

AMENDED RETURN

Form 990-T

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

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning , and ending

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

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

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

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization (Check box if name changed and see instructions.)
INTERNATIONAL CAMPAIGN FOR TIBET
Number, street, and room or suite no. If a P.O. box, see instructions.
1825 JEFFERSON PLACE, NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

Employer identification number (Employers' trust, see instructions.)
52-1570071
Unrelated business activity code (See instructions.)
900099

C Book value of all assets at end of year
4,531,456.

F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Includes a RECEIVED stamp dated OCT 26 2020 from IRS-OSC, OGDEN UT.

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

Table with 4 columns: Line number, Description, Amount, Total. Rows 14-31. Total deductions 0. Unrelated business taxable income before net operating loss deduction 0. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 0. Unrelated business taxable income 0.

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Part III Total Unrelated Business Taxable Income	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0.

Part IV Tax Computation	
40 Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40 0.
41 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 Proxy tax. See instructions	42
43 Alternative minimum tax (trusts only)	43
44 Tax on Noncompliant Facility Income. See instructions	44
45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

Part V Tax and Payments	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit. Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e Total credits. Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 Total tax Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a
b 2019 estimated tax payments	51b 1,330.
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 Total payments. Add lines 51a through 51g	52 1,330.
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54 Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 1,330.
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56 1,330.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			X
59 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 10/22/20 Title: SECRETARY
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KEITH JENNINGS	<i>[Signature]</i>	10/21/20		P01319883
Firm's name	Firm's EIN		Phone no.	
SNYDER COHN, PC	52-1022232		301-652-6700	
Firm's address				
11200 ROCKVILLE PIKE, SUITE 415				
NORTH BETHESDA, MD 20852				

FOOTNOTES

STATEMENT 1

FILING FOR REFUND OF ESTIMATED TAX PAYMENTS MADE BEFORE
THE REPEAL OF SECTION 512(A)(7) - QUALIFIED TRANSPORTATION
FRINGE BENEFITS FOR TAX EXEMPT ORGANIZATIONS.