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PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b>                                |  | <b>D</b> Employer identification number<br><b>52-1570071</b> |
|  | Doing business as   |  | <b>E</b> Telephone number<br><b>202-785-1515</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite   |  |
|  | <b>1825 JEFFERSON PLACE, NW</b>   |  | <b>G</b> Gross receipts \$ <b>3,667,186.</b>                 |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20036</b> |  |  |
| <b>F</b> Name and address of principal officer: <b>LESLEY RICH</b><br><b>SAME AS C ABOVE</b>   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |
| <b>J</b> Website: <b>WWW.SAVETIBET.ORG</b>   |   | If "No," attach a list. (see instructions)   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>H(c)</b> Group exemption number ▶   |  |
| <b>L</b> Year of formation: <b>1988</b>  |   | <b>M</b> State of legal domicile: <b>DC</b>  |  |

**Part I Summary**

|   |  |
|---|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE HUMAN RIGHTS AND DEMOCRATIC FREEDOMS FOR THE PEOPLE OF TIBET.</b> |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>10</b>  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>10</b>  |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>13</b>   |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>10</b>   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>3,530.</b> |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,361,289.</b> <b>Prior Year</b> <b>3,338,414.</b> <b>Current Year</b>                                     |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>1,927.</b> <b>6,488.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>37,736.</b> <b>258,231.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,400,952.</b> <b>3,603,133.</b>                                     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>52,615.</b> <b>69,246.</b>   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>  |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,071,967.</b> <b>1,080,052.</b>                                      |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>113,561.</b> <b>142,502.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>513,481.</b>   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,931,038.</b> <b>2,118,635.</b>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>3,169,181.</b> <b>3,410,435.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>231,771.</b> <b>192,698.</b>  |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <b>4,038,113.</b> <b>Beginning of Current Year</b> <b>4,242,961.</b> <b>End of Year</b>                                     |
|   | <b>21</b> Total liabilities (Part X, line 26) <b>221,662.</b> <b>233,812.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>3,816,451.</b> <b>4,009,149.</b>   |

**Part II Signature Block**

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.

|   |   |                                 |                               |   |                          |
|---|---|---------------------------------|-------------------------------|---|--------------------------|
| <b>Sign Here</b>  | Signature of officer  | Date                            |                               |   |                          |
|   | <b>LESLEY RICH, SECRETARY</b><br>Type or print name and title |                                 |                               |   |                          |
| <b>Paid Preparer Use Only</b>                           | Print/Type preparer's name<br><b>KEITH JENNINGS</b>           | Preparer's signature            | Date                          | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01319883</b> |
|   | Firm's name ▶ <b>SNYDER COHN, PC</b>                          | Firm's EIN ▶ <b>52-1022232</b>  | Phone no. <b>301-652-6700</b> |   |                          |
| Firm's address ▶ <b>11200 ROCKVILLE PIKE, SUITE 415</b> |   | <b>NORTH BETHESDA, MD 20852</b> |                               |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROMOTE HUMAN RIGHTS AND DEMOCRATIC FREEDOMS FOR THE PEOPLE OF TIBET.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 652,305. including grants of \$ ) (Revenue \$ ) MEDIA AND REPORTING - PRINCIPAL COMMUNICATION ACTIVITIES INCLUDE THE NEWSLETTER (TIBET PRESS WATCH), THE WEBSITE (WWW.SAVETIBET.ORG) AND INFORMATION UPDATES REPORTS FROM INSIDE TIBET, LONG FORM PUBLICATIONS, TIBET UPDATES, EMAIL NEWSLETTERS, SOCIAL MEDIA AND OUTREACH TO TRADITIONAL MEDIA.

4b (Code: ) (Expenses \$ 340,134. including grants of \$ 14,220.) (Revenue \$ ) HUMAN RIGHTS - INCLUDES CAMPAIGNS FOR RELEASE OF TIBETAN POLITICAL PRISONERS, FOR THE PROMOTION OF HUMAN RIGHTS IN TIBET, AND FOR RELIGIOUS FREEDOM.

4c (Code: ) (Expenses \$ 970,594. including grants of \$ 41,969.) (Revenue \$ ) EDUCATION AND AWARENESS - A WIDE RANGE OF ACTIVITIES AND INITIATIVES THAT BUILD GREATER PUBLIC AWARENESS ABOUT ISSUES IN TIBET, INCLUDING THE ROWELL FUND FOR TIBET, TALKS BY NOTABLE SPEAKERS, PUBLICATIONS, TIBET YOUTH LEADERSHIP PROGRAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ 797,750. including grants of \$ 13,057.) (Revenue \$ )

4e Total program service expenses 2,760,783.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and Section 501(c)(7) and (12) organizations (10-11).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CAROL FAULB - 202-785-1515 1825 JEFFERSON PLACE NW, WASHINGTON, DC 20036

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) RICHARD GERE<br>CHAIR                         | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) GARE SMITH<br>VICE CHAIR                      | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JIM KANE<br>TREASURER/FINANCE COMMITTEE       | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) KEITH PITTS<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) STEVE SCHROEDER<br>DIRECTOR/FINANCE COMMITTEE | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) JOHN ACKERLY<br>DIRECTOR/FINANCE COMMITTEE    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) PAMELA CESAK<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) TONY KARAM<br>DIRECTOR                        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) TEMPA TSERING<br>DIRECTOR                     | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) ELLEN BORK<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) MATTEO MECACCI<br>PRESIDENT                  | 40.00   |   |                       | X       |              |                              |        | 174,047.   | 0.  | 22,240.   |
| (12) LESLEY RICH<br>SECRETARY                     | 40.00   |   |                       | X       |              |                              |        | 87,667.  | 0.  | 18,267.   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|--|--|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |   |   |  |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |   |   |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |   |   |  |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  |                      |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b> 3,338,414.   |                      |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 3,338,414.           |   |   |  |  |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> _____   | <b>Business Code</b>   |                      |   |   |  |  |
|  | <b>b</b> _____   |  |                      |   |   |  |  |
|  | <b>c</b> _____   |  |                      |   |   |  |  |
|  | <b>d</b> _____   |  |                      |   |   |  |  |
|  | <b>e</b> _____   |  |                      |   |   |  |  |
|  | <b>f</b> All other program service revenue .....   |  |                      |   |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  |                      |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 7,113.               |   |   | 7,113.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |   |   |  |  |
|  | <b>5</b> Royalties .....   |  | 21,126.              |   |   | 21,126.  |  |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal        |   |   |  |  |
|  |  | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |  |
|  |  | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) .....                     |                      |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |   |   |  |  |
|  |  | <b>c</b> Gain or (loss) .....                                  |                      |   |   |  |  |
|  |  | <b>d</b> Net gain or (loss) .....                              |                      |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |   |   |  |  |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |   |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |                      |   |   |  |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |                      |   |   |  |  |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |                      |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b> 11,824.   |  |                      |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b> 0.  |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  | 11,824.              | 11,824.   |   |  |  |
| Miscellaneous Revenue  |  | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a OTHER INCOME</b> .....   | 900099   |  | 225,281.             |   |   | 225,281.   |  |
| <b>b</b> _____   |  |  |                      |   |   |  |  |
| <b>c</b> _____   |  |  |                      |   |   |  |  |
| <b>d</b> All other revenue .....   |  |  |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |  |  | 225,281.             |   |   |  |  |
| <b>12 Total revenue.</b> See instructions .....                            |  |  | 3,603,133.           | 11,824.   | 0.                                      | 252,895.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 7,500.                | 7,500.                          |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 21,720.               | 21,720.                         |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 40,026.               | 40,026.                         |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 303,174.              | 238,018.                        | 33,697.                                | 31,459.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 590,726.              | 501,607.                        | 25,125.                                | 63,994.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 23,847.               | 19,752.                         | 771.                                   | 3,324.                      |
| 9 Other employee benefits   | 99,511.               | 82,367.                         | 3,544.                                 | 13,600.                     |
| 10 Payroll taxes  | 62,794.               | 51,390.                         | 3,366.                                 | 8,038.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 37,455.               | 30,533.                         | 2,049.                                 | 4,873.                      |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 142,502.              |                                 |  | 142,502.                    |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 791,115.              | 704,574.                        | 50,070.                                | 36,471.                     |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 905,020.              | 743,878.                        | 3,551.                                 | 157,591.                    |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 61,342.               | 50,584.                         | 3,228.                                 | 7,530.                      |
| 17 Travel   | 155,091.              | 137,068.                        | 2,794.                                 | 15,229.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 67,381.               | 57,918.                         | 2,297.                                 | 7,166.                      |
| 23 Insurance  | 13,003.               | 10,987.                         | 639.                                   | 1,377.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>BANK CHARGES</b>   | 56,261.               | 44,975.                         | 3,692.                                 | 7,594.                      |
| b <b>SPECIAL EVENTS</b>   | 14,561.               | 11,248.                         | 1,205.                                 | 2,108.                      |
| c <b>STATE REGISTRATIONS</b>  | 10,480.               |                                 |  | 10,480.                     |
| d <b>DUES AND SUBSCRIPTIONS</b>   | 6,545.                | 6,257.                          | 143.                                   | 145.                        |
| e All other expenses  | 381.                  | 381.                            |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 3,410,435.            | 2,760,783.                      | 136,171.                               | 513,481.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) | 1,141,139.            | 951,422.                        | 0.                                     | 189,717.                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 401,096.                 | <b>1</b>   | 570,646.              |
|   | <b>2</b> Savings and temporary cash investments .....  | 970,005.                 | <b>2</b>   | 1,005,932.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 197,705.                 | <b>3</b>   | 0.                    |
|   | <b>4</b> Accounts receivable, net .....  | 7,150.                   | <b>4</b>   | 254,209.              |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 49,706.                  | <b>9</b>   | 67,111.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 3,560,838.    |            |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,217,134.    | 2,410,850. | <b>10c</b> 2,343,704. |
|   | <b>11</b> Investments - publicly traded securities .....   | 70.                      | <b>11</b>  | 62.                   |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                       |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,531.                   | <b>15</b>  | 1,297.                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 4,038,113.   | <b>16</b>                | 4,242,961. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 79,107.                  | <b>17</b>  | 119,167.              |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                       |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 142,555.                 | <b>23</b>  | 114,645.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>  |                       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 221,662.                 | <b>26</b>  | 233,812.              |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                       |
|   | <b>27</b> Unrestricted net assets .....  | 3,770,566.               | <b>27</b>  | 3,977,858.            |
|   | <b>28</b> Temporarily restricted net assets .....  | 45,885.                  | <b>28</b>  | 31,291.               |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                       |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                       |
| <b>33</b> Total net assets or fund balances .....                         | 3,816,451.   | <b>33</b>                | 4,009,149. |                       |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 4,038,113.   | <b>34</b>                | 4,242,961. |                       |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,603,133. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 3,410,435. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 192,698.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 3,816,451. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 4,009,149. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| <b>2b</b>   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| <b>2c</b>   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| <b>3a</b>   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| <b>3b</b>   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 3175667. | 3339158. | 3478332. | 3361289. | 3338414. | 16692860. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 3175667. | 3339158. | 3478332. | 3361289. | 3338414. | 16692860. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 294,678.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 16398182. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 3175667. | 3339158. | 3478332. | 3361289. | 3338414. | 16692860.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 47,906.  | 39,007.  | 44,957.  | 37,695.  | 40,063.  | 209,628.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 2,396.   | 2,780.   | 3,586.   | 1,950.   | 225,281. | 235,993.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 17138481.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 95.68 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 92.16 % |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013   |                                     |   |  |
| <b>b</b> From 2014   |                                     |   |  |
| <b>c</b> From 2015   |                                     |   |  |
| <b>d</b> From 2016   |                                     |   |  |
| <b>e</b> From 2017   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014  |                                     |   |  |
| <b>b</b> Excess from 2015  |                                     |   |  |
| <b>c</b> Excess from 2016  |                                     |   |  |
| <b>d</b> Excess from 2017  |                                     |   |  |
| <b>e</b> Excess from 2018  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2018



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**INTERNATIONAL CAMPAIGN FOR TIBET**

Employer identification number

**52-1570071**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |   |
|---|---|
| Name of organization<br><br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b> | Employer identification number<br><br><b>52-1570071</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 101,061.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ 92,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ 69,700.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b> | Employer identification number<br><br><b>52-1570071</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |
|                              |  | \$ _____  |                      |



|   |   |
|---|---|
| Name of organization<br><br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b> | Employer identification number<br><br><b>52-1570071</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b> | Employer identification number<br><b>52-1570071</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  | 9,374.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 18,706.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   | 28,080.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures   | 3,382,355.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   | 3,410,435.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 320,522.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | 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. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   | 80,131.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**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 separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 324,510. | 324,776. | 308,459. | 320,522. | 1,278,267. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 1,917,401. |
| <b>c</b> Total lobbying expenditures                                | 47,997.  | 32,531.  | 22,090.  | 28,080.  | 130,698.   |
| <b>d</b> Grassroots nontaxable amount                               | 81,127.  | 81,194.  | 77,115.  | 80,131.  | 319,567.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 479,351.   |
| <b>f</b> Grassroots lobbying expenditures                           | 13,890.  | 7,865.   | 8,544.   | 9,374.   | 39,673.    |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     |    |        |
| <b>c</b> Media advertisements? .....  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     |    |        |
| <b>i</b> Other activities? .....  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about property control and private benefit.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      | 620,568.                        |                              | 620,568.          |
| b Buildings  |                                      | 2,573,400.                      | 900,692.                     | 1,672,708.        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  |                                      | 366,870.                        | 316,442.                     | 50,428.           |
| e Other  |                                      |                                 |                              |                   |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>2,343,704.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 3,603,133. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 3,603,133. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 3,603,133. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 3,410,435. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 3,410,435. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 3,410,435. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX EFFECT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF GENERAL AND ADMINISTRATIVE EXPENSES WHEN ASSESSED. ICT IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL



**Part XIII** Supplemental Information *(continued)*

REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. SIMILAR TO OTHER  
TAX-EXEMPT ORGANIZATIONS, ICT IS SUBJECT TO TAX ON UNRELATED BUSINESS  
INCOME. TAX YEARS PRIOR TO 2015 ARE NO LONGER SUBJECT TO EXAMINATION BY  
THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF COLUMBIA.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SOUTH ASIA  |                                     |  | GRANTMAKING  |  | 19,469.  |
| EUROPE  |                                     |  | GRANTMAKING  |  | 7,500.   |
| EAST ASIA AND THE PACIFIC                               |                                     |  | GRANTMAKING  |  | 13,057.  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 40,026.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 40,026.  |

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant               | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------|------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | EUROPE                    | PROMOTION OF EDUCATION ABOUT TIBET | 7,500.                   | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  | EAST ASIA AND THE PACIFIC | PROMOTION OF EDUCATION ABOUT TIBET | 13,057.                  | WIRE TRANSFER                   | 0.                               |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |
|                               |  |                           |                                    |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2

3 Enter total number of other organizations or entities ..... 0



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

GRANT RECIPIENTS ARE REQUIRED TO FILE TWO REPORTS (A MID-YEAR PROGRESS REPORT AND A FINAL PROGRESS REPORT) OUTLINING THE PROGRESS AND COMPLETION OF THEIR PROJECTS. FAILING TO DO SO MAKES THEM INELIGIBLE FOR FUTURE GRANTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |  | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--------------|--------------|------------------|--|
|                 |  | (event type) | (event type) | (total number)   |  |
| Revenue         | <b>1</b> Gross receipts .....  |              |              |                  |  |
|                 | <b>2</b> Less: Contributions .....   |              |              |                  |  |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                            |              |              |                  |  |
| Direct Expenses | <b>4</b> Cash prizes .....   |              |              |                  |  |
|                 | <b>5</b> Noncash prizes .....  |              |              |                  |  |
|                 | <b>6</b> Rent/facility costs .....   |              |              |                  |  |
|                 | <b>7</b> Food and beverages .....  |              |              |                  |  |
|                 | <b>8</b> Entertainment .....   |              |              |                  |  |
|                 | <b>9</b> Other direct expenses .....   |              |              |                  |  |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |              |                  |  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |              |              |                  |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
|                 | <b>2</b> Cash prizes .....  |   |   |   |   |
| Direct Expenses | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
| Direct Expenses | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: SCHULTZ & WILLIAMS

(I) ADDRESS OF FUNDRAISER:

325 CHESTNUT STREET STE 700, PHILADELPHIA, PA 19106



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| TIBETAN NUNS PROJECT<br>815 SEATTLE BLVD S STE 216<br>SEATTLE, WA 98134 | 68-0327175     | 501(C)(3)                              | 7,500.                          | 0.                                       |  |  | PROMOTION OF EDUCATION ABOUT TIBET        |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

**3** Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| POLITICAL PRISONER REHAB        | 2                        | 21,720.                  | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO FILE TWO REPORTS (A MID-YEAR PROGRESS REPORT AND A FINAL PROGRESS REPORT) OUTLINING THE PROGRESS AND COMPLETION OF THEIR PROJECTS. FAILING TO DO SO MAKES THEM INELIGIBLE FOR FUTURE GRANTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**INTERNATIONAL CAMPAIGN FOR TIBET**

Employer identification number

**52-1570071**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) MATTEO MECACCI<br>PRESIDENT | (i)  | 174,047.   | 0.                                  | 0.                                  | 7,763.   | 14,477.                 | 196,287.                        | 0.  |
|                                 | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL CAMPAIGN FOR TIBET

Employer identification number

52-1570071

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**CAMPAIGNS**

EXPENSES \$ 203,507. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**CHINESE OUTREACH**

EXPENSES \$ 80,486. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**GOVERNMENT RELATIONS**

EXPENSES \$ 271,341. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**INTERNATIONAL**

EXPENSES \$ 89,542. INCLUDING GRANTS OF \$ 12,952. REVENUE \$ 0.

**TIBETAN EMPOWERMENT**

EXPENSES \$ 152,874. INCLUDING GRANTS OF \$ 105. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND  
COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENT  
ANNUALLY. IF THERE IS A CONFLICT THEY ARE REQUIRED TO INDICATE AS SUCH ON  
THE FORM. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST THEY ARE REQUIRED TO  
LEAVE THE ROOM DURING BOARD DISCUSSIONS OF THE ISSUE AND MUST RECUSE  
THEMSELVES FROM VOTES ON THE ISSUE. WHEN THE CONFLICT HAS BEEN RESOLVED THE

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

Schedule O (Form 990 or 990-EZ) (2018)



|  |  |
|--|--|
| Name of the organization<br>INTERNATIONAL CAMPAIGN FOR TIBET | Employer identification number<br>52-1570071 |
|--|--|

BOARD MEMBER INDICATES SUCH ON A NEW CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

INFORMATION ON COMPARABLE ORGANIZATIONS AND POSITIONS WAS GATHERED AND REVIEWED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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, VA, VT, WA, WV, WI,  
WY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE DOCUMENTS LISTED AT FORM 990, PART VI, LINE 19 AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

DATA PROCESSING:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 13,441. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 36,471. |
| TOTAL EXPENSES                  | 49,912. |

PROFESSIONAL SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 372,115. |
| MANAGEMENT AND GENERAL EXPENSES | 50,070.  |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 422,185. |

|  |  |
|--|--|
| Name of the organization<br>INTERNATIONAL CAMPAIGN FOR TIBET | Employer identification number<br>52-1570071 |
|--|--|

LIST RENTAL:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 71,186. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 71,186. |

CREATIVE SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 111,592. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 111,592. |

MAILSHOP SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 136,240. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 136,240. |

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 791,115.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), Name of organization: INTERNATIONAL CAMPAIGN FOR TIBET, Number, street, and room or suite no.: 1825 JEFFERSON PLACE, NW, City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036, D Employer identification number: 52-1570071, E Unrelated business activity code: 900099

C Book value of all assets at end of year: 5,242,961. F Group exemption number, G Check organization type: 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: CAROL FAULB Telephone number: 202-785-1515

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12. Total income: 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.

| <b>Part III Total Unrelated Business Taxable Income</b> |   |        |
|---|---|--------|
| 33  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 0.     |
| 34  | Amounts paid for disallowed fringes   | 4,530. |
| 35  | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)   |        |
| 36  | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34                            | 4,530. |
| 37  | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   | 1,000. |
| 38  | <b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 3,530. |

| <b>Part IV Tax Computation</b> |  |      |
|--------------------------------|--|------|
| 39                             | <b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)   | 741. |
| 40                             | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |      |
| 41                             | <b>Proxy tax.</b> See instructions   |      |
| 42                             | Alternative minimum tax (trusts only)  |      |
| 43                             | <b>Tax on Noncompliant Facility Income.</b> See instructions   |      |
| 44                             | <b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies   | 741. |

| <b>Part V Tax and Payments</b> |  |      |
|--------------------------------|--|------|
| 45a                            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  |      |
| b                              | Other credits (see instructions)   |      |
| c                              | General business credit. Attach Form 3800  |      |
| d                              | Credit for prior year minimum tax (attach Form 8801 or 8827)   |      |
| e                              | <b>Total credits.</b> Add lines 45a through 45d  |      |
| 46                             | Subtract line 45e from line 44   | 741. |
| 47                             | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) |      |
| 48                             | <b>Total tax.</b> Add lines 46 and 47 (see instructions)   | 741. |
| 49                             | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   | 0.   |
| 50a                            | Payments: A 2017 overpayment credited to 2018  |      |
| b                              | 2018 estimated tax payments  |      |
| c                              | Tax deposited with Form 8868   | 741. |
| d                              | Foreign organizations: Tax paid or withheld at source (see instructions)   |      |
| e                              | Backup withholding (see instructions)  |      |
| f                              | Credit for small employer health insurance premiums (attach Form 8941)   |      |
| g                              | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   |      |
| 51                             | <b>Total payments.</b> Add lines 50a through 50g   | 741. |
| 52                             | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  |      |
| 53                             | <b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   |      |
| 54                             | <b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   |      |
| 55                             | Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  |      |

| <b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions) |  |   |
|---|--|---|
| 56  | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes No<br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input checked="" type="checkbox"/> |
| 57  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  | <input type="checkbox"/> <input checked="" type="checkbox"/>  |
| 58  | Enter the amount of tax-exempt interest received or accrued during the tax year  | \$  |

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **SECRETARY** \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: KEITH JENNINGS  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01319883  
 Firm's name: SNYDER COHN, PC Firm's EIN: 52-1022232  
 11200 ROCKVILLE PIKE, SUITE 415  
 Firm's address: NORTH BETHESDA, MD 20852 Phone no. 301-652-6700

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| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT | 1 |
|------------|---|-----------|---|
|------------|---|-----------|---|

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QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b>            | Employer identification number (EIN) or<br><br><b>52-1570071</b> |
| 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.<br><b>1825 JEFFERSON PLACE, NW</b>               | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WASHINGTON, DC 20036</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**CAROL FAULB**

- The books are in the care of ▶ **1825 JEFFERSON PLACE NW - WASHINGTON, DC 20036**  
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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>INTERNATIONAL CAMPAIGN FOR TIBET</b>            | Employer identification number (EIN) or<br><br><b>52-1570071</b> |
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| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
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| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

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