Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2018 Open to Public

OMB No. 1545-0047

Upen to P

A	For the	e 2018 calendar year, or tax year beginning	, 2018	, and endi				, 20)	
		C Name of organization				D Employer ide	ntifica	tion num	ber	
B	Check if ap	TIBET HOUSE, INC.				13-343	8221	L		
	Addre					1				
	-	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suit	e	E Telephone nu	mber			
	Initial	I return 22 WEST 15TH STREET				(212) 80	7-0	563		
	Final termir	return/ City or town, state or province, country,	and ZIP or foreign postal code							
	Amen	NEW YORK, NY 10011				G Gross receipts	s \$	3	,084	,338.
		cation F Name and address of principal officer:	GANDEN THURMAN			H(a) Is this a grous subordinates		n for	Yes	XNC
		22 WEST 15TH STREET,	NEW YORK, NY 10011			H(b) Are all subord		cluded?	Yes	No
I	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	527	lf "No," at	tach a l	ist. (see inst	tructions)	
J	Websi	ite: ▶ WWW.TIBETHOUSE.ORG				H(c) Group exem	ption nu	umber 🕨		
κ	Form of	of organization: X Corporation Trust	Association Other ►	L Yea	ar of forma	tion: 1987 M	State	of legal do	micile:	NY
Ρ	art I	Summary				·				
_	1	Briefly describe the organization's mission o	r most significant activities: TO PR	OMOTE 2	AWAREN	IESS OF TI	BET	AND		
e		TIBETAN POLITICAL, SOCIAL,								
ano										
/err	2	Check this box if the organization of the	liscontinued its operations or dispos	ed of more	than 25%	6 of its net asset	s.			
Governance	3	Number of voting members of the governing	body (Part VI, line 1a)				3			25.
		Number of independent voting members of					4			23.
Activities &		Total number of individuals employed in cal					5			74.
tivi		Total number of volunteers (estimate if neces					6			29.
Ac		Total unrelated business revenue from Part V					7a			0.
		Net unrelated business taxable income from					7b			
			· · · · · · · · · · · · · · · · · · ·			Prior Year		Cur	rent Y	ear
0	8	Contributions and grants (Part VIII, line 1h)				943,07	'3.		780	,937.
nue	9	Program service revenue (Part VIII, line 2g)				995,33	34.		916	,745.
Revenue	10	Investment income (Part VIII, column (A), line				16,39	93.		18	,818.
R	11	Other revenue (Part VIII, column (A), lines 5,				822,24	7.		782	,808.
		Total revenue - add lines 8 through 11 (mus				2,777,04	7.	2,	499	,308.
		Grants and similar amounts paid (Part IX, col				25,25			46	,065.
		Benefits paid to or for members (Part IX, colu					0.			0.
s	4.0	Salaries, other compensation, employee ben				1,101,29	6.	1,	142	,901.
Expenses	16 a	Professional fundraising fees (Part IX, column					0.			0.
adx	b	Total fundraising expenses (Part IX, column (-					
Ш	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		_	1,493,43	9.	1,	520	,502.
		Total expenses. Add lines 13-17 (must equal				2,619,99	94.	2,	709	,468.
		Revenue less expenses. Subtract line 18 fror				157,05	53.	-	-210	,160.
or		·				nning of Current	Year	End	d of Yea	ır
sets	20	Total assets (Part X, line 16)				6,869,26	50.	6,	566	,373.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				234,86	51.		214	,369.
Net	22	Net assets or fund balances. Subtract line 2				6,634,39	9.	6,	352	,004.
Pa	art II	Signature Block								
Un tru	der per e, corre	nalties of perjury, I declare that I have examined th ect, and complete. Declaration of preparer (other that	is return, including accompanying sched n officer) is based on all information of wh	ules and sta ich prepare	atements, a r has any k	and to the best of nowledge.	fmyk	nowledge	and be	elief, it is
Sig	jn	Signature of officer				Date				
He	re									
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Date		Chaoli	:e F	TIN		
Pai	d	AARON SHAPIRO				Check self-employ	, "	P013	3321	6
Pre	parer	DKD IID	1			Firm's EIN > 4				
Use	Only	Firm's name BRD, LLP Firm's address 655 THIRD AVENUE	#1200 NEW YORK NY 100)17				867.4		
Ma	v the	IRS discuss this return with the prepare						3.7		N
_		rwork Reduction Act Notice, see the separa		/					'es 99(No (2018)
	i ahei	Those reduction Act Notice, see the separa						FUI		, (2010)
JSA										

TIBET	HOUSE,	INC.

13-3438221

For	rm 990 (2018)	Page 2
P	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🗌
1	Briefly describe the organization's mission:	
	TO PROMOTE AWARENESS OF TIBET AND TIBETAN POLITICAL, SOCIAL,	
	ECONOMIC AND CULTURAL STRUCTURE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	a (Code:) (Expenses \$ 1,443,232. including grants of \$) (Revenue \$ 748,399.)
	MENLA PROGRAM - RETREATS AND WORKSHOPS SPONSORED BY TIBET HOUSE,	_`
	INC. AND OTHER LIKE MINDED ENTITIES HELD AT TIBET HOUSE OWNED MENLA	
	MOUNTAIN RETREAT CENTER TO ADVANCE SPIRITUAL DEVELOPMENT, PEACEFUL	
	CO-EXISTANCE, HOLISTIC EDUCATION AND LIFESTYLE AWARENESS.	
4b	c (Code:) (Expenses \$ 7,032. including grants of \$ 46,065.) (Revenue \$ 38,064.	_)
	PUBLICATIONS - VARIOUS PUBLICATIONS ON TIBETAN SPIRITUAL IDEAS AND	
	PURPOSES.	
4c	c (Code:) (Expenses \$ 777,524. including grants of \$) (Revenue \$ 130,282.)
	TIBET HOUSE PROGRAMS - VARIOUS IN HOUSE PROGRAMS TEACHING ABOUT THE	_/
	DALAI LAMA, MEDITATION, YOGA, ZEN, OTHER SPIRITUAL IDEAS AND	
	PURPOSES, AND DALAI LAMA AT BEACON THEATRE.	
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
_	a Total program service expenses ► 2,227,788.	
JSA 8E1	A 1020 1.000	990 (2018)

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Form 9	90 (2018)		F	Page 3
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			57
	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,	_		57
	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 provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		v	
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	•		v
4.0	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	4.0		Х
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
h	complete Schedule D, Part VI	11a	A	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b		21
C		110		Х
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
u		114		Х
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTe		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
2	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	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," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		Χ
24 a	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 25a	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?	0.5%		Х
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		Х
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
~	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 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, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.	<u></u>		
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	Eorm	990	(2018)
JSA				(2010)

Form	990 (2018)		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 74			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

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Form 9	990 (2018) TIBET HOUSE, INC. 13-3438	3221	F	-age 6
Part	t 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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 1a 25)		
	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 23	5		
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	21
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
h	one or more members of the governing body?			
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ŭ	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		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		N
		4.0	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
-		11a	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			
D	rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ũ	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		X
b	Other officers or key employees of the organization	15b		Х
	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	4.0		v
_	with a taxable entity during the year?	16a		Х
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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MY}}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)	(200		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/. and
	financial statements available to the public during the tax year.			,,
20	State the name, address, and telephone number of the person who possesses the organization's books and record JESSE WERTHMAN 74 RUTLAND ROAD BROOKLYN, NY 11225 6469577187	s 🕨		

Page	7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos neck ss pe	erson	e than c is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee			sated				
(1)ROBERT THURMAN PRESIDENT	1.00	X		Х				26,871.	0.	0.
(2) PHILIP GLASS	1.00	Λ		Λ				20,071.	0.	
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(3)LUDWIG KUTTNER	1.00									
SECRETARY	0.	Х		Х				Ο.	Ο.	0.
(4)BEATA TIKOS	1.00									
TREASURER	0.	X		Х				12,700.	Ο.	Ο.
(5)ALAN ABRAMSON	1.00									
BOARD MEMBER	0.	X						Ο.	Ο.	0.
(6)SUSAN KESSLER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)MICHAEL MCCORMICK	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) LAURENCE H. SILVERMAN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)UMA K. THURMAN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) PETER BACKMAN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ^{ANNIE} CHRISTOPHER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) JANET FRIESEN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)DAVID KITTAY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)JOHN D. MILLER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for	ee Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) GESHE DAMDUL NAMGYAL BOARD MEMBER	1.00	X						0.	0.	
) JOHN REZK BOARD MEMBER	1.00	Х						0.	0.	
) VEN. TENZIN PRIYADARSHI BOARD MEMBER	1.00	Х						0.	0.	
) NENA THURMAN BOARD MEMBER	1.00	X						0.	0.	
) GANDEN THURMAN EXECUTIVE DIRECTOR	40.00	-		Х				63,764.	0.	
	<u> </u>									
		-								
		-								
		-								
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A					••••		39,571. 63,764. 103,335.	0. 0. 0.	
Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste			e) who	re			
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sche</i> a	cer, directo	or, or	tru							Yes 3
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	' If	"Yes	," (complete Schedu	le J for such	4
Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5
ection B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report of year.										
(A) Name and business ad	dress							(B) Description of se	rvices C	(C) compensation

		Check if Schedule O co	ntains a re	sponse or note to a	ny line in this Part VI			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	/	la				
Gui	b	Membership dues		101,316.				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		lc 440,502.				
Gifi İlar	d	Related organizations		ld				
s, imi	e	Government grants (contribut		le				
tior er S	f	All other contributions, gifts,						
-ibu	•	and similar amounts not included		lf 239,119.				
onti od O	g	Noncash contributions included ir						
	9 h	Total. Add lines 1a-1f			780,937.			
ne				Business Code				
Program Service Revenue	2a	RETREATS AND WORKSHOPS		721000	916,745.	916,745.		
Re	b							
vice	c							
Ser,	d							
E	e							
gra	f	All other program service reve	anua					
Pro	g	Total. Add lines 2a-2f			916,745.	I		-
	3		luding div					
	-	and other similar amounts).	0		18,818.			
	4	Income from investment of t			0.			
	5	Royalties	•	•	0.			
		· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6a	Gross rents	1,025,	231.				
	b	Less: rental expenses	371,	222.				
	c	Rental income or (loss)	654,	009.				
	d	Net rental income or (loss)			654,009.			654,009.
	7a	Gross amount from sales of	(i) Securiti					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)			0.			
	8a	Gross income from fundrai						
nue	ou	events (not including \$						
eve		of contributions reported on I						
r R		See Part IV, line 18	,	a 218,205.				
Other Revenue	b	Less: direct expenses						
0	c	Net income or (loss) from fur			4,397.			4,397.
	9a	Gross income from gaming	-					
		See Part IV, line 19		a 0.				
	b	Less: direct expenses						
	c	Net income or (loss) from ga			0.			
	10a	Gross sales of invento	ory, less					
		returns and allowances		a 113,760.				
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale			113,760.			113,760.
		Miscellaneous Revenue	e	Business Code				
	11a	OTHER		900099	10,642.			10,642.
	b							
	с							
	d	All other revenue		L				
	е	Total. Add lines 11a-11d		🕨	10,642.			
	12	Total revenue. See instruction	ns		2,499,308.	916,745.		782,808.

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Form **990** (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 46,065. 46,065. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 65,035. 59,664. 1,479 3,892. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 57,158. 955,208. 876,328. 21,722. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 26,957. 1,575. 24,784. 598 9 Other employee benefits 95,701. 87,986. 2,125. 5,590. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0. b Legal 5,000. 5,000. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 467,909. 312,134. 26,961 128,814. (A) amount, list line 11g expenses on Schedule O.) $\ensuremath{\text{ATCH}}\ 1$ 107,799. 104,521. 837 2,441. 12 Advertising and promotion 40,229. 356,829. 176,024. 140,576. Office expenses 13 0. 14 Information technology 0. 15 Royalties 155,492. 146,693. 2,369 6,430. Occupancy 16 21,705. 19,749. 414. 1,542. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 19 2,217. 2,217. Interest 20 0 21 Payments to affiliates 202,260. 194,357. 2,128 5,775. Depreciation, depletion, and amortization 22 93,376. 74,899. 4,975. 13,502. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a HONORARIUM 101,906. 101,906. bMISCELLANEOUS 6,009. 2,678. 3,143 188. С d e All other expenses 2,709,468. 2,227,788. 214,544 267,136. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0.

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following SOP 98-2 (ASC 958-720)

13-3438221

	TIBET HOUSE, INC.		10.	3438221
rm 990				Page '
art X		4 V		
	Check if Schedule O contains a response or note to any line in this P			
		(A) Beginning of year		(B) End of year
4	Cash pap interact hearing	1,591,400.	1	815,59
1	Cash - non-interest-bearing Savings and temporary cash investments	95,755.	2	494,91
3	Pledges and grants receivable, net	153,399.		161,24
4	Accounts receivable, net	0.	4	,
5	Loans and other receivables from current and former officers, directors,		-	
J	trustees, key employees, and highest compensated employees.			
		0.	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	
61966 7 8	Notes and loans receivable, net	0.	7	
	Inventories for sale or use	235,622.	-	321,58
9	Prepaid expenses and deferred charges	33,078.	-	59,81
10 a	Land, buildings, and equipment: cost or	·		· ·
	other basis. Complete Part VI of Schedule D 6,606,133.			
b	Less: accumulated depreciation 10b 2,499,081.	4,180,273.	10c	4,107,05
11	Investments - publicly traded securities	579,733.		606,17
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,869,260.	16	6,566,31
17	Accounts payable and accrued expenses	95 , 652.	17	27,95
18	Grants payable	0.	10	
19	Deferred revenue	91,997.	19	150,18
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	0.	~~	
23	Secured mortgages and notes payable to unrelated third parties	47,212.		36,22
24	Unsecured notes and loans payable to unrelated third parties	0.	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	0		
	of Schedule D	0.		214,30
26	Total liabilities. Add lines 17 through 25	234,861.	26	214,30
	Organizations that follow SFAS 117 (ASC 958), check here ►			
27		6,621,604.	27	6,322,72
28	Unrestricted net assets Temporarily restricted net assets	12,795.	28	29,28
29	Permanently restricted net assets	0.	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,634,399.	33	6,352,00
34	Total liabilities and net assets/fund balances	6,869,260.	34	6,566,37

Form **990** (2018)

13-3438221

Form Beor (2018) Page 12 Part XI Reconciliation of Net Assets Image: Check if Schedule O contains a response or note to any line in this Part XI. Image: Check if Schedule O contains a response or note to any line in this Part XI. 1 Total revenue (must equal Part X, column (A), line 25) 2 2,709,468. 2 Total expenses (must equal Part X, column (A), line 25) 2 2,709,468. 3 -210,160. 3 -210,160. 4 Met assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,634,399. 5 Net unrealized gains (losses) on investments 5 -72,235. 6 0. 7 0. 7 10 6 3 8 0. 9 0. 9 0. 9 0. 10 6,352,004. 9 0. 9 0. 9 0. 11 Xecounting method used to prepare the Form 990: Cash Xacrual Other 11 No 10 6,352,004. 10 2b X 12 Accounting method used to prepare the Form 990:		,,,					
Check if Schedule O contains a response or note to any line in this Part XI. Image: Check if Schedule Part VIII, column (A), line 12) Image: Check if Schedule Part VIII, column (A), line 12) Image: Check if Schedule Part VIII, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 12) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check if Schedule Part X, column (A), line 25) Image: Check If Schedule Part X, line 33, column (A), line 25) Image: Check If Schedule Part X, column (A), line 25) Image: Check If Schedule Part X, line 33, column (B), line 26, size, column (A), line 27, column (A), line 26, size, column (A), line 26, size, column (A), line 26, size, column	Form 99					Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 499, 308. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 709, 468. 3 Revenue less expenses. Subtract line 2 from line 1 3 -210, 160. 4 6, 634, 399. 5 Net unrealized gains (losses) on investments 6 -72, 235. 6 Donated services and use of facilities 7 0. 0. 7 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A)) 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0. 9 0. 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 0. <tr< th=""><th>Part</th><th>XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th><th></th></tr<>	Part	XI Reconciliation of Net Assets					
1 Total expenses (must equal Part IX, column (A), line 25) 2 2,709,468. 3 Revenue less expenses. Subtract line 2 from line 1 4 6,634,399. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,634,399. 5 Donated services and use of facilities 5 -722,235. 6 Donated services and use of facilities 7 0. 7 Investment expenses. 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 6,352,004. 9 Other changes in net assets at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 6,352,004. 9 Other changes in tet assets or fund balances (explain in Schedule 0). 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 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)) 5 6 0 6, 634, 399. 6 0. 7 0. 7 0. 8 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 6, 352, 004. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: 12 Cash X Accrual 14 Consolidated basis, or both: 15 Separate basis 16 Consolidated basis 17 No 18 Were the organization's financial statements audited by an independent accountant? 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 19 Separate basis 10 Consolidated basis 11 Steedule O.	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
3 Revenue less expenses. Subtract line 2 from line 1 3 -210,160. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6, 634, 399. 5 Net unrealized gains (losses) on investments 5 -772, 235. 6 0. 7 0. 7 0. 8 0. 9 0ther changes in net assets or fund balances (explain in Schedule O) 8 0. 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 6, 352, 004. Part XII Financial Statements and Reporting 6 6, 352, 004. 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule O 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2		2		2,7	09,4	68.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6, 634, 399. 5 Net unrealized gains (losses) on investments . 5 -72, 235. 6 Donated services and use of facilities . 6 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 6, 352, 004. PartXIII Financial Statements and Reporting 10 6, 352, 004. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accorual Other 10 6, 352, 004. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	3		3		-2	10,1	60.
5 Net unrealized gains (losses) on investments 5 -72,235. 6 0. 7 investment expenses 7 0. 8 0. 9 0. 9 0. 8 0. 9 0. 9 0. 10 Net assets or fund balances (explain in Schedule 0). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 6, 352, 004. Part XII Financial Statements and Reporting 10 6, 352, 004. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a X 11 frees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2a X 11 Mere the organization's financial statements audited by an independent accountant? 2b	4		4		6,6	34,3	399.
6 Donated services and use of facilities 6 0. 7 Investment expenses 7 0. 8 Prior period adjustments 0. 7 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 6, 352, 004. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Three, " check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 Separate basis Consolidated basis Both consolidated and separate basis 2b X 1 ft reve," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and sele	5		5		-	72,2	235.
7 Investment expenses 7 0. 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 6, 352, 004. Pert XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 6, 352, 004. Pert XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Other engalization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis D Were the organization's financial statements audited basis or both: Separate basis Consolidated basis, or both: Separate basis Cons	6		6				0.
 8 Prior period adjustments	7		7				0.
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 6, 352, 004. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 6, 352, 004. 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 O. 2a Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis is Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an	8		8				0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 6, 352, 004. Part XII Financial Statements and Reporting 6, 352, 004. Check if Schedule O contains a response or note to any line in this Part XII 6, 352, 004. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 16<	9		9				0.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII					
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	b			he			
					3b		

Form **990** (2018)

SCHE	DU	LE	Α
(Form	990	or	990-E

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. ·EZ) Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G Onen to Public

		evenue Service			► Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection		
Nam	e of t	he organizatio	on						Employer identif	ication number		
TI	BET	HOUSE,	INC.						13-34382	21		
	rt I					organizations must o	-		/	B		
The	orga			a private foundation because it is: (For lines 1 through 12, check only one box.)								
1				ention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school of	descri	ibed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3				•		rganization described		. ,				
4		A medica	l resea	arch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the		
		•		, city, and st								
5		An organ	izatior	operated f	or the benefit of	a college or universit	y owneo	d or ope	rated by a governme	ental unit described in		
					omplete Part II.)							
6					•	rnmental unit describe						
7	Х	An organi	izatior	that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public		
					(1)(A)(vi). (Compl	-						
8						b)(1)(A)(vi). (Complete						
9		-		-		ed in section 170(b)(1		-	-			
		or univers	sity or	a non-land-o	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or		
		university										
10		receipts fi support fr acquired l	rom a om gr by the	ctivities relat oss investm organizatio	ted to its exempt f ent income and u n after June 30, 19	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its		
12		-		•		•				carry out the purposes		
		-		•		•				See section 509(a)(3).		
										nes 12e, 12f, and 12g.		
а					-	, supervised, or contr			-	-		
					•	regularly appoint or e			• • • • •			
			•	•	()	e Part IV, Sections A						
b						ed or controlled in co		with its	supported organizati	on(s), by having		
						rganization vested in						
				-		, Sections A and C.				5 11		
с			•			ng organization opera	ted in co	onnectio	n with. and functiona	llv integrated with.		
						s). You must comple				, ,		
d				-		porting organization c				ted organization(s)		
				-		nization generally mus	-					
					• •	omplete Part IV, Sect						
е					-	a written determinatio				II, Type III		
				-		ionally integrated sup						
f	En											
g	Pro	ovide the fo	ollowin	g informatio	on about the suppo	orted organization(s).						
	(i) N	ame of suppo	orted org	anization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
						(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
							Yes	No	monuolionoj			
(A)												
(A)												
(B)												
(2)												
(C)												
(-)												
(D)												
. /												
(E)												
. /												
Tot												
For	Paper	rwork Reduct	tion Act	Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018		

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Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,413,604.	1,162,391.	711,397.	943,073.	780,937.	5,011,402.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,413,604.	1,162,391.	711,397.	943,073.	780,937.	5,011,402.
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)						455,295.
6	Public support. Subtract line 5 from line 4						4,556,107.
	tion B. Total Support	() 0044	(1) 0045	() 0040	(1) 00 17	() 0040	(0 T)
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 943,073.	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,413,604. 870,173.	1,036,837.	1,059,405.	1,011,727.	780,937.	5,011,402.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	379,592.	33,198.	12,375.	7,202.	4,397.	436,764.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	6,280.	9,026.	10,185.	60,018.	10,642.	96,151.
11	Total support. Add lines 7 through 10						10,566,508.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,707,133.
13	First five years. If the Form 990 is for organization, check this box and stop here ,	<u></u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (lin	ne 6, column (f)) divided by line	11, column (f)).		14	43.12%
15	Public support percentage from 2017					15	46.34 %
16a	331/3% support test - 2018. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			0			
	organization.						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization						· ► 🗌
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

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

	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and 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						
Ŭ	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
c	organization without charge						
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(-1) 0047	(-) 0040	(0 T-+-)
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h							
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ation's first, secc	nd, third, fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8	•		mn (f))		. 15	9
16	Public support percentage from 2017 Sche		•	.,,		16	%
	tion D. Computation of Investmen						
			0	13 column (f))		17	%
	Investment income percentage for 2018 (lin					L	
17	Investment income percentage for 2018 (line investment income percentage from 2017 states)		•	. ,, = =		18	0,
17 18	Investment income percentage from 2017	Schedule A, Parl	III, line 17			18	
17 18	Investment income percentage from 2017 331/3% support tests - 2018. If the or	Schedule A, Part ganization did n	t III, line 17 tot check the box	c on line 14, and	d line 15 is mor	e than 331/3%, a	and line
17 18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	Schedule A, Parl ganization did n is box and sto	t III, line 17 not check the box p here. The org	c on line 14, and anization qualifies	d line 15 is mor s as a publicly	e than 331/3 %, a supported organi	zation . ►
17 18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the org	Schedule A, Part ganization did n is box and sto anization did not	t III, line 17 ot check the box p here. The org check a box on	c on line 14, and anization qualified line 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 is	e than 331/3%, a supported organi s more than 331/3	and line zation . ► 3 %, and
17 18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	Schedule A, Part ganization did n is box and sto anization did not this box and s	t III, line 17 ot check the box p here. The org check a box on t top here. The or	on line 14, and anization qualifie: line 14 or line 19 ganization qualifi	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly	e than 331/3%, a supported organi s more than 331/3 supported organi	and line zation .► 3 %, and zation ►

13-3438221

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

	TIBET HOUSE, INC. 13-343	8221		
Schedu	ıle A (Form 990 or 990-EZ) 2018		I	Page 5
Part	IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		24	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
L				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

3a

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi	ng trust or	n Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other express (see instructions) 	6		
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish ex	vempt purposes		Current rear
2	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer		ad	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organiz	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
<u> </u>	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
a b	Excess from 2014			
b	Excess from 2015			
c d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		_			ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	6				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER	6,280.	9,026.	10,185.	60,018.	10,642.	96,151.
TOTALS	6,280.	9,026.	10,185.	60,018.	10,642.	96,151.

Schedule B (Form 990, 990-EZ.

, , ,	
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Internal Revenue Service

TIBET HOUSE, INC.

Organization type (check one):

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

13-3438221

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Part I	Contributors (see instructions). Use duplicate copies of		Jouou.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LUDWID KUTTNER P. O. BOX 359	\$17,500.	Person X Payroll Noncash
	KEENE, VA 22946	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SALESFORCE THE LANDMARK, ONE MARKET STREET, SUITE 3	\$91,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94105	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DIANE WOODNER 21 EAST 67 STREET, 4TH FLOOR NEW YORK, NY 10065	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SYBIL AND MATTHEW ROBSON	-	Person
	9200 SUNSET BLVD. LOS ANGELES, CA 90069	\$21,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$21,000. (c) Total contributions	Noncash (Complete Part II for
	LOS ANGELES, CA 90069 (b)	- (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
No.	LOS ANGELES, CA 90069 (b) Name, address, and ZIP + 4	- (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No.	LOS ANGELES, CA 90069 (b) Name, address, and ZIP + 4 DAVID O. RUSSELL	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
No.	LOS ANGELES, CA 90069 (b) Name, address, and ZIP + 4 DAVID O. RUSSELL 9200 SUNSET BLVD, SUIT	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
<u>No.</u> 5 (a)	LOS ANGELES, CA 90069 (b) Name, address, and ZIP + 4 DAVID O. RUSSELL 9200 SUNSET BLVD, SUIT WEST HOLLYWOOD, CA 90069 (b)	(c) Total contributions (c) Total contributions (c) (c) (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
5	LOS ANGELES, CA 90069 (b) Name, address, and ZIP + 4 DAVID O. RUSSELL 9200 SUNSET BLVD, SUIT WEST HOLLYWOOD, CA 90069 (b) Name, address, and ZIP + 4	(c) Total contributions (c) Total contributions (c) (c) (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PETER BACKMAN AND ANNIE CHRISTOPHER 792 FOSTER HILL ROAD NORTH CALAIS, VT 05650	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Schedule B (Form 990, 99	0-EZ, or 990)-PF) (2018)	
Name of organization	mtdd	HOUGE	

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

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom 'art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
i) No. rom 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
		\$	

2579

JSA

	n 990, 990-EZ, or 990-PF) (2018) ization TIBET HOUSE, INC.		Employer identification number
			13-3438221
(1) the co Us	0) that total more than \$1,000 for the y	ear from any one con completing Part III, enter r. (Enter this information	tributor. Complete columns (a) through (e) a tributor. Complete columns (a) through (e) a the total of <i>exclusively</i> religious, charitable, on once. See instructions.) ► \$
(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
-	Transferee's name, address, and ZIP	(e) Transfer of gift + 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

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

20

OMB No. 1545-0047

18

Department of the Treasury Internal Revenue Service		Go to www.ire.gov	► Attach to Form 990. <i>Form990</i> for instructions and the late	et informati	on	Open to Public Inspection
_	e of the organization	► 30 to www.iis.yov.			Employer identifica	
	BET HOUSE, INC	۹.			13-34382	
_			ised Funds or Other Similar Fu	inds or A		
ГС			"Yes" on Form 990, Part IV, line		counts.	
	Complete		(a) Donor advised funds		(b) Funds and	other accounts
	Tatal www.ban.sta					
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year) It end of year				
4 5		-	advisors in writing that the asset	te hold in	dopor advisod	
5	•		e organization's exclusive legal cont			Yes No
6	-		and donor advisors in writing that			
0	-	-	fit of the donor or donor advisor, o	-		
				-		Yes No
Pa		tion Easements.				
10			"Yes" on Form 990, Part IV, line	e 7.		
1			organization (check all that apply).			
		n of land for public use (e.g., rec		rvation of	a historicallv im	portant land area
		of natural habitat	·		a certified histo	•
		n of open space				
2			eld a qualified conservation contrib	ution in th	e form of a con	servation
	-	ast day of the tax year.				End of the Tax Year
а				2	a	
b			5		b	
с			historic structure included in (a) .		c	
d			c) acquired after 7/25/06, and not			
					d	
3	Number of conser	rvation easements modified, trar	nsferred, released, extinguished, or	r terminate	ed by the orga	nization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is located 🕨			
5	Does the organiz	ation have a written policy reg	garding the periodic monitoring, i	inspection	, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enfor	cing conser	vation easements	during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enfo	orcing cons	servation easem	nents during the year
	▶\$					
8		-	2(d) above satisfy the requirements			
	and section 170(h))(4)(B)(ii)?				Yes No
9		u .	conservation easements in its reve		•	
		••	of the footnote to the organization's	s financial	statements that	describes the
		ounting for conservation easeme				
Pa			of Art, Historical Treasures, of		imilar Assets	•
			"Yes" on Form 990, Part IV, line			
1a	If the organization works of art, hist public service, pro	n elected, as permitted under Sl orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report ar assets held for public exhibitio potnote to its financial statements th	t in its rev on, educat hat descri	enue statemen ion, or researd bes these items	it and balance sheet ch in furtherance of
b	If the organization works of art, hist public service, pro	n elected, as permitted under a orical treasures, or other simila vide the following amounts relat	SFAS 116 (ASC 958), to report i ar assets held for public exhibitio ing to these items:	in its reve on, educat	enue statement ion, or researd	and balance sheet th in furtherance of
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶\$	
2	-		rt, historical treasures, or other s		ets for financia	al gain, provide the
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating to the	se items:		

13-3438223	
15 545022.	L .

Schee	dule D (Form 990) 2018		,									Pa	age 2
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	s, or	Other	Similar As	sets (c	ontinue		0
3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, checl	k any o	f the	follow	ing that are	e a sign	ificant u	se o	f its
	collection items (check all that app	ly):											
а	X Public exhibition			d	Loan	or excha	ange	prograi	ms				
b	b X Scholarly research e Other												
С	X Preservation for future gene	rations											
4	Provide a description of the organ XIII.	nization's	collections	s and expla	ain how 1	they fur	ther	the or	ganization's	exempt	purpose	e in	Part
5	During the year, did the organization	on solicit (or receive	donations c	of art, hist	orical tr	easu	res, or	other simila	r			
	assets to be sold to raise funds rath	ner than t	o be maint	ained as pa	art of the o	organiza	ation'	s colled	ction?	[X Yes		No
Ра	rt IV Escrow and Custodial A	rrangen	nents.										
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported an	amour	nt on For	m	
	990, Part X, line 21.												
1a	Is the organization an agent, truste												
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tak	ole:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	ount on I	Form 990,	Part X, line	21, for e	escrow of	or cu	stodial	account liab	ility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII				
Ра	rt V Endowment Funds.												
	Complete if the organiza			1									
		(a) Cu	rrent year	(b) Pric	or year	(c) Two	o year	s back	(d) Three yea	ars back	(e) Four y	ears b	ack
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the cu	irrent year		e (line 1g,	column	(a))	held as	:				
а	Board designated or quasi-endown			_%									
b	Permanent endowment												
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a		•										
3a	Are there endowment funds not in	the poss	ession of t	he organiza	ation that	are helo	d and	d admir	histered for t	he			Na
	organization by:											es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the relate	•					?	• • • •	• • • • • •		3b		
4	Describe in Part XIII the intended u												
Ра	rt VI Land, Buildings, and Equ Complete if the organization	ation ans	swered "Y	es" on Fo	m 990. l	Part IV.	line	11a. S	See Form 9	990. Pa	rt X. line	10.	
	Description of property		(a) Cost o	r other basis	(b) Cost	or other ba		(c) Aco	cumulated) Book valu		
1a	Land		(inves	stment)		ther) 166,71	9	aepr	eciation		4.6	6.7	19.
b						357 , 21		2.2	16,886.		3,64		
	Buildings Leasehold improvements					,	• • •	<i>- 1 -</i>			5,01	-, -	
c c	•					282,19	35	2	82,195.				
d	Equipment.						• • •	۷					
e Tota	Other I. Add lines 1a through 1e. (Column	(d) mus	t equal For	m 900 Part	X colum	n (R) lin	<u> </u>	c)			4,10	7.0	52
1010			. oquar i On		.,	יווו , (ש) י	0 10			Schody			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Voo" op Earm 000	Port IV line 11h See Form 000) Dort V line 12
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)	(b) BOOK value	Cost or end-of-year mar	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered		, Part IV, line 11d. See Form 990	
	scription		(b) Book value
<u>(1)</u>			
(2) (3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
$\frac{(6)}{(7)}$			
(7)			

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

(8)

	TIBET HOUSE, INC.	13-34	138221
Schedu	le D (Form 990) 2018		Page 4
Part		m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	-	
b	Recoveries of prior year grants.	-	
C		-	
d	Other (Describe in Part XIII.)	2e	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	5	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	40	
	Add lines 4a and 4b		
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urfi.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5 Dort	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	ort V li	no 1: Port V lino
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
эспь	DULE D, PART III, LINE 4		
mtdr	TAN ANTICULTURES FOOM 10TH TO 20TH CENTING THEY ADD DISDLAVED TO THE		
IIDE	TAN ANTIQUITIES FROM 12TH TO 20TH CENTURY. THEY ARE DISPLAYED TO THE		
דמוזמ	IC FOR EDUCATION AND CULTURAL PRESERVATION.		
FUDL	IC FOR EDUCATION AND COLIDRAL PRESERVATION.		

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE G	Supplemental	Information Reg	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		ne organization answer organization entered m				9, or if the	2018		
Demonstration of the Transvery		-		or Form 99	-		Open to Public		
Department of the Treasury Internal Revenue Service	G	o to www.irs.gov/Form9	90 for instr	90 for instructions and the latest instructions.					
Name of the organization						Employer identificati	on number		
TIBET HOUSE, INC						13-3438221			
	i ng Activities. Com 0-EZ filers are not i				"Yes" on Form	990, Part IV, line	17.		
	the organization rais	· · ·			activities. Check a	all that apply.			
a Mail solicita	tions	e	Solic	itation of	non-government o	rants			
b Internet and	email solicitations	f	Solic	itation of	government grant	S			
c Phone solici		g	Spec	cial fundra	ising events				
2a Did the organiza		r oral agreement w	ith any ind	dividual (in	cluding officers of	lirectors trustees			
	s listed in Form 990,						Yes No		
	10 highest paid indiv	, · ·				•	fundraiser is to be		
compensated at	least \$5,000 by the o	organization.	•	<i>,</i> .	-				
(i) Name and addr	ass of individual		(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to		
or entity (fu		(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization		
						col. (i)			
4			Yes	No					
1									
2									
2									
3									
4									
5									
6									
7									
Q									
0									
9									
10									
Total		<u></u>	<u></u>	►					
3 List all states in	which the organizat			to solicit	contributions or	has been notified	it is exempt from		
registration or lic	ensing.								

Schedule G (Form 990 or 990-EZ) 2018

Part II	Fundraising Events.	Complete if the or	ganization and	swered "Yes"	on Form 990,	Part IV, li	ne 18,	or reported
	more than $$15,000$	of fundraising over	t contribution	e and groce in	come on Form	000 E7 I	ince 1	and 6h Lief

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 BENEFIT CONCERT AUCTION (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 339,585. 288,383. 1 Gross receipts 627,968. 2 Less: Contributions 165,689. 244,073. 409,762. 3 Gross income (line 1 minus 173,896. 44,310. 218,206. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 64,683. 64,683. 7 Food and beverages 40,800. 25,094. 65,894. 16,399. 8 Entertainment 16,399. 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 146,976. 11 Net income summary. Subtract line 10 from line 3, column (d) 71,230. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
14	records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ► \$	
с	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
17 a	· · · · · · · · · · · · · · · · · · ·	
a		No
h	retain the state gaming license? Yes	
b	or spent in the organization's own exempt activities during the tax year > \$	
Dar	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULEI	Ъ	ants and	Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Gove	Government	s, and In	ts, and Individuals in the United States	the United	d States		2018
	Comple	e if the orga	nization answ	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	orm 990, Part IV,	line 21 or 22.		Onen to Public
Department of the Treasury Internal Revenue Service		Go to I	www.irs.gov/ł	Go to www.irs.gov/Form990 for the latest information.	atest information			Inspection
							Employer identification number	ion number
ΞL							13-3438221	21
Part General Int	General Information on Grants and Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the		imount of the	grants or assistar	ice, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection criter 2 Describe in Part IV	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r assistance? es for monito	ring the use o	f arant funds in the			• • • • • • • •	
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	nestic Organ	nizations and	d Domestic Gov	ernments. Com	plete if the organize	ation answered "Y	es" on Form 990.
_	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	received mo	ore than \$5,0	000. Part II can b	e duplicated if a	idditional space is n	leeded.	
1 (a) Name and a or go	1 (a) Name and address of organization or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	/ernment org	anizations list	ed in the line 1 tab	e			
For Paperwork Reduction	5 Entrei total fluttibel of other organizations listed in the line 1 For Paperwork Reduction Act Notice: see the Instructions for Form 990	for Form 990.	lable	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	▲ S	Schedule 1 (Form 990) (2018)

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INC.	0) (2018)
HOUSE,	le I (Form 990)
TIBET	Schedule

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

	-					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESEAF	1 RESEARCH AND COMMUNICATION ACTIVITY	5.	46,065.		COST	
2						
e						
4						
5 2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	her additional

PART I , LINE 2:

THE ORGANIZATION PERIODICALLY REVIEWS INTERIN AND FINAL FINANCIAL REPORTS

TO TRACK GRANT SPENDING.

JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TIBET HOUSE, INC.

13-3438221

FORM 990, PART VI, SECTION A, LINE 2 ROBERT, NENA, UMA AND GANDEN THURMAN ALL HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS MEMBERS BUT THEY DO NOT HAVE VOTING RIGHTS.

FORM 990, PART VI, SECTION B, LINE 11B A COPY OF THE FORM 990 IS EMAILED TO THE BOARD TO REVIEW BEFORE FILING. IF THERE ARE ANY QUESTIONS OR COMMENTS THEY NOTIFY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19 THESE DOCCUMENTS ARE MADE AVAILIBLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C THIS PROCESS DID NOT CHANGE FROM PRIOR YEAR.

> ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER FEES	221,399.	69,855.	25,336.	126,208.
MERCHANT SERVICE FEES	52,946.	52,946.		
PROGRAM CONSULTING	157,611.	157,611.		
LAUNDRY SERVICES	35,953.	31,722.	1,625.	2,606.
TOTALS	467,909.	312,134.	26,961.	128,814.