31,707.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		57,480.	3,897.
105 **Total** (add line 104, columns (B), (D), and (E))					61,377.

Note: *Line 105 plus line 1d, 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).
102	WIDELY DISTRIBUTED PUBLICATIONS INCREASE THE AWARENESS OF THE TIBETAN CAUSE.

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	%			
	%			
	%			

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).*

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 — Date 7/21/06 ▶ John Ackerly, President — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ Marie C. Caputo | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTON GUNDERSON LLP, 4041 POWDER MILL RD - SUITE 410, CALVERTON, MARYLAND 20705

EIN ▶

Phone no. ▶ 301-931-2050

523163 02-03-06

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2005

Name of the organization: INTERNATIONAL CAMPAIGN FOR TIBET

Employer identification number: 52 1570071

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOEL GYSAN 1825 JEFFERSON PLACE NW, WASHINGTON D	ASSOC DR DVLP MBRSHP 40.00	51,168.	7,080.	
DENISE CLEGG 1825 JEFFERSON PLACE NW, WASHINGTON D	DIR DEVELOP 40.00	84,187.	10,005.	
BHUCHUNG TSERING 1825 JEFFERSON PLACE NW, WASHINGTON D	DIRECTOR 40.00	58,449.	15,757.	
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PRODUCTION ADVANTAGE 14120 SULLYFIELD CIRCLE, SUITE C, CHANTILLY, VA 2	PRINTING	743,770.
PATHWAYS 3 BENS WAY, CHILMARK, MA 02535	MAILING/PRINTING	230,350.
MELING & ASSOCIATES 56 1/2 MERCHANTS ROW,SUITE 211, RUTLAND, VT 05701	POSTAGE	168,788.
PUBLIC INTEREST COMMUNICATIONS, INC. 7700 LEESBURG PIKE, SUITE 301, FALLS CHURCH, VA 2	TELEMARKETING/SCRIPT WRITING	146,520.
PIDI 1800 DIAGONAL RD, SUITE 400, ALEXANDRIA, VA 22314	DIRECT MAIL COMPUTER SERVICES	78,570.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ 96,039. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 16	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,880,973.	3,448,931.	3,218,851.	3,463,104.	14,011,859.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	42,281.	29,528.	21,302.	22,406.	115,517.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,183.	70,378.	92,839.	78,393.	262,793.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	72,660.	10,193.	SEE STATEMENT 17 2,027.	7,506.	92,386.
23 Total of lines 15 through 22	4,017,097.	3,559,030.	3,335,019.	3,571,409.	14,482,555.
24 Line 23 minus line 17	3,974,816.	3,529,502.	3,313,717.	3,549,003.	14,367,038.
25 Enter 1% of line 23	40,171.	35,590.	33,350.	35,714.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 287,341.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 913,749.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 14,367,038.

d Add: Amounts from column (e) for lines: 18 262,793. 19 ______ 22 92,386. 26b 913,749. ▶ **26d** 1,268,928.

e Public support (line 26c minus line 26d total) ▶ **26e** 13,098,110.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 91.1678%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2004) ______ (2003) ______ (2002) ______ (2001) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2004) ______ (2003) ______ (2002) ______ (2001) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c** N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		38,938.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		57,101.
38 Total lobbying expenditures (add lines 36 and 37)	38		96,039.
39 Other exempt purpose expenditures	39		4,447,019.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		4,543,058.
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		377,153.
42 Grassroots nontaxable amount (enter 25% of line 41)	42		94,288.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	377,153.	345,945.	330,270.	310,308.	1,363,676.
46 Lobbying ceiling amount (150% of line 45(e))					2,045,514.
47 Total lobbying expenditures	96,039.	59,984.	73,606.	102,746.	332,375.
48 Grassroots nontaxable amount	94,288.	86,486.	82,568.	77,577.	340,919.
49 Grassroots ceiling amount (150% of line 48(e))					511,379.
50 Grassroots lobbying expenditures	38,938.				38,938.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [ ] Yes [X] No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization: INTERNATIONAL CAMPAIGN FOR TIBET

Employer identification number: 52-1570071

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)*

General Rule-

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) .... ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

523451 02-01-06

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization	Employer identification number
INTERNATIONAL CAMPAIGN FOR TIBET	52-1570071

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 167,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 160,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
3	BUILDING - CONSTRUCTION IN PROGRE		SL	.000	16	2,573,400.			2,573,400.			64,335.
	* 990 PAGE 2 TOTAL BUILDINGS					2,573,400.		0.	2,573,400.	0.	0.	64,335.
	FURNITURE & FIXTURES											
2	FURNITURE & EQUIPMENT	VARIES	SL	.000	16	206,922.			206,922.	82,614.		16,271.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					206,922.		0.	206,922.	82,614.	0.	16,271.
	LAND											
1	LAND			.000	16	620,568.			620,568.			0.
	* 990 PAGE 2 TOTAL LAND					620,568.		0.	620,568.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					3,400,890.		0.	3,400,890.	82,614.	0.	80,606.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE/REDEMPTION OF SECURITIES	392,763.	381,217.	0.	11,546.
TO FORM 990, PART I, LINE 8	392,763.	381,217.	0.	11,546.

FORM 990 | INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 | STATEMENT 2

INCOME

1. GROSS RECEIPTS	23,987	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		23,987
4. COST OF GOODS SOLD (LINE 13)	20,090	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3,897

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	20,090	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		20,090
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		20,090

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-32,862.
TOTAL TO FORM 990, PART I, LINE 20	-32,862.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	476,866.	396,632.	11,602.	68,632.
CONSULTANTS	11,467.	5,242.		6,225.
MEDIA AND BOOKS	4,439.	4,439.		
INTERNET	23,124.	22,611.	289.	224.
BUSINESS INSURANCE	38,691.	33,429.	3,018.	2,244.
BANK CHARGES	24,631.	21,714.	1,626.	1,291.
DUES AND SUBSCRIPTIONS	5,503.	4,221.	887.	395.
PAYROLL SERVICE	2,336.	2,009.	187.	140.
STATE REGISTRATION FEES	3,360.			3,360.
MISCELLANEOUS	690.	690.		
TOTAL TO FM 990, LN 43	591,107.	490,987.	17,609.	82,511.

FORM 990 OFFICER COMPENSATION ALLOCATION PART II, LINE 25 STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN ACKERLY	77,625.	9,777.		87,402.
A. PROGRAM SERVICES	72,191.	9,093.		81,284.
B. MANAGEMENT AND GENERAL	2,329.	293.		2,622.
C. FUNDRAISING	3,105.	391.		3,496.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY BETH MARKEY	65,761.	16,090.		81,851.
A. PROGRAM SERVICES	55,897.	13,677.		69,574.
B. MANAGEMENT AND GENERAL	9,864.	2,413.		12,277.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LESLEY FRIEDELL	51,167.	7,056.		58,223.
A. PROGRAM SERVICES	51,167.	7,056.		58,223.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LODI GYARI	90,072.	17,305.		107,377.
A. PROGRAM SERVICES	90,072.	17,305.		107,377.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	316,458.
TOTAL MANAGEMENT AND GENERAL	14,899.
TOTAL FUNDRAISING	3,496.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	334,853.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	STUDENTS FOR A FREE TIBET	602 EAST 14TH STREET, 2ND FLOOR, NEW YORK, NEW YORK	NONE	20,000.
GRANT	TIBET JUSTICE CENTER	2288 FULTON STREET, SUITE 312, BERKELEY, CA 94703	NONE	5,000.
GRANT	NGAWANG CHOEPHEL	70-06 WOODSIDE AVE. APT. 4-A, WOODSIDE, NY 11377	NONE	5,558.
GRANT	CONFIDENTIAL		NONE	5,000.
GRANT	ART REFUGE	PO BOX 31307, SANTE FE, NM 87594	NONE	4,992.
GRANT	TESI ENVIRONMENTAL AWARENESS	RATOC, DHARAMSALA,, HP INDIA 173215	NONE	5,000.
GRANT	TIBET MUSEUM	GANGCHEN KYISHONG, DHARAMSALA, INDIA 176215	NONE	2,184.

GRANT	THUPTEN TSERING	505 SHAFTER AVE, OAKLAND, CA 94609	NONE	5,000.
GRANT	MECHAK CENTER FOR ART	1028 BEREA DR. , BOULDER, CO 80305	NONE	5,000.
GRANT	DOLMA LING	PO SIDHPUR 176-057, DISTT. KANGRA HP INDIA	NONE	2,300.
GRANT	TENZIN BHAGEN	2122 MASS AVENUE NW, APT 723, WASHINGTON, DC	NONE	2,250.
GRANT	NGAWANG SANGDROL	57 CLINTON PLACE, EAST RUTHERFORD, NJ 07073	NONE	12,000.
GRANT	BRIDGE FUND	3727 BUCHANAN #202, SAN FRANCISCO,	NONE	11,000.
GRANT	KARMA DRUGBYU THARGEY LING	P.O. TILOKPUR - 176225, DIST. KANGRA, HIMACHEL	NONE	100,000.
GRANT	WILDLIFE TRUST OF INDIA - A-220	NEW FRIENDS COLONY, NEW DELHI 110 065	NONE	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				190,284.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

REFUGEES- ADVOCACY AND OVERSIGHT TO PROTECT RIGHTS OF TIBETAN REFUGEES PASSING THROUGH OR REMAINING IN NEPAL AND INDIA,AND ASSISTANCE TO THE CENTRAL TIBETAN ADMINISTRATION AND STATE DEPARTMENT IN THE LAUNCHING OF A TIBETAN REFUGEE

RESETTLEMENT PROGRAM IN THE UNITED STATES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	7,165.	99,655.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

PROMOTES HUMAN RIGHTS AND SELF-DETERMINATION FOR TIBETANS AND TO PROTECT THEIR CULTURE AND ENVIRONMENT.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CAMPAIGNS	105,393.	838,266.
INTERNATIONAL OPERATIONS		89,551.
TIBETAN EMPOWERMENT		62,471.
ENVIRONMENTAL/DEVELOPMENT		20,282.
CHINESE OUTREACH		149,571.
GOVERNMENT RELATIONS		277,761.
SPECIAL PROGRAMS	57,726.	903,818.
TOTAL TO FORM 990, PART III, LINE E	163,119.	2,341,720.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	153,061.			153,061.
CORPORATE NOTES	FMV		94,478.		94,478.
TO FORM 990, LINE 54, COL B		153,061.	94,478.		247,539.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	620,568.	0.	620,568.
FURNITURE & EQUIPMENT	206,922.	98,885.	108,037.
BUILDING - CONSTRUCTION IN PROGRESS	2,573,400.	64,335.	2,509,065.
TOTAL TO FORM 990, PART IV, LN 57	3,400,890.	163,220.	3,237,670.

FORM 990 MORTGAGES PAYABLE STATEMENT 12

DESCRIPTION	BALANCE DUE
CONSTRUCTION LOAN	850,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	850,000.

FORM 990 OTHER SECURITIES STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CERTIFICATE OF DEPOSITS	FMV	96,779.
TO FORM 990, LINE 54, COL B		96,779.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RICHARD GERE 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	CHAIRMAN -1.00	0.	0.	0.
LODI GYARI 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	EXECUTIVE CHAIRMAN 40.00	90,072.	17,305.	0.
MARK HANDELMAN 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	TREASURER 4.00	0.	0.	0.
REED BRODY 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
GESHE GYALTSEN 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
MARVIN HAMLISCH 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
BETTY BAO LORD 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
MELISSA MATHISON 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
JOEL MCCLEARY 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
ADAM YAUCH 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
KEITH PITTS 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.

ULIA TAFT 825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
MARK ROVNER 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
STEVE SCHROEDER 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
GARE SMITH 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
GRACE SPRING 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
ERICA STONE 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DIRECTOR -1.00	0.	0.	0.
JOHN ACKERLY 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	PRESIDENT 40.00	77,626.	9,776.	0.
MARY BETH MARKEY 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	EXECUTIVE DIRECTOR 40.00	65,761.	16,090.	0.
LESLEY FRIEDELL 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	SEC/DEVP COORD 40.00	51,167.	7,056.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		284,626.	50,227.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90 STATEMENT 15

STATES

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS
MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,ON,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WI,WV,W

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16
PART III, LINE 3A

GRANTS TO INDIVIDUALS FOR EXPENSES OF ACTIVITIES IN TIBET ARE APPROVED BY THE PRESIDENT AS APPROPRIATE BASED ON AN OUTLINE OF THE PLAN FOR THE PROJECT

SCHEDULE A OTHER INCOME STATEMENT 17

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	72,660.	10,193.	2,027.	7,506.
TOTAL TO SCHEDULE A, LINE 22	72,660.	10,193.	2,027.	7,506.

Form **8868** (Rev. December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

Type or print	Name of Exempt Organization INTERNATIONAL CAMPAIGN FOR TIBET	**Employer identification number** 52-1570071
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1825 K STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE CAMPAIGN
  Telephone No. ▶ (202)785-1515 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 **Form 990-T corporation**) extension of time until AUGUST 15, 2006.
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2005 or
▶ [ ] tax year beginning ______, and ending ______.

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

3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $

c **Balance Due.** 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 $ N/A

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.

- 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 - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization INTERNATIONAL CAMPAIGN FOR TIBET	Employer identification number 52-1570071
	Number, street, and room or suite no. If a P.O. box, see instructions. 1825 JEFFERSON PLACE, NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] 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.

- The books are in the care of ▶ THE CAMPAIGN
  Telephone No. ▶ (202)785-1515 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2006.

5 For calendar year 2005 , or other tax year beginning ______ and ending ______.

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 INFORMATION IN THE HANDS OF THIRD PARTIES IS NEEDED IN ORDER TO ACCURATELY COMPLETE THE 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 ▶ Marie C. Caputo Title ▶ CPA Date ▶ 7/13/06

Notice to Applicant - To Be Completed by the IRS

[ ] We have approved this application. Please attach this form to the organization's return.

[ ] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

[ ] Other

______ By: ______ ______
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name CLIFTON GUNDERSON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4041 POWDER MILL RD - SUITE 410
523832 05-01-05	City or town, province or state, and country (including postal or ZIP code) CALVERTON, MARYLAND 20705