** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and er	nding		
B C	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	Address change	TIBET HOUSE, INC.			
	Name change	Doing Business As		13-3	438221
	Initial return		oom/suite	E Telephone numbe	r
	Termin- ated	22 WEST 15TH STREET			268-9834
	Amende return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,579,468.
	Applica tion	NEW TORK, NT TOOTT		H(a) Is this a group re	
	pending	F Name and address of principal officer: BEATA TIKOS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	<u></u> 527	· ·	list. (see instructions)
		e: ► WWW.TIBETHOUSE.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1987	M State of legal domicile: NY
Ра		Summary	ОМОПП	AMADENEGO	OH MIDHM
ce	1 5	Briefly describe the organization's mission or most significant activities: TO PRO	OMO.L.F	AWAKENESS	OF LIBEL
nan	_	AND TIBETAN POLITICAL, SOCIAL, ECONOMIC AN			
Activities & Governance		Check this box if the organization discontinued its operations or dispose		1	ssets.
Go		lumber of voting members of the governing body (Part VI, line 1a) Jumber of independent voting members of the governing body (Part VI, line 1b)			13
sæ		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			45
itie		otal number of individuals employed in calendar year 2011 (Fart V, line 2a)			13
ctiv		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
Ф	8 (Contributions and grants (Part VIII, line 1h)		1,248,797.	
nué		Program service revenue (Part VIII, line 2g)		381,871.	374,574.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,194.	8,219.
E	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		224,203.	-
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,860,065.	2,836,104.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		256,722.	365,279.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		948,473.	
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	36,000.	41,250.
≅xp	b T	otal fundraising expenses (Part IX, column (D), line 25) 122,85	/•	1 000 400	1 565 720
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,068,409. 2,309,604.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-449,539.	
-S	19 F	Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year	
let Assets or und Balances	20 1	otal acceta (Dart V. line 16)		6,336,019.	End of Year 6, 226, 757.
Asse Bal	20 ⊤ 21 ⊤	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		245,679.	183,117.
Net, Fund	22 1	Net assets or fund balances. Subtract line 21 from line 20		6,090,340.	6,043,640.
		Signature Block		.,,	.,,
Unde	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		\			
Sigr	ո	Signature of officer		Date	
Her	e	BEATA TIKOS, TREASURER			
		Type or print name and title			LI DEN
		Print/Type preparer's name Preparer's signature	ا ا	Pate Check L	PTIN
Paid	-	FREDERICK H. ROTHMAN		self-employ	
Prep		Firm's name LOEB & TROPER LLP		Firm's EIN	13-1517563
Use	Unly	Firm's address 655 THIRD AVENUE, 12TH FLOOR		, ,	212\ 067 4000
		NEW YORK, NY 10017		Phone no. (212) 867-4000
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

132002 02-09-12

Form 990 (2011) TIBET HOUSE, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			37
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1+0		
.5	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		

Form **990** (2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		Х	
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	Λ	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	15 I I I I I I I I I I I I I I I I I I I	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in horizont continuations? If res, complete contended in	25		
30	and the star of the Was II appropriate Cohody to M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u>-</u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2011)

Form 990 (2011) TIBET HOUSE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter o if indiapplicable 1						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61			
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and and 2 is greater than 250, you may be required to e-flex (eee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If If Yeas, "is not fled a Form 900 Thro This year If If "No," provide an explanation in Schedule O 4a A rany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yeas," instend the name of the foreign country No, provide an explanation in Schedule O 6c If Yeas, "to line Sar of Sb, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yeas," the line Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yeas, "to line Sar of Sb, did the organization in the value of the ground in the same or the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yeas," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contribution or gifts or the property of the third organization receive a payment in excess of \$7.5 made partly as a contribution or gifts organization receive and the property of the pro	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed of the caendary year anding with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 3a A Tax yit me during the calendary year, did the organization for more than the property of the organization for the property of the organization solicit and property of the p	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
fleef for the calendary year ending with or within the year covered by this return A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) A S Note 1a		(gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary var, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the manner of the foreign country ▶ See instructions for filling requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibitor tax select transaction at any time during the lax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax select transaction? 5c Li Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select transaction? 5c Li Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select transaction? 5c Li Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select transaction? 5c Li Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select transaction? 5c Li Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of 35°s made partly as a contribution or protect organization selected and payment in excess of 35°s made partly as a contribution or to give the companization organization receive a payment in excess of 35°s made partly as a contribution organization and partly	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross nationed of 5,1000 or more during the year? 3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," set if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," enter the name of the foreign country. ▶ 5c If yes, "the organization country such as a bank account, securities account, or other financial accountry. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," this has an 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," this sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Dos the organization and year year year year year year year year		filed for the calendar year ending with or within the year covered by this return	2a	45			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 innancial accountly or "Yes," enter the name of the foreign country." ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5c If "Yes," to line 5a or 5b, did the organization the Form 8986-1? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8882. 6c If Yes," indicate the number of Forms 8882 filed during the year 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization make any funds, directly or indirectly, to not personal benefit contract? 7r Yes," If the organization received any funds, directly or indirectly, on a personal benefit contract? 7r Yes," If the organization make any taxable distributions under section 4966? 7g Sponsoring organizations maintaining donor advised funds. 8 phonoring organization make any taxable distributions and section 596(a)(3) supporting organization file Form 8898 arequired? 8 phonoring organizations make any taxable distributions under sect		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By Bank and Financial Accounts. Sa Was the organization reprive to a prohibited tax shelter transaction at any time during the tax year? Sa Does the organization that are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? For Organization that the are not tax deductible? For Organizations that may receive deductible contributions under section 170(c). By If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? For Organizations that may receive deductible contributions under section 170(c). By If Yes, 'did the organization notify the donor of the value of the goods or services provided? To Sa Did the organization notify the donor of the value of the goods or services provided? To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year of the main and year of the production of the organization office or services any funds, directly or indirectly, or a personal benefit contract? To X Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? September 1 organization services any funds, directly or indirectly, or a personal benefit contract? For X Did the organization received a contribution of qualified intellectual property, did the organization file organization organization and account property for indirectly, or a p							X
financial account in a foreign country (such as a bank account, securities account, or other financial accounti)? b if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV 3c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible? 6a IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 A X if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 A If the organization make a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098-07 7 A S possoring organization making donor advised funds and section 598(a)(3) supporting organizations. Did the supporting organizations and the form the year of the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization making donor advise		•			3b		
b If "Yes," enter the name of the foreign country: Sa was the organization aper ty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization aper ty to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? So bid any taxable party notify the organization file Form 888817. So be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? So by If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To C bid the organization notify the donor of the value of the goods or services provided? To lid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Was defined the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? To Was defined the organization received a contribution of qualified intellectual property, did the organization file or male and the properties of the organization file form 1898 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Spensoring organizations exceived a contribution of qualified intellectual property, did the organization file a Form 1098-C? Spensoring organizations exceived a contribution of qualified intellectual property, did the organization file a Form 1098-C? Spensoring or	4a			•			.,
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a Initiation fees and capital contributions included on Part VIII, line 12					35		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11	•					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consciention was because of the following the foll			146		x
	D	ii 165, 1185 it iiieu a 1 01111 120 to 16poit tilese payments (11 140, provide ari explanation iii 30neudik	<i></i>			990 ((2011)

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 to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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?	2	Х	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		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?	16a		X
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are considered as a section 6104 requires as a sectio	vailat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	LINDA MOSLEY - 212-268-9834			
	227 WEST 29TH STREET, #8R, NEW YORK, NY 10001			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

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

- 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NENA THURMAN	20.00	37		ν,				20.000	0	
MANAGING DIRECTOR (2) ROBERT THURMAN	20.00	Х		Х			<u> </u>	20,000.	0.	0.
PRESIDENT	5.00	x		x				0.	0.	0.
(3) PHILIP GLASS	3.00	^		^				0.	0.	0.
VICE PRESIDENT	1.00	x		X				0.	0.	0.
(4) LUDWIG KUTNER	1.00						┢	0.	0.	
SECRETARY	1.00	Х		Х				0.	0.	0.
(5) BEATA TIKOS	1,00									
TREASURER	5.00	x		х				8,025.	0.	0.
(6) ALAN ABRAMSON								.,,,,,		
BOARD MEMBER	1.00	х						0.	0.	0.
(7) KAZUKO T. HILLYER										
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) SUSAN KESSLER										
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) NAVIN KUMAR										
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) ADAM M. LINDERMAN									_	
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) MICHAEL MCCORMICK	1 00	l								•
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) LAURENCE H. SILVERMAN BOARD MEMBER	1 00	x						0.	0.	0
(13) UMA K. THURMAN	1.00	^				<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) FORTUNA VALENTINO	1.00	^				<u> </u>			0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) ALEX VON BIDDER	1,00									
BOARD MEMBER	1.00	х	L					0.	0.	0.

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(A)	(B)	Employees, and Highest (C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					anc	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson	is bot	n an	compensation	compensation		an	nount	of
	week	offi	cer ar	d a di	irecto	or/trus	tee)	from	from related			other	
	(describe	ector						the	organizations			pensa	
	hours for	trustee or director	a.			ated		organization	(W-2/1099-MIS	SC)		om the	
	related	stee	ruste			bens		(W-2/1099-MISC)			_	anizat	
	organizations in Schedule	al tr	onalt		oloyee	e co						d relat	
	O)	Individual 1	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	ons
		_											
		_											
		_											
1b Sub-total								28,025.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		28,025.		0.			0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed at	bove	e) wł	o r	eceived more than \$100	0,000 of reportabl	е			0
compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tr	ııeta	o ko	w on	nnlc	N/AA	or	highest compensated a	mnlovee on	1			
line 1a? If "Yes," complete Schedule J for		,		-							3		Х
								har companyation from			3		
For any individual listed on line 1a, is the and related organizations greater than \$1									trie organization		4		Х
5 Did any person listed on line 1a receive or									idual for convicos		4		
rendered to the organization? If "Yes," co	•				•			led organization or indivi	idual for services		5		Х
Section B. Independent Contractors		<u> </u>	0. 0.		0.0.0								
1 Complete this table for your five highest of	ompensated in	dep	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	r the calendar y	<u>ear</u>	endi	ng w	vith	or w	ithir		year.				
(A) Name and busines	s address	N	INC	3				(B) Description of s	ervices	С	ompe))) nsatio	n
							4						
							_						
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis	stec	d above) who received m	nore than				
Troo,000 or compensation from the organ	nzation P					_					Form	990 ¢	2011)

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	rt VII		nue					9-
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grantsimilar amounts not included above	1b 1c 1d 1d 1es, and 1f 1f	67,634. 691,139. 827,242.				
Son	_	Noncash contributions included in lines Total. Add lines 1a-1f			1586015.			
	2 a	DDOGDAN GEDINGE		Business Code 900099	374,574.	374,574.		
Program Service Revenue	b c d e							
4		All other program service reve			274 574			
\exists	<u>g</u> 3	Total. Add lines 2a-2f	dividends, intere	est, and	374,574. 8,219.			8,219.
	4	Income from investment of tax	k-exempt bond p	roceeds >				
		Gross rents Less: rental expenses	(i) Real 730341. 230057.	(ii) Personal				
		Rental income or (loss)	500284.					
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other	500,284.			500,284.
	d	and sales expenses Gain or (loss) Net gain or (loss)		>				
Other Revenue		Gross income from fundraising including \$ 691,1 contributions reported on line Part IV, line 18 Less: direct expenses	39 • of 1c). See	784127. 439787.				
0		Net income or (loss) from fund			344,340.			344,340.
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam		>				
	10 a	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a	75,925. 73,520.				
		Net income or (loss) from sale			2,405.			2,405.
		Miscellaneous Revenu	e	Business Code				
	11 a b							
	C							
				900099	20,267.			20,267.
		Total. Add lines 11a-11d Total revenue . See instructions.			20,267. 2836104.	374,574.	0.	875,515.
13200 01-23-	12 9 ·12	Total revenue. See IIISH UCHORS.			7020T0#•	J/4,J/4•	<u> </u>	Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

Dοι	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	26 270	26 270		
_	organizations in the United States. See Part IV, line 21	26,270.	26,270.		
2	Grants and other assistance to individuals in	125 000	125 000		
_	the United States. See Part IV, line 22	125,009.	125,009.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	214 000	214 000		
	United States. See Part IV, lines 15 and 16	214,000.	214,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	28,025.	28,025.		
_	trustees, and key employees	20,023.	20,023.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	707,198.	648,380.	22,057.	36,761
7	Other salaries and wages	707,190.	040,300.	22,037•	30,701
8	·				
^	section 401(k) and section 403(b) employer contributions)	51,424.	46,808.	1,800.	2,816
9	Other employee benefits	87,629.	79,763.	3,066.	4,800
10	Payroll taxes	01,029.	19,103.	3,000.	4,000
11	Fees for services (non-employees):				
_	Management	2,183.		2,183.	
b	Legal	79,223.		79,223.	
-	Accounting	19,443.		13,223.	
d	, , , , , , , , , , , , , , , , , , , ,	41,250.			41,250
e	Professional fundraising services. See Part IV, line 17	41,230.			41,230
f	Investment management fees	563,895.	280,201.	283,694.	
g	Other	116,325.	107,019.	3,490.	5,816
12	Advertising and promotion	317,800.	281,547.	17,918.	18,335
13	Office expenses	317,000.	201,547.	17,910.	10,333
14	Information technology				
15	Royalties	3,695.	3,695.		
16 17	Occupancy	98,624.	90,734.	2,959.	4,931
17	Travel	90,024.	30,734.	2,959.	4,931
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	41,753.	38,412.	1,253.	2,088
19	Conferences, conventions, and meetings	41,755	30,412.	1,255.	2,000
20	Interest				
21 22	Payments to affiliates	133,737.	124,774.	8,963.	
22	Depreciation, depletion, and amortization	35,385.	31,980.	1,327.	2,078
23 24	Other expenses. Itemize expenses not covered	33,303.	31,500.	1,521•	2,070
24	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 0.)				
а	HONORARIUM	151,874.	150,894.		980
b					
C					
d					
	All other expenses	21,245.	17,668.	575.	3,002
25	Total functional expenses. Add lines 1 through 24e	2,846,544.	2,295,179.	428,508.	122,857
<u>25 </u>	Joint costs. Complete this line only if the organization	_, ,	_,,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Permanently restricted net assets

complete lines 30 through 34.

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117, check here

and

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

13-3438221 Page **11** Form 990 (2011) Part X | Balance Sheet (A) (B) Beginning of year End of year 493,115. 278,786. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 684,659. 327,835. 2 2 Pledges and grants receivable, net 3 3 93,079. 236,789. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 instructions) 6 7 Notes and loans receivable, net 7 184,744. 183,463. Inventories for sale or use 8 8 230,301. 14,882. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 6,167,042. basis. Complete Part VI of Schedule D ______ 10a 1,296,130. 4,561,940. 4,870,912. b Less: accumulated depreciation 10b 10c 312,809. Investments - publicly traded securities 89,462. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 6,336,019. 6,226,757. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 47,402. 62,478. 17 17 Accounts payable and accrued expenses _____ 18 18 Grants payable 194,230. 5,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 114,434. 23 Secured mortgages and notes payable to unrelated third parties 23 1,205. 4,047. 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 25 245,679. 183,117. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,036,775. 5,990,075. 27 27 Unrestricted net assets 53,565. 53,565. Temporarily restricted net assets 28

> 6,226,757. Form **990** (2011)

6,043,640.

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33

34

6,090,340.

6,336,019.

31

32

33

Forn	1990 (2011) 11DE1 11OOSE, 1NC.	T2 242	0 4 4 1	Pag	ge 📭			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,83					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,84		$\frac{44.}{40.}$			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		6,09					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			60.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,04	3,6	<u>40.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				<u> X</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				_			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
			Form	9 90 (2011)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number TIBET HOUSE. 13-3438221 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

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

(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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	Sec	ction A. Public Support						
membership fees received. (Do not include any "unsual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add ines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add ines 1 through 3 5 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) 6 Public support. Sometime fees from time 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from similar sources 9 Net income from similar sources 9 Net income from the elected business activities, whether or not the business is regularly carried on 1 18,505. 390. 15,787. 24,576. 20,267. 79,525. 11 Total support. Add lines 7 through 10 12 Gross receipts from related business activities, whether or not the business is regularly carried on 18 First five years. If the Form 800 is for the organization is first, second, third, fourth, or fifth tax year as a section 501c((3) 9,680,135. 18 First five year. If the Form 800 to 10 years (c) gee instructions) 19 Light is support test -2011. If the organization of income for the size of capital assets (Explain in Part IV). 10 Tails support test -2011. If the organization of incomes the "facts and circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization in meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
Calcadula A (Faura 000 au 000 F7) 0044	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be Section A. Public Support	low, please comp	piete Part II.)									
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
1 Gifts, grants, contributions, and	(u) 2001	(5) 2000	(0) 2000	(4) 2010	(6) 2011	(i) Total					
membership fees received. (Do not include any "unusual grants.")											
2 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											
3 Gross receipts from activities that are not an unrelated trade or business under section 513											
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
5 The value of services or facilities furnished by a governmental unit to the organization without charge											
6 Total. Add lines 1 through 5											
7a Amounts included on lines 1, 2, and											
3 received from disqualified persons 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											
c Add lines 7a and 7b											
8 Public support (Subtract line 7c from line 6.)											
Section B. Total Support											
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
9 Amounts from line 6											
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources											
b Unrelated business taxable income											
(less section 511 taxes) from businesses acquired after June 30, 1975											
c Add lines 10a and 10b											
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
13 Total support (Add lines 9, 10c, 11, and 12.)		<u> </u>	1.6 11 601 1	<u> </u>	[<u></u>					
14 First five years. If the Form 990 is for t	ŭ		•	•	. , . ,						
check this box and stop here Section C. Computation of Public						P					
15 Public support percentage for 2011 (lir		<u>-</u>	acluma (fl)		15						
16 Public support percentage from 2010 s					16	<u>%</u>					
Section D. Computation of Invest					110	90					
17 Investment income percentage for 201			ne 13 column (f))		17	%					
18 Investment income percentage from 20					18						
19a 33 1/3% support tests - 2011. If the co					L						
	-										
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
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											
· · · · · · · · · · · · · · · · · · ·	·										

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

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.

OMB No. 1545-0047

2011

Name of the organization **Employer identification number** 13-3438221 TIBET HOUSE, INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

TIBET HOUSE, INC.

13-3438221

TIDEL	HOUSE, INC.	1.3	7-3430221
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TIBET HOUSE, INC.

13-3438221

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	90. 990-EZ. or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number TIBET HOUSE, INC. 13-3438221 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(/), (8), or (10) organization year. 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 information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift 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 (e) Transfer of gift 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

TIBET HOUSE, INC.

Employer identification number 13-3438221

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	5.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T		ا م ا
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
Da	conservation easements.	Aut Historiaal Tussayusa ay O	they Circilay Accets
Pai	Till Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	·	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ı gaın, provide
	the following amounts required to be reported under SFAS 116	-	▶ •
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🏲 🠧

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Schedule D (Form 990) 2011

TIBET	HOUSE.	TNC
TTDDT	TOUSE.	TINC

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			OUSE, INC.					3438221	
Check all that apply: a	Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures,	or Other	Similar A	ssets (continu	ed)
a	3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	ne following tha	at are a sigi	nificant use o	f its collection it	ems
b		(check all that apply):							
c	а	X Public exhibition	·	i XLoan or e	xchange progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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	b	X Scholarly research	•	e U Other					
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? Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appart, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table: Total and Total	С	X Preservation for future generations							
to be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and expla	in how they furthe	r the organizati	ion's exem	pt purpose in	Part XIV.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? Comparison of Part X Par	5	During the year, did the organization solicit o	r receive donations	of art, historical tr	easures, or oth	er similar a	ssets		
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?									X No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organiza	tion answered	"Yes" to Fo	orm 990, Part	IV, line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount		reported an amount on Form 990, Pa	rt X, line 21.						
b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance	1a								
C Beginning balance C C C C C C C								Yes I	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bif Yes, explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 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 ▶ y6 b Permanent endowment ▶ y6 c Temporarily restricted endowment ▶ y6 b Permanent endowment ▶ y6 c Temporarily restricted endowment ▶ y6 b Permanent endowment Imes 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) related organiz	b	If "Yes," explain the arrangement in Part XIV $$	and complete the fo	ollowing table:					
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Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A Beginning of year balance				21?				└── Yes	No
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a Board designated or quasi-endowment ▶	g	-							
b Permanent endowment ▶	2		•		(a)) held as:				
Temporarily restricted endowment ▶				%					
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Yes No (i) unrelated organizations 3a(i)	•		•						
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 466,719. 466,719. b Buildings 4,115,968. 878,304. 3,237,664. c Leasehold improvements 417,826. 1,166,529.	За		ession of the organiz	ation that are held	and administe	ered for the	organization		
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b Buildings 4,115,968. 878,304. 3,237,664. c Leasehold improvements Equipment 1,584,355. 417,826. 1,166,529.		Land			, ,	аорго		466	719
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d Equipment						3	. 5 , 5 5 ± •	5,257,	304.
e Other 1,584,355. 417,826. 1,166,529.									
			l	1.5	84,355.	4	L7.826.	1,166	529.
							<u>, , , , , , , , , , , , , , , , , , , </u>		

4,870,912. Schedule D (Form 990) 2011

Tart vii investmente strief sesanties.	bee rollingso, rait A, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or end	thod of valuation: d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		thod of valuation: d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir			(In) De aleccation
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)	1F \		
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X			
() 5	x, iine ∠5.	(b) Book value	
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	ino 25)		
Total. (Column (b) must equal Form 990, Part X, col (B) li	e to the organization's financial sta	atements that reports the organization's ila	ability for uncertain tax positions under
FIN 48 (ASU, 740)			

22

2579___1

132053 01-23-12

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: IN ACCORDANCE WITH SFAS 116 TIBET HOUSE INC. ELECTS

NOT TO REPORT ART COLLECTIONS OR SIMILAR ASSETS IN ITS BALANCE SHEET OR INCOME STATEMENT.

PART III, LINE 4: OUR COLLECTIONS CONTAIN CULTURAL ARTIFACTS AND DOCUMENTS DEMONSTRATING ASPECTS OF TIBETAN CULTURE, DAILY LIFE, RELIGION, HISTORY, ENVIRONMENT, COSTUME, ARCHITECTURE, LANGUAGE AND SO FORTH. THE ARTIFACTS DATE FROM 12TH THROUGH THE 20TH CENTURY. THEY ARE USED TO

Schedule D (Form 990) 2011

FULFILL OUR MISSION OF PRESERVING AND PRESENTING TIBETAN CULTURE AS AN

EDUCATIONAL ASSET FOR THE PUBLIC.

PART X, LINE 2: TIBET HOUSE INC. HAS DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2008 AND SUBSEQUENT

REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 230,057.

DIRECT EXPENSE OF SPECIAL EVENTS 439,787.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 669,844.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

DIRECT EXPENSE OF SPECIAL EVENTS

TOTAL TO SCHEDULE D, PART XIII, LINE 2D

230,057.

439,787.

Schedule D (Form 990) 2011

14340201 733030 2579

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2011
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

13-3438221 TIBET HOUSE, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes' Part I to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region GRANTS TO RECIPIENTS LOCATED IN REGION GENERAL SUPPORT SOUTH ASIA 214,000. 3 a Sub-total 0 214,000. **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 0 and 3b) 214,000.

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2011

132072 01-23-12

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any								
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000								
Part II can be du	plicated if additional	space is needed.	T	T	1			
1 (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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GENERAL SUPPORT	214000.	WIRE TRANSFER	0.		
			recognized as charities by the					<u>.</u>
			n 501(c)(3) equivalency letter			······ .		<u>2</u> 0
• Enter total number of	3 Enter total number of other organizations or entities Schedule F (Form 990) 2011							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
							appraisai, other)	

Sched	ule F (Form 990) 2011 TIBET HOUSE, INC.	13-3438221	Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization TIBET H	OUSE, INC.				Employer ide	ntification number 221
Part I Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	'es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following with a Solicitate or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
LYNN SCHAUWECKER - 20 ROCKEFELLER PLAZA, NEW YORK,	EVENTS	Yes	No	1,475,266.	41,250.	1,434,016.
			•	1,475,266.	41,250.	1,434,016.
List all states in which the organization or licensing. NY	on is registered or licensed to solicit	contrib	utions	s or has been notified	l it is exempt from re	egistration

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

13-3438221 Page 2 Schedule G (Form 990 or 990-EZ) 2011 TIBET HOUSE, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PEACEMAKING BENEFIT (add col. (a) through CONFERENCE CONCERT col. (c)) (total number) (event type) (event type) Revenue 882,751. 213,253. 379,262. 1,475,266. 1 Gross receipts 682,739 1,000. 7,400. 691,139. 2 Less: Charitable contributions 200,012. 212,253. 371,862. 784,127. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 198,999. 62,659. 261,658. 6 Rent/facility costs 21,129. 3,009. 40,542. 64,680. 7 Food and beverages 27,558. 27,558. 8 Entertainment 22,011. 18,129 85,891. Other direct expenses 439,787, 10 Direct expense summary. Add lines 4 through 9 in column (d) 344,340. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 TIBET HOUSE, INC.	13-3438221 Page 3
11 Does the organization operate 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 operated in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	15.
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 amou	ınt
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 N	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
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	n the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	mns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	rmation (see instructions).
COMEDINE O DADE I IINE OD LICE OF MEN HICHERE DAID BUNDDA	T CED C.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	T9FK9:
(T) NAME OF STRIPPATORE LAND, GOVERNMENT	
(I) NAME OF FUNDRAISER: LYNN SCHAUWECKER	
(I) ADDRESS OF FUNDRAISER: 20 ROCKEFELLER PLAZA, NEW YORK, N	Y 10020
SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE PAYMENT TO THE	FUNDRAISER
WAS FOR SERVICES THAT SHE PERFORMED DURING TIBET HOUSE'S SPE	CIAL EVENTS.
ALL SUCCESSFUL BIDDERS ARE GIVEN AN ACKNOWLEDGEMENT OF THE CO	ONTRIBUTION
PORTION.	
132083 01-23-12 Schedule (G (Form 990 or 990-EZ) 2011

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" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TIBET HOU	Employer identification number 13-3438221						
Part I General Information on Grants						L	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?						
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. C	complete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	i '	s box if no one recipie	nt received more th	an \$5,000. Part II		additional space is nee	ded
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR BUDDHIST STUDIES							
80 CLAREMONT AVE							
NEW YORK, NY 10027	23-7330983	501 (C)3	12,000.	0.			FURTHER TIBETAN STUDIES
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in th	ne line 1 table				>1.
3 Enter total number of other organization		4					0.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization TIBET HOUSE, INC. Employer identification number 13-3438221

		PEI HOO							. 3 - 3 4	J U Z Z			
Part I	,		-		-	n 501(c)(4) organizatio	• •						
	Complete if the orga	anization ansv	vered "Yes	" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b.			
1	(a) Name of di	(b) Description of transaction						(c) Corrected?					
(a) Name of disqualified person					עשן בפסטוויףנוטודטו נומווסמטנוטוד						Yes	No	
2 Ente	r the amount of tax imp	oosed on the c	organizatio	n managers	s or disqualifi	ed persons during the	e year un	der					
3 Ente	r the amount of tax, if a	any, on line 2,	above, rein	nbursed by	the organiza	ation			. 🕨 \$				
Part II	Loans to and/o	or From Int	erested	Persons	5.								
				_		line 26, or Form 990-E	Z, Part \	/, line 38					
(a) Name of interested (b) Loan to or fi				(c) Origin	nal principal mount	(d) Balance due	(e) In default?		(f) Approved by board or		(g) Written agreement?		
per	rson and purpose	the organization		-	nount				cómmittee?		 		
		То	From				Yes	No	Yes	No	Yes	No	
Total		<u>.</u>	····		> \$								
Part III	Grants or Assis	stance Ber	nefiting i	ntereste	ed Person	S.							
	Complete if the org		vered "Yes					_					
(a) Name of interested person (b) Relation					tionship between interested person and the organization				(c) Amount and type of assistance				
DODUDE EUROVAN					-								
ROBERT THURMAN CHAIRMAN				IN OF THE BOARD				GRANT 122,180.					
								-					
			1										

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

Schedule L (Form 990 or 990-EZ) 2011

	d "Yes" on Form 990, Part IV, line 28a, 28			(a) CL -	vin -
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
Complemental Information					
Supplemental Information	nal information for responses to question	e on Schodulo I. (eo	instructions)		
Complete triis part to provide addition	lai imormation for responses to question	s on Scriedule L (See	e instructions).		

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

TIBET HOUSE, INC. 13-3438221 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g X 745,000. OPINION OF EXPERTS Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other Other -26 27 Other -28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

OMB No. 1545-0047

2011
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** TIBET HOUSE, INC. 13-3438221 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TIBET HOUSE EXHIBITS- VARIOUS EXHIBITS DESIGNED TO SHOWCASE THE TIBET 'REPATRIATION' COLLECTION OF ARTWORKS AND THE WORKS OF VARIOUS OTHER TIBETAN AND TIBET RELATED ARTISTS. EXPENSES \$ 87,332. INCLUDING GRANTS OF \$ 203,956. REVENUE \$ 125,654. FORM 990, PART VI, SECTION A, LINE 2: ROBERT THURMAN CHAIRMAN FAMILY NENA THURMAN BOARD FAMILY GANDEN THURMAN E.D. FAMILY UMA THURMAN BOARD FAMILY FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS BUT THEY DO NOT HAVE VOTING RIGHTS. SECTION B, LINE 11: A COPY OF THE 990 IS EMAILED OUT TO FORM 990, PART VI, THE BOARD TO REVIEW BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 18: THEY ARE MADE AVAIABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: -36,260. NET UNREALIZED LOSSES ON INVESTMENTS:

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

Schedule O (Form 990 or 990-EZ) (2011)

FORM 990 PAGE 10

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
		VARI	ΞS	.000	16	4,115,968.			4,115,968.	779,559.		98,745.
	* 990 PAGE 10 TOTAL BUILDINGS					4,115,968.		0.	4,115,968.	779,559.	0.	98,745.
	FURNITURE & FIXTURES					1,110,500.		3.	1,110,500.	7737331		3077130
3		VARI	ES	.000	16	253,426.			253,426.	382,834.		34,992.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					253,426.		0.	253,426.	382,834.	0.	34,992.
	LAND											
		VARI	ΞS	.000	16	466,719.			466,719.			0.
	* 990 PAGE 10 TOTAL LAND					466,719.		0.	466,719.	0.	0.	0.
	OTHER											
		VARI	ΞS	.000	16	1,330,929.			1,330,929.			0.
	* 990 PAGE 10 TOTAL OTHER					1,330,929.		0.	1,330,929.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR	Ш				6,167,042.		0.	6,167,042.	1,162,393.	0.	133,737.

128102 05-01-11

⁽D) - Asset disposed