

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)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning _____ and ending _____

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 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).

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 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 **6,281,978.**

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).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances											
Revenue	1	Contributions, gifts, grants, and similar amounts received:									
	a	Contributions to donor advised funds								1a	
	b	Direct public support (not included on line 1a)								1b	5,542,676.
	c	Indirect public support (not included on line 1a)								1c	
	d	Government contributions (grants) (not included on line 1a)								1d	
	e	Total (add lines 1a through 1d) (cash \$ <u>5,542,676.</u> noncash \$ _____)								1e	5,542,676.
	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	4,073.
	5	Dividends and interest from securities								5	8,503.
	6a	Gross rents								6a	
	6b	Less: rental expenses								6b	
6c	Net rental income or (loss). Subtract line 6b from line 6a								6c		
7	Other investment income (describe RENTAL OF MEMBER LISTS)								7	172,568.	
8a	(A) Securities		(B) Other								
	426,166.		8a								
	421,283.		8b								
	4,883.		8c								
8d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1								8d	4,883.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>										
a	Gross revenue (not including \$ <u>453,078.</u> of contributions reported on line 1b)								9a	103,322.	
b	Less: direct expenses other than fundraising expenses								9b	103,322.	
c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2								9c	0.	
10a	Gross sales of inventory, less returns and allowances								10a	21,050.	
b	Less: cost of goods sold								10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 3								10c	21,050.	
11	Other revenue (from Part VII, line 103)								11	3,620.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11								12	5,757,373.	
Expenses	13	Program services (from line 44, column (B))								13	4,433,414.
	14	Management and general (from line 44, column (C))								14	361,636.
	15	Fundraising (from line 44, column (D))								15	915,103.
	16	Payments to affiliates (attach schedule)								16	
	17	Total expenses. Add lines 16 and 44, column (A)								17	5,710,153.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12								18	47,220.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))								19	3,587,960.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4								20	-5,873.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20								21	3,629,307.

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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.

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 schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>482072</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/> 22b	482,072.	482,072.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule) 23				
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	376,422.	346,015.	13,058.	17,349.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
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	751,833.	610,097.	88,108.	53,628.
27 Pension plan contributions not included on lines 25a, b, and c 27	26,488.	20,717.	4,179.	1,592.
28 Employee benefits not included on lines 25a - 27 28	125,533.	101,700.	16,869.	6,964.
29 Payroll taxes 29	84,242.	70,138.	9,473.	4,631.
30 Professional fundraising fees 30	81,611.	44,706.	5,180.	31,725.
31 Accounting fees 31	60,492.	50,294.	6,745.	3,453.
32 Legal fees 32				
33 Supplies 33	86,602.	66,774.	6,294.	13,534.
34 Telephone 34	36,881.	34,591.	1,519.	771.
35 Postage and shipping 35	516,924.	414,508.	9,608.	92,808.
36 Occupancy 36	20,232.	19,679.	353.	200.
37 Equipment rental and maintenance 37	28,933.	9,536.	1,563.	17,834.
38 Printing and publications 38	954,686.	822,359.	9,930.	122,397.
39 Travel 39	307,342.	294,198.	5,279.	7,865.
40 Conferences, conventions, and meetings 40	114.	114.		
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	148,603.	123,703.	16,706.	8,194.
43 Other expenses not covered above (itemize) a _____ 43a b _____ 43b c _____ 43c d _____ 43d e _____ 43e f _____ 43f g SEE STATEMENT 5 43g	1,621,143.	922,213.	166,772.	532,158.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	5,710,153.	4,433,414.	361,636.	915,103.

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 \$ 1,435,790. ; (ii) the amount allocated to Program services \$ 1,218,116. ; (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ 217,674.

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 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 HUMAN RIGHTS - INCLUDES CAMPAIGNS FOR THE RELEASE OF TIBETAN POLITICAL PRISONERS, FOR THE PROMOTION OF HUMAN RIGHTS IN TIBET, AND FOR RELIGIOUS FREEDOM.	
(Grants and allocations \$ <u>311,935.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,393,759.
b SUPPORT FOR DIALOGUE - PROGRAMS WHICH SUPPORT OUR MANDATE, SUCH AS WORK IN SUPPORT OF THE SINO-TIBETAN DIALOGUE PROCESS OR THE DALAI LAMA'S OFFICIAL WASHINGTON VISITS, THE LIGHT OF TRUTH AWARD EVENTS, AND THE REHABILITATION OF FREED POLITICAL PRISONERS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,072,706.
c EDUCATION AND AWARENESS - A WIDE RANGE OF ACTIVITIES AND INITIATIVES THAT BUILD GREATER PUBLIC AWARENESS ABOUT ISSUES IN TIBET, AND ROWELL FUND GRANTS TO TIBETANS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	436,853.
d INTERNATIONAL OPERATIONS - SUPPORT FOR ICT'S INTERNATIONAL OFFICES, STAFF AND CONSULTANTS IN AMSTERDAM, BERLIN, INDIA AND NEPAL.	
(Grants and allocations \$ <u>170,137.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	351,696.
e Other program services (attach schedule) SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,178,400.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,433,414.

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	43,100.	45 169,818.
	46 Savings and temporary cash investments	718,933.	46 1,022,027.
	47 a Accounts receivable	47a 121,219.	
	b Less: allowance for doubtful accounts	47b	47c 121,219.
	48 a Pledges receivable	48a 61,676.	
	b Less: allowance for doubtful accounts	48b	48c 61,676.
	49 Grants receivable	8,000.	49 8,833.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	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	272,907.	53 26,000.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	224,417.	54a 176,825.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
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 3,492,147.		
b Less: accumulated depreciation STMT 9	57b 446,086.	3,157,983.	
58 Other assets, including program-related investments (describe ▶ SECURITY DEPOSITS)		360.	
59 Total assets (must equal line 74). Add lines 45 through 58		4,683,256.	
59		59 4,632,459.	
Liabilities	60 Accounts payable and accrued expenses	495,296.	60 503,152.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 10	600,000.	64b 500,000.
	65 Other liabilities (describe ▶)		65
66 Total liabilities . Add lines 60 through 65		1,095,296.	
66		66 1,003,152.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,468,379.	67 3,477,655.
	68 Temporarily restricted	119,581.	68 151,652.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input 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		72
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)		3,587,960.	
73		73 3,629,307.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73		4,683,256.	
74		74 4,632,459.	

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	5,751,500.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-5,873.	
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	-5,873.	
c	Subtract line b from line a	c	5,757,373.	
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	0.	
e	Total revenue (Part I, line 12). Add lines c and d	e	5,757,373.	

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

a	Total expenses and losses per audited financial statements		a	5,710,153.
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	0.	
c	Subtract line b from line a	c	5,710,153.	
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	5,710,153.	

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 12		316,867.	59,555.	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 ▶ _____ 12		
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 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 NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions)	Yes	No
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
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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a 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

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
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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
	N/A		
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 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
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
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89e			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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
89g			
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 13</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	18
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(202) 785-1515</u> Located at <u>1825 JEFFERSON PLACE, NW, WASHINGTON, DC</u> ZIP + 4 <u>20006</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

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?

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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
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	4,073.	
96 Dividends and interest from securities			14	8,503.	
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			15	172,568.	
100 Gain or (loss) from sales of assets other than inventory			18	4,883.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					21,050.
103 Other revenue					
a OTHER INCOME					3,620.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		190,027.	24,670.
105 Total (add line 104, columns (B), (D), and (E))					214,697.

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).

102 **WIDELY DISTRIBUTED ITEMS INCREASE THE AWARENESS OF THE TIBETAN CAUSE.**

103A **OTHER INCOME USED IN THE ACCOMPLISHMENT OF THE EXEMPT PURPOSE**

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).

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

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

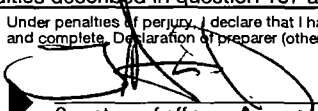
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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?

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.

Please Sign Here:  Signature of officer Date Aug. 28, 2008
 Type or print name and title: John Ackery, President

Paid Preparer's Use Only: Preparer's signature James Ballman Date 8/27/08 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP
11710 BELTSVILLE DRIVE, SUITE 300
CALVERTON, MARYLAND 20705 EIN _____
 Phone no. 301-931-2050

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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
<u>CHARLOLETTE MOORE-OLDHAM</u> 1825 JEFFERSON PLACE NW, WASHINGTON D	DIRECTOR OF ADVOCACY 40.00	72,695.	22,774.	
<u>DENISE CLEGG</u> 1825 JEFFERSON PLACE NW, WASHINGTON D	DIR DEVELOP 40.00	82,505.	9,854.	
<u>BHUCHUNG TSERING</u> 1825 JEFFERSON PLACE NW, WASHINGTON D	DIRECTOR 40.00	65,846.	18,414.	
<u>SARAH CLIFTON</u> 1825 JEFFERSON PLACE NW, WASHINGTON D	DIRECTOR 40.00	61,775.	9,887.	
<u>KATHERINE SAUNDERS</u> 1825 JEFFERSON PLACE NW, WASHINGTON D	DIRECTOR 40.00	61,578.	7,137.	
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
<u>DIRECT ANSWER</u> 6424 BOCK ROAD, OXON HILL, MD 20745	PROFESSIONAL SERVICES	110,632.
<u>MAL WARWICK</u> 2550 NINTH ST 103, BERKLEY, CA 94710	PROFESSIONAL SERVICES	81,611.

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
<u>PRODUCTION ADVANTAGE</u> 14120 SULLYFIELD CIR C, CHANTILLY, VA 20151	PRINTING	272,275.
<u>PUBLIC INTEREST COMMUNICATIONS, INC.</u> 7700 LEESBURG PIKE 301, FALLS CHURCH, VA 22043	TELEMARKETING/SCR IPT WRITING	138,539.
<u>CONVIO</u> 11400 BURNET RD, BLDG 5, STE 200, AUSTIN, TX 7875	DATABASE SERVICES	79,938.

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 ▶ \$ _____ \$ <u>54,408.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	X
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)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 14	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ 0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,959,613.	5,158,992.	3,880,973.	3,448,931.	17,448,509.
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	12,860.	23,987.	42,281.	29,528.	108,656.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,539.	14,227.	21,183.	70,378.	122,327.
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	29,838.	31,707.	SEE STATEMENT 15 72,660.	10,193.	144,398.
23 Total of lines 15 through 22	5,018,850.	5,228,913.	4,017,097.	3,559,030.	17,823,890.
24 Line 23 minus line 17	5,005,990.	5,204,926.	3,974,816.	3,529,502.	17,715,234.
25 Enter 1% of line 23	50,189.	52,289.	40,171.	35,590.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 354,305.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 904,992.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 17,715,234.
d Add: Amounts from column (e) for lines: 18 122,327. 19 _____ 22 144,398. 26b 904,992.					26d 1,171,717.
e Public support (line 26c minus line 26d total)					26e 16,543,517.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.3858%
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	(2006)	(2005)	(2004)	(2003)	
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	(2006)	(2005)	(2004)	(2003)	
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 2003 through 2006, 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.

Part V Private School Questionnaire (See page 9 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?		
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?		
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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 11 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	35,305.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	19,103.
38 Total lobbying expenditures (add lines 36 and 37)	38	54,408.
39 Other exempt purpose expenditures	39	5,655,745.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	5,710,153.
41 Lobbying nontaxable amount. Enter the amount from the following table - 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	41	435,508.
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	108,877.
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.

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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	435,508.	401,046.	377,153.	345,945.	1,559,652.
46 Lobbying ceiling amount (150% of line 45(e))					2,339,478.
47 Total lobbying expenditures	54,408.	110,178.	96,039.	59,984.	320,609.
48 Grassroots nontaxable amount	108,877.	100,262.	94,288.	86,486.	389,913.
49 Grassroots ceiling amount (150% of line 48(e))					584,870.
50 Grassroots lobbying expenditures	35,305.	44,914.	38,938.		119,157.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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:

- 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.)

Yes	No	Amount
		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 14 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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
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:

Table with 2 columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. Marked with 'X' in 'No' column.

N/A

Table with 4 columns: (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 No (X) No

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

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	Current Year Deduction
3	BUILDINGS		SL	.000	16	2,573,400.		0.	2,573,400.	171,943.	0.	40,998.
	* 990 PAGE 2 TOTAL BUILDINGS					2,573,400.		0.	2,573,400.	171,943.	0.	40,998.
2	FURNITURE & FIXTURES		VARIES	.000	16	298,179.		0.	298,179.	125,536.	0.	107,609.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					298,179.		0.	298,179.	125,536.	0.	107,609.
1	LAND			.000	16	620,568.		0.	620,568.	0.	0.	0.
	* 990 PAGE 2 TOTAL LAND					620,568.		0.	620,568.	0.	0.	0.
2	* GRAND TOTAL 990 PAGE 2 DEPR					3,492,147.		0.	3,492,147.	297,479.	0.	148,607.

(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	426,166.	421,283.	0.	4,883.
TO FORM 990, PART I, LINE 8	426,166.	421,283.	0.	4,883.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA	556,400.	453,078.	103,322.	103322.	0.
TO FM 990, PART I, LINE 9	556,400.	453,078.	103,322.	103322.	0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	21,050	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		21,050
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		21,050

COST OF GOODS SOLD

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

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	-5,873.
TOTAL TO FORM 990, PART I, LINE 20	-5,873.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRAINING	2,483.	1,844.	54.	585.
CONSULTANTS	147,693.	65,145.	56,575.	25,973.
MEDIA AND BOOKS	5,675.	5,415.	93.	167.
INTERNET	5,520.	2,484.	2,865.	171.
BUSINESS INSURANCE	33,929.	29,224.	3,386.	1,319.
BANK CHARGES	26,796.	22,219.	3,060.	1,517.
DUES AND SUBSCRIPTIONS	11,863.	9,416.	1,358.	1,089.
STATE REGISTRATION FEES	4,765.			4,765.
PLANNED GIVING	0.			
CAPACITY BUILDING	0.			
BUILDING EXPENSE	106,302.	88,549.	11,989.	5,764.
SPECIAL EVENTS	6,848.	6,848.		
DELIVERY	14,204.	7,291.	545.	6,368.
PROFESSIONAL SERVICES	1,229,331.	673,425.	78,025.	477,881.
MISCELLANEOUS	24,093.	8,712.	8,822.	6,559.
CONTRIBUTIONS	1,641.	1,641.		
TOTAL TO FM 990, LN 43	1,621,143.	922,213.	166,772.	532,158.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT SONAM TASHI 47 WINGFIELD ROAD REGINA, SASKATCHEWAN S4V 0E8	7,358.
GRANT TSERING DHONGTHOG 500 RIVERSIDE DRIVE NEW YORK, NEW YORK 10027	7,500.
GRANT TIBETAN WOMEN'S ASSOCIATION MACLEOD GANJ, 176219 DHARAMSALA, H.P. INDIA	3,900.
GRANT NANGSAL TENZIN NORBU 560 RIVERSIDE DRIVE APT 5B NEW YORK, NEW YORK 10027	4,000.
GRANT TSERING SHAWA 45 GROVER AVE PRINCETON, NY 08540	7,100.
GRANT TESI ENVIRONMENTAL AWARENESS RATOE, CHUWARHOUSE DISTT. KANGRA	7,500.
GRANT EMILY YEH 3035 FOLSOM ST BOULDER, CO 80304	15,000.
GRANT TSERING WANGMO 2636 MCALLISTER ST SAN FRANCISCO, CA 94118	1,500.
GRANT TAMDIN WANDU 10542 KIPLING PLACE WESTMINSTER CO 80021	5,835.

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GRANT TENZIN TSEPAK - LIBRARY OF TIBETAN WORKS AND ARCHIVES GANGCHEN KYISHONG, DARAMSALA HIMACHAL PARADESH, 176215 INDIA	3,800.
GRANT TENZIN PALJOR - THE ASIA FOUNDATION PO BOX 193223 SAN FRANCISCO, CA 94119	1,460.
GRANT STUDENTS FOR A FREE TIBET 602 EAST 14TH STREET, 2ND FLOOR NEW YORK, NEW YORK	20,000.
GRANT NGWANG CHOEPHEL 45-45 40 TH ST APT 3F NEW YORK, NEW YORK 11104	107,797.
GRANT NUNS (RELIGIOUS FREEDOM) PO BOX 176225 DIST KANGRA PRADISH, HP, INDIA	60,000.
GRANT ENVIRONMENT PO BOX 3195 ADELINE ST BERKLEY, CA 94703	2,000.
GRANT PRISONER REHAB 57 CLINTON PLACE, 2ND FLOOR EAST RUTHERFORD, NY 07073	10,248.
GRANT ANI DECHIN KULDEEP HOUSE THARDOELING MCLEOD GANJ DHARAMSALA, INDIA 176219	1,500.
GRANT TASHI THAKCHOE/OFFICE OF KASHAG DHARAMSALA-176219 HIMCHAL PRADESH, INDIA	6,386.
GRANT GARDEN RELIEF PROJECTS 637 CHRISTI ST TORONTO, ON M6G 3E 6 CANADA	7,500.

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GRANT PATRICIA SACHIAFFINI 10505 PRIVA TRAIL AUSTIN, TX	7,500.
GRANT TEAM, RATOE CHUWAR HOUSE DHARAMSALA, DISTT.KANGRA 172615 HIMCHAL PRADESH, INDIA	5,000.
GRANT FOTWA/ART RELIEF PO BOX 31307 SANTA FE, NM 87594	5,165.
GRANT TSETEN PUNCHARES 20610 PACIFIC COAST HWY MALIBU, CA 90265	5,000.
GRANT BODHI US 2743 PORTOBELLO DR TORRANCE, CA 90505	3,450.
GRANT YUDUR TSOMU 50 BRADLEY ST SOMERVILLE, MA 02145	1,000.
GRANT TENZING PALJOR C/O THE ASIAN FOUNDATION PO BOX 193223 SAN FRANSICO, CA 94119	3,436.
GRANT ICT - EUROPE VIJELSTRAAT 77 1017HG AMSTERDAM, THE NETHERLANDS	90,137.
GRANT ICT - DEUTSCHLAND SCHONHAUSER ALLEE 163 10435 BERLIN, GERMANY	80,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

482,072.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
CAMPAIGNS - CAMPAIGNS AND PROGRAMS RELATING TO THE PROTECTION OF THE TIBETAN PLATEAU ECOSYSTEM, INCLUDING OPPOSING UNCHECKED CHINESE MIGRATION AND WANTON NATURAL RESOURCE EXTRACTION, AND TO TAKE ACTION AGAINST THE USURPATION OF THE TIBETAN IDENTITY BY THE CHINESE IN THE RUN-UP TO THE 2008 OLYMPICS IN BEIJING.	0.	346,509.
GOVERNMENT RELATIONS - WORK RELATING TO PROGRAMS THAT INVOLVE NATIONAL, STATE AND REGIONAL GOVERNMENTS, THE U.S. CONGRESS AND ADMINISTRATION, EUROPEAN NATIONS AND THE EUROPEAN UNION AND THE UNITED NATIONS.	0.	288,086.
MEDIA AND REPORT - PRINCIPAL COMMUNICATION ACTIVITIES INCLUDE THE NEWSLETTER (TIBET PRESS WATCH) THE WEBSITE (WWW.SAVETIBET.ORG) INFORMATION UPDATES (REPORTS FROM INSIDE TIBET) AND OUTREACH TO MEDIA.	0.	255,926.
CHINESE OUTREACH - CREATING AN UNDERSTANDING OF TIBETAN ISSUES THROUGH INCREASED COMMUNICATION WITH VARIOUS SEGMENTS OF THE CHINESE COMMUNITY.	0.	186,825.
REFUGEES - ADVOCACY AND OVERSIGHT TO PROTECT THE RIGHTS OF TIBETAN REFUGEES PASSING THROUGH OR REMAINING IN NEPAL AND IN INDIA, AND ASSISTANCE TO THE CENTRAL TIBETAN ADMINISTRATION AND STATE DEPARTMENT IN THE LAUNCHING OF A TIBETAN REFUGEE RESETTLEMENT PROGRAM IN THE UNITED STATES.	0.	101,054.
TOTAL TO FORM 990, PART III, LINE E		1178400.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	620,568.	0.	620,568.
FURNITURE & EQUIPMENT	298,179.	233,145.	65,034.
BUILDING	2,573,400.	212,941.	2,360,459.
TOTAL TO FORM 990, PART IV, LN 57	3,492,147.	446,086.	3,046,061.

FORM 990 MORTGAGES PAYABLE STATEMENT 10

DESCRIPTION	BALANCE DUE
CONSTRUCTION LOAN	500,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	500,000.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	79,859.			79,859.
CERTIFICATE OF DEPOSITS	FMV	96,966.			96,966.
CORPORATE NOTES	FMV	0.			
TO FORM 990, LINE 54A, COL B		176,825.			176,825.

 FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
 TRUSTEES AND KEY EMPLOYEES

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	93,675.	21,240.	0.
MARK HANDELMAN 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	TREASURER 4.00	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.
VENERABLE GESHE TSULTIM GYELTSSEN 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.
MARCO ANTONIO KARAM 1825 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.

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GRACE SPRING 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	83,535.	9,980.	0.
MARY BETH MARKEY 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	VICE PRESIDENT ADVOCACY 40.00	76,590.	18,765.	0.
LESLEY FRIEDEL 1825 JEFFERSON PLACE, NW WASHINGTON DC 20036	DEPUTY DIRECTOR FOR SPECIAL PROGRAM 40.00	63,067.	9,570.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		316,867.	59,555.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 13
PART VI, LINE 90

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, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WI, WV, WA,
WY

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 14
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 15

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	29,838.	31,707.	72,660.	10,193.
TOTAL TO SCHEDULE A, LINE 22	29,838.	31,707.	72,660.	10,193.

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

Name(s) shown on return: **INTERNATIONAL CAMPAIGN FOR TIBET**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **52-1570071**

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	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)

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	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	148,607.

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	
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						
c 7-year property						
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 instr	22	148,607.
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							25	

26 Property used more than 50% in a qualified business use

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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												
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

	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?		

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:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

- 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. You 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		Employer identification number
	INTERNATIONAL CAMPAIGN FOR TIBET		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):

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, 2008**.
- 5 For calendar year **2007**, 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.	8a	\$
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.	8b	\$
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.	8c	\$ 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 Maria Caputo Title CPA

Date 7/14/08