# Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Form 990 (2015)

For the 2015 calendar year, or tax year beginning 08/01/15, and ending 07/31/16D Employer identification number PEOPLE FOR THE ETHICAL TREATMENT C Name of organization Check if applicable: OF ANIMALS, INC. Address change 52-1218336 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 757-962-8364 501 FRONT STREET Initial return Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code 73,480,164 NORFOLK G Gross receipts\$ Amended return Name and address of principal officer. H(a) Is this a group return for subordinates? Yes Application pending INGRID NEWKIRK H(b) Are all subordinates included? 501 FRONT STREET If "No," attach a list (see instructions) VA 23510 NORFOLK X 501(c)(3) 501(c) ( 4947(a)(1) or ) 4 (insert no.) Tax-exempt status: WWW.PETA.ORG H(c) Group exemption number Website: 🕨 L. Year of formation: 1980 M. State of legal domicile: X Corporation Trust Association Other > Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: PROTECTION OF ANIMAL RIGHTS. Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ಹ 4 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 255 5 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 320 6 74,849 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 -32,9077b b Net unrelated business taxable income from Form 990-T, line 34 ......... Prior Year Current Year 63,070,41041,768,531 8 Contributions and grants (Part VIII, line 1h) 479,492 9 Program service revenue (Part VIII, line 2g) 449,916 57,789 417,202 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 163,338 160,690 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42,798,987 62,447,001 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,138,586 2,096,751 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,847,396 676,326 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 496,962 392,181 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,692,500 30,333,329 32,844,291 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 46,114,330 42,711,492 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,332,671 87,495 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year ö₿ 39,585,908 21,696,694 20 Total assets (Part X, line 16) 5,214,432 6,646,085 21 Total liabilities (Part X, line 26) 32,939,823 22 Net assets or fund balances. Subtract line 21 from line 20 16,482,262 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign PRESIDENT INGRID NEWKIRK Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid 03/17/17 self-emoloyed P00059813 SUSAN J ROSENBERG SUSAN J ROSENBERG 52-2190100 Preparer SAGGAR & ROSENBERG, P.C. Firm's EIN Firm's name **Use Only** 1 CHURCH ST STE 204 301-738-9040 ROCKVILLE, MD 20850 Firm's address X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Part III	Statement of Program Service Accomplishments	v
4 Duinfly d	Check if Schedule O contains a response or note to any line in this I	Part III
•	escribe the organization's mission: CTION OF ANIMAL RIGHTS	
110110	STION OF THATFIELD REGISTED	
	organization undertake any significant program services during the year which were no	
•	rm 990 or 990-EZ?	Yes X No
	describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any pr	rogram
services		□ vos ▽ No
If "Yes,"	describe these changes on Schedule O.	
	e the organization's program service accomplishments for each of its three largest program	
	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to others,
the total	expenses, and revenue, if any, for each program service reported.	
4a (Code: PUBLIC	) (Expenses \$ 16,079,120 including grants of \$ COUTREACH AND EDUCATION	200 ) (Revenue \$ 57,484 )
HIGH S BOOKLE PUBLIC RECEIN SOCIAL	CONDUCTS EDUCATIONAL CAMPAIGNS AND PUBLISH SCHOOL AND COLLEGE STUDENTS, AND EDUCATORS ETS, FLIERS, POSTERS, AND A MAGAZINE, ANIM C AND SUPPORTERS. PETA'S CAMPAIGNS-WHICH RESTERM OF MEDIA COVERAGE-INVOLVE RENOWN NETWORKING, WEBSITE FEATURES, BLOG POSTS NCEMENTS, WHICH ARE TYPICALLY PLACED FOR FIS.	AS WELL AS FACTSHEETS, AL TIMES, FOR THE GENERAL EACH MILLIONS OF PEOPLE AND JED CELEBRITIES, INTERACTIVE , AND PUBLIC SERVICE
4b (Code:	) (Expenses \$ 9,885,130 including grants of \$ 1,3	372 089 ) (Revenue \$
` .	NATIONAL GRASSROOTS CAMPAIGNS	, ( , , , , , , , , , , , , , , , , , ,
	ORGANIZES CAMPAIGNS TO INFORM THE PUBLIC A IMALS IN THE FOOD, CLOTHING, EXPERIMENTATI	
	TRIES, AMONG OTHER CRUELTY. IN 2016, WE HE	
	DEMONSTRATIONS AND SENT OUT 18 MILLION LE	
	ACY CAMPAIGNS TO URGE COMPANIES AND INDIVI	DUALS TO MAKE CHANGES THAT
BENEF	IT ANIMALS.	
DETΔ / 9	S ACTION TEAM-WHICH HELPS PEOPLE SPEAK OUT	FOR ANIMALS AND GET
	JED IN ADVOCACY—GREW FROM 16,000 MEMBERS T	
4c (Code: RESEAF	) (Expenses \$ 12,109,408 including grants of \$ 7 RCH, INVESTIGATIONS, AND RESCUE	724,461 ) (Revenue \$ 422,008 )
RECEIV	JING NEARLY 300 COMPLAINTS RELATED TO ANIM	AL ABUSE AND NEGLECT EACH
	PETA WORKS TO RESCUE ABUSED, NEGLECTED, A	
ORGANI	IZE CARE FOR THEM. THE GROUP ALSO INVESTI	GATES CRUELTY CASES;
	CTS INVESTIGATIONS; GATHERS EVIDENCE OF LE	
ACTION	N TO ENSURE THE ENFORCEMENT OF LAWS AND RE	. CAILT TOND
ANIMAI	LS IN THE FOOD INDUSTRY	
PETA	INVESTIGATED SWEET STEM FARM IN PENNSYLVAN	
TO WHO	OLE FOODS, AND FOUND THAT PIGS WERE SUFFER	RING FROM FEVERS, LAMENESS,
1d Other or	rogram services (Describe in Schedule O.)	
(Expense	· · · · · · · · · · · · · · · · · · ·	Revenue \$ )
	ogram service expenses u 38,790,001	

## 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			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		37	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
6	Part III	5		<u>X</u>
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			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>–</b>		- 25
Ū	complete Schedule D, Part III	8		Х
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	45.		3,7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		1
13	for any foreign experience of "Vee," complete Schoolyle F. Dorte 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	13	22	$\vdash$
	assistance to as far farsign individuals? If "Vec." complete Schedule F. Darte III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<del>                                     </del>
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	-23	$\vdash$
	Part VIII lines 1a and 9a2 If "Vas " complete Schodule C. Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-23	$\vdash$
	If "Yes," complete Schedule G, Part III	19		Х
	, , , , , , , , , , , , , , , , , , , ,			

Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		v	
	or IV, and Part V, line 1	34	X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	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,	27		Х
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	1
	10: NOW. All FORM 330 liters are required to complete ourieduale O.	1 30		

Form 990 (2015) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 202 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c 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 ...... **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O Χ 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 Χ 4a account)?  ${f b}$  If "Yes," enter the name of the foreign country:  ${f u}$  CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? Χ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year \_\_\_\_\_\_\_\_12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

14h

Χ

Part VI

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

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

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	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	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	2		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			'u		
D	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	 ne followina:			25
	The governing head 2	•	•	8a	Х	
a b	Each committee with authority to get an habelf of the governing hady?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			80	- 25	
9				9		Х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Inte				<u> </u>	Λ
Jec	tion b. Folicies (This Section b requests information about policies not required by the line	IIIai IV	evenue C	oue.)	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	163	No X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		25
b				10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	a the fe			Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the ic		11a		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			120	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	е ю сс	milicis?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	\ \ <u>\</u>	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\mathbf{u}$ AK, AL, AR, CA, CO, CT, DC,	FL,G	A,HI,IL	KY,K	S	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est poli	cy, 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 reco	ords: u				
Kl	ELLY FIDLER 501 FRONT ST					
N	DRFOLK VA 235:	LO	75	7-96	2-8	364

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the org	•	y rel	ated	orga	aniza	ition	com	pensated any current office	r, director, or trustee.	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	box	x, unle	Pos check ess pe	Position eck more than one s person is both an la director/trustee)  Officer  Officer em  Officer			(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
	organizations below dotted line)	Individual trustee or director	Institutional trustee	er .	Key employee	Highest compensated employee	ner			and related organizations
(1) INGRID NEWKIRK	40.00									
PRESIDENT	0.00	Х		X				36,986	0	4,257
(2) ROSALIND ZAYAS	0.00							307300		1,23,
	40.00									
VETERINARIAN	0.00					X	<u> </u>	108,101	0	1,835
(3) JEANNE ROUSH	1 00									
TREASURER	1.00	Х		X				ol	0	0
(4) TRACY REIMAN	0.00	Α.		^				U	0	0
() 110101 1111111	40.00									
VICE PRESIDENT	0.00			X				92,902	0	4,738
(5) JEFF KERR										
	1.00			3,7					127 404	2 507
ASST. SECRETARY  (6) KATHLEEN GUILLER	40.00			X			$\vdash$	0	137,494	3,587
(6) KATHLEEN GOTLLER	40.00									
SR. VICE PRESIDENT	0.00					X		106,699	0	9,806
(7) MICHAEL RODMAN								,		,
CHAIRPERSON	1.00	Х						0	0	0
(8)										
(9)										
(10)										
(11)										
	I							ı		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c s both or/trusto	an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MIGG)	organization and related organizations
								244 600	127 404	24 223
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion <i>I</i>	<b>A</b>			u u u	344,688	137,494	24,223
2 Total number of individuals (in reportable compensation from	cluding but not li	mite	d to	thos	e list	ed a	bove	e) who received more than	\$100,000 of	
3 Did the organization list any fo				truct	00 1	(0)/ (	mnl	loves or highest company	stad	Yes No
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organization individual	' complete Schede e 1a, is the sum	dule of r	J for	suc able	h ind	dividu pens	ıal . satio	on and other compensation	from the	4 X
5 Did any person listed on line				•				,	· individual	
for services rendered to the or Section B. Independent Contractor		es,	com	piete	Scr	neau	ie J	for such person		5 X
1 Complete this table for your fi	ve highest comp									
compensation from the organi.	(A) business address	mpe	ensai	ion i	or un	e ca	lena		in the organization's tax years. (B) ion of services	(C) Compensation
RWT PRODUCTION	Dusiness address				562	4 1	BEI	LINGTON AVE.	ion or services	Compensation
SPRINGFIELD			21					MAILING & POST	TA	2,634,58
COMMUNICATION CORP ( BOSTON			27		131	95		REEDOM WAY PRINTING & POS	נידי	1 200 76
KT PRODUCTION	V F		<u> </u>		810	SI		SHERMAN ST	) 1	1,208,76
PORTLAND		. 9	72	14			E	PRINTING & POS		759,68
MAL WARWICK DONORDIO		0	1/17		255	0 1		TH STREET, SUITE		
BERKELEY M+R STRATEGIC SERVIO		. 9	47		190	1 I		<u>MAIL MANAGEMEN</u> STREET, NW SUITE		668,00
WASHINGTON	DC		00	36			Ι	DIRECT MAIL		609,05
2 Total number of independent received more than \$100,000								se listed above) who	24	

		Check if Schedule (	O cont	ains a	response or	note to any line	in this Part VIII		
					·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a		254,148				
iran		Membership dues	1b						
, m	c	Fundraising events	1c	1.	307,039				
ifts ar /		Related organizations	1d	<u> </u>	3017032				
aj, Biig		Government grants (contributions)	1e						
Sir		All other contributions, gifts, grants,	16		-				
utic		and similar amounts not included above	1f	61	509,223				
QË	~	Noncash contributions included in lines 1a	$\overline{}$						
Ser	_	<b>Total.</b> Add lines 1a–1f	-11. 4		u	63,070,410			
<u>е</u>		Total. Add lines 1a-11			Busn. Code	03,070,110			
eun	22				900099	422,008	422,008		
Rev	2a b	* DEFENDED ATMA TATAONE			900004	57,484	422,000	57,484	
ce					700004	37,101		37,101	
ervi	c d								
n S	u								
Program Service Revenue   Contributions, Gifts, Grants   Program Service Revenue   Amounts	f	All other program service reve							
Pro	,	<b>Total.</b> Add lines 2a–2f			u	479,492			
	3	Investment income (including				1757152			
	Ŭ	and other similar amounts)				356,404			356,404
	4	Income from investment of tax		ot bond n		330,101			330,101
	5	Royalties		'	-	46,852			46,852
	3	(i) Real			Personal	10,032			10,032
	6a		,649	(,	0.00.1.0.1				
	b		,712						
	C	·	,063						
	d	Net rental income or (loss)			u	-6,063			-6,063
	7a	Gross amount from (i) Securities			Other	.,			.,
		sales of assets other than inventory 8,697,920		11,260					
	b	Less: cost or other							
		basis & sales exps. 8,978,	, 394		29,401				
	С	Gain or (loss) -280			-18,141				
		Net gain or (loss)			u	-298,615			-298,615
a)		Gross income from fundraising ever	Г						
une		(not including \$ 1,307,6	039						
Other Reven		of contributions reported on line 1c							
2		See Part IV, line 18	a		169,880				
the	b	Less: direct expenses	b	1,	754,676				
0	С	Net income or (loss) from fund	draising	events .	u	-1,584,796			
		Gross income from gaming activities							
		See Part IV, line 19	a						
	b	Less: direct expenses	b						
	С	Net income or (loss) from gan	ning act	ivities	u				
	10a	Gross sales of inventory, less							
		returns and allowances	a		543,889				
	b	Less: cost of goods sold	b		254,980				
	С	Net income or (loss) from sale	es of inv	entory	u	288,909	276,834	12,075	
		Miscellaneous Revenue			Busn. Code				
	11a	MISCELLANEOUS INCOME			900099	89,118			89,118
	b	PARTNERSHIP INCOME			900099	5,290		5,290	
	С								
	d	All other revenue							
	е				I .	94,408			
	12	Total revenue. See instructio	ns		u	62,447,001	698,842	74,849	187,696

#### 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must concern the Check if Schedule O contains a response			plete column (A).	X
Do n	ot include amounts reported on lines 6b,			(C)	(D)
	b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроносо	general expenses	охроносо
•	and domestic governments. See Part IV, line 21	440,154	440,154		
2	Grants and other assistance to domestic	110,131	110 / 13 1		
_	individuals. See Part IV, line 22	430	430		
3	Grants and other assistance to foreign		100		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,656,167	1,656,167		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	138,040	137,513	264	263
6	Compensation not included above, to disqualified	200,020			
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,044,205	9,009,658	17,273	17,274
8	Pension plan accruals and contributions (include	3,011,203	270027030	17,273	
•	section 401(k) and 403(b) employer contributions)	66,053	65,801	126	126
9	Other employee benefits	742,394	739,573	1,385	1.436
10	Dovroll toyon	685,634	683,014	1,310	126 1,436 1,310
11	Fees for services (non-employees):	000,001	000,022		
a	Management				
b	Legal	1,416,417	1,167,227	47,549	201,641
c	Accounting	73,184	60,309	2,457	10,418
d	Lobbying		007002	= / = 0 /	
e	Professional fundraising services. See Part IV, line 17	496,962			496,962
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)	16,053,883	13,233,884	538,160	2,281,839
12	Advertising and promotion	.,,		,	, , , , , , , , , , , , , , , , , , , ,
13	Office expenses	1,574,967	1,355,745	6,049	213,173
14	Information technology	, ,	, ,	,	· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	1,277,331	1,266,360		10,971
17	Travel	1,001,607	931,784	8,101	61,722
18	Payments of travel or entertainment expenses		,	,	, , , , , , , , , , , , , , , , , , , ,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	105,191	82,734	522	21,935
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	266,358	209,493	1,321	55,544
23	Insurance				
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.)				
а	POSTAGE AND SHIPPING	4,048,350	2,667,128	492	1,380,730
b	PRINTING	2,284,753	1,426,104	121	858,528
С	EDUCATION, PROM, COMM.	1,934,550	1,517,709	129	416,712
d	MEDIA & PRESS SUPPORT	1,428,358	1,040,095	48	388,215
е	All other expenses	1,379,342	1,099,119	6,522	273,701
25	Total functional expenses. Add lines 1 through 24e	46,114,330	38,790,001	631,829	6,692,500
26	Joint costs. Complete this line only if the	T			
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>				
	fundraising solicitation. Check here $\mathbf{u}$ $\mathbf{X}$ if				
	following SOP 98-2 (ASC 958-720)	10,491,309	6,913,895	214,450	3,362,964
DAA					Form <b>990</b> (2015)

P	art >	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lin	ne in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing			806,597	1	1,797,270
	2	Savings and temporary cash investments			921,124		11,306,030
	3	Pledges and grants receivable, net		<del>-</del>	394		1,814,499
	4	A analysets was all relatives to			1,556,979		297,860
	5	Loans and other receivables from current and former			<u>,                                      </u>		•
		trustees, key employees, and highest compensated e	,	,			
		Complete Part II of Schedule I				5	
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B					
		sponsoring organizations of section 501(c)(9) voluntar					
s		organizations (see instructions). Complete Part II of Se				6	
Assets	7	Notes and loans receivable, net				7	
As	8	lance and a side of the contract of the contra			175,022	8	167,713
	9	Down and assessment defended absence			727,205		542,301
		Land, buildings, and equipment: cost or	[]		. = . , = 0	_	==,551
		other basis. Complete Part VI of Schedule D	10a	3,365,584			
	Ь	Less: accumulated depreciation	10b		1,709,673	10c	1,489,451
	11	have a few and a constitution for the state of the state			14,468,749		20,867,507
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other coasts Coa Dort IV line 11			1,330,951	15	1,303,277
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line			21,696,694		39,585,908
	17	Accounts payable and accrued expenses			2,558,752		4,282,304
	18	Grants payable			, , -	18	, - ,
	19	Deferred revenue			138,249	19	
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Complete Part IV				21	
'n	l	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated emplo	<i>'</i>				
lig		disqualified persons. Complete Part II of Schedule L	-			22	
Ë	23	Secured mortgages and notes payable to unrelated the				23	
		Unsecured notes and loans payable to unrelated third				24	
	l	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					
		of Schedule D			2,517,431	25	2,363,781
	26	Total liabilities. Add lines 17 through 25			5,214,432	26	6,646,085
		Organizations that follow SFAS 117 (ASC 958), che			· ·		,
es		complete lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			11,348,886	27	28,448,505
Bal	28	_			1,942,130	28	1,311,990
Net Assets or Fund Balances	29	Dama an authorization described			3,191,246		3,179,328
교		Organizations that do not follow SFAS 117 (ASC 9					
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipme				31	
<u>ಕ</u>	32	Retained earnings, endowment, accumulated income,				32	
~	33				16,482,262	33	32,939,823
	34	Total liabilities and net assets/fund balances			21,696,694		39,585,908

1 Accounting method used to prepare the Form 990:	Pa	art XI Reconciliation of Net Assets										
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 16, 332, 67 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 16, 482, 26 5 Net unrealized gains (losses) on investments 5 124, 86 6 Donated services and use of facilities 6 Pri prentod adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part 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 If the organization 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? 2a F'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis of the audit, review, or compilation changed either its oversight of the audit, review, or compilation of the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis of the audit, review, or compilation have a committee that assumes responsibility for oversight of the audit, review, or compilation of the financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the r			<u></u>									
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)) 4 16, 482, 26 5 Net unrealized gains (losses) on investments 5 124, 88 6 Donated services and use of facilities 6 Prior period adjustments 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))  Part 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:	1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	2,44	17,(	001					
3 16,332,67 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 124,88 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part 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:	2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>6,1</u>	L4,3	330					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 32,939,82  Part 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:	3											
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Separt XII Financial Statements and Reporting 11 Accounting method used to prepare the Form 990:	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 16										
6 Donated services and use of facilities 7 Investment expenses 7 Por period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 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:	5		5		1:	24,8	889					
7 Investment expenses 7	6	Donated services and use of facilities	6									
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 32,939,82  Part 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:	7		7									
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part 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 If the organization 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 Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 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 Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	8	Driver and dead and death and a	8									
Part 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:	9	Other sharpers in not seed on find helpings (symbol in Cohodula O)	9				1					
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line										
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:		33, column (B))	10	3	2,93	39,8	323					
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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Pa	art XII Financial Statements and Reporting					_					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII										
If the organization 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?  2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						Yes	No					
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other										
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separate basis, consolidated basis	b	Were the organization's financial statements audited by an independent accountant?			2b	X						
X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a										
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Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a 5  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, explain in										
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.										
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in										
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Audit Act and OMR Circular A 1222			3a		Х					
	b											
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b							

Form **990** (2015)

#### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ. u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number

			OF ANIMALS,	INC.			52-121	8336				
P	art I	Reas	on for Public Charity	/ Status (All organizations	must c	omplete	this part.) See instruction	ns.				
The	orga	nization is not	a private foundation becau	se it is: (For lines 1 through 11,	check only	one box	.)					
1		A church, co	nvention of churches, or as	ssociation of churches described	in <b>sectio</b> i	170(b)(	1)(A)(i).					
2		A school des	cribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ).)						
3		A hospital or	a cooperative hospital serv	vice organization described in se	ction 170	(b)(1)(A)(	iii).					
4		A medical re	search organization operate	ed in conjunction with a hospital	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter the h	ospital's name,				
	_	city, and stat	9:									
5	Ш	An organizati	on operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in					
	_	section 170	b)(1)(A)(iv). (Complete Par	rt II.)								
6	Ш	A federal, sta	te, or local government or	governmental unit described in s	section 1	70(b)(1)(A	.)(v).					
7	X											
		described in	section 170(b)(1)(A)(vi). (	Complete Part II.)								
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	t II.)							
9	Ш	•	•	(1) more than 33 1/3% of its sup	•			oss				
		•		mpt functions—subject to certain	•	•	,					
			-	and unrelated business taxable in	,		•					
	$\Box$		· ·	30, 1975. See section 509(a)(2)	` '		,					
10	Н	Ū	•	exclusively to test for public safe	•		` ' '	•				
11	Ш	Ü		exclusively for the benefit of, to	'		, , , , , , , , , , , , , , , , , , , ,					
				ations described in <b>section 509(a</b>				Crieck				
_				escribes the type of supporting or ted, supervised, or controlled by								
а	Ш			to regularly appoint or elect a m				a				
		• •	You must complete Part	0 ,	ajonty of	ine direct	or a distess of the supporting	9				
b		•	•	rvised or controlled in connection	with its	supported	organization(s) by having					
~	ш			g organization vested in the same			.,,					
			). You must complete Pa	•	o porcorio	triat corn	ior or manage are supported					
С		•	•	porting organization operated in	connectio	n with. ar	d functionally integrated with.					
	ш			ictions). You must complete Pai								
d			•	supporting organization operate								
	_	that is not fur	nctionally integrated. The o	rganization generally must satisfy	y a distrib	ution requ	irement and an attentiveness					
		requirement	see instructions). You mus	st complete Part IV, Sections A	and D, a	nd Part \	<b>/</b> .					
е		Check this bo	x if the organization receive	ed a written determination from the	he IRS th	at it is a T	ype I, Type II, Type III					
		functionally in	tegrated, or Type III non-f	unctionally integrated supporting	organizat	ion.		_				
f			of supported organizations					L				
g	Pro	vide the follov	ving information about the	supported organization(s).								
(		e of supported	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount o				
	org	ganization		(described on lines 1–9 above (see instructions))	-	ment?	support (see instructions)	other support ( instructions)				
				, , , , , , , , , , , , , , , , , , , ,		ı	,					
					Yes	No						
(A)												
/D\					+							
(B)												
(C)					+							
(C)												
(D)					1							
( <i>-</i> )												
(E)												

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	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,748,279	33,452,245	41,781,557	41,758,684	63,070,410	209,811,175
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	29,748,279	33,452,245	41,781,557	41,758,684	63,070,410	209,811,175
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)						30,614,306
6	Public support. Subtract line 5 from line 4.						179,196,869
	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4			41,781,557			· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,748,279	33,452,245	301,862	41,758,684 543,507	63,070,410 412,905	209,811,175 1,824,417
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						211,635,592
12	Gross receipts from related activities, etc.	(see instructions)				12	6,236,283
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	ır as a section 501	(c)(3)	
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public Se						
14	Public support percentage for 2015 (line 6	, column (f) divided	by line 11, column	n (f))			84.67 <b>%</b>
15	Public support percentage from 2014 School 33 1/3% support test—2015. If the organ	edule A, Part II, line	e 14 <sub></sub>			15	90.56 <b>%</b>
16a	33 1/3% support test—2015. If the organ	ization did not ched	k the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	
	box and <b>stop here.</b> The organization qual						► <u>X</u>
b	33 1/3% support test—2014. If the organ				5 is 33 1/3% or m	ore,	. —
	check this box and stop here. The organi						▶ ∟
17a		_					
	10% or more, and if the organization mee				•		
	Part VI how the organization meets the "footganization						▶ □
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization m supported organization						<b>&gt;</b> _
18	<b>Private foundation.</b> If the organization did instructions						▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	-		•	-		
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(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 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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	(4) 2011	(3) 2012	(6) 2010	(a) 2011	(5) 2515	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public St			(5)		1 1	
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	<u>%</u>
16	Public support percentage from 2014 Schettion D. Computation of Investme					16	%
17	Investment income percentage for 2015 (I			column (f))		17	%
18	Investment income percentage for 2013 (investment income percentage from 2014		111 P 47			40	<del>%</del>
19a	33 1/3% support tests—2015. If the orga						70
. Ju	17 is not more than 33 1/3%, check this be						►□
b	33 1/3% support tests—2014. If the orga	-	-				··········· - L
	line 18 is not more than 33 1/3%, check th					organization	▶ [
20	Private foundation. If the organization did	_	_				<b>&gt;</b>

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

# S

Sect	ion A. All Supporting Organizations		Vac	No
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
ou	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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.	9b		
С	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.	9c		
10a	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.	10a	1	

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.)

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
h	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		
Secu	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Coot	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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?	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 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 instruct	iona)		
С	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see instruct	10115).		
	Nativities Test Anguay (a) and (b) halou	ſ	Vss	NI =
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.			
3				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-		
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			1 age <b>u</b>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			l
other Type III non-functionally integrated supporting organizations must complete Section	s A thr	ough E.	
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
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		
7 Check here if the current year is the organization's first as a non-functionally-integrated	l Type I	III supporting organization	(see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
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 organizations	ation is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Division 16 0045 ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Pre-2015	Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u>c</u>				
	From 2013			
	From 2014			
f	<b>Total</b> of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
с	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2015** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

u Complete if the organization is described below.
 u Attach to Form 990 or Form 990-EZ.
 u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
	e of organization PEOPLE FOR THE ETHIC			Employer ident	ification number
	OF ANIMALS, INC.			52-12183	
Pa	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a section	on 527 organization	on.
1	Provide a description of the organization's direct and indire	ct political campaign activities	in Part IV.		
2	Political expenditures			u\$	
3	Volunteer hours				
	rt I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		<b>u</b> \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			
					Yes No
_	If "Yes," describe in Part IV.  rt I-C Complete if the organization is exem	ent under section F01/s	\ avaant saat	ion E01(a)(2)	
				1011 301(0)(3).	
1	Enter the amount directly expended by the filing organization	·		¢	
2	activities			u ֆ	
2	Enter the amount of the filing organization's funds contributed	· ·		¢	
3	527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Ent			u »	
3	·		•	¢	
4	Did the filing organization file Form 1120-POL for this year	າ		u v	Yes No
5	Enter the names, addresses and employer identification nu				les   140
J	organization made payments. For each organization listed,		=	=	
	the amount of political contributions received that were pro	•	0 0		
	as a separate segregated fund or a political action committ			-	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) hame	(b) / (da 655	(5) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
. ,					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	rt II-A Complete if the organiza section 501(h)).	d filed Form 5768 (el	ection under						
	Check u if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  Check u if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb (The term "expenditures" me	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals						
18	Total lobbying expenditures to influence publ	ic opinion (grass roots lobbying)	5,948						
		gislative body (direct lobbying)	114,059						
(		d 1b)	120,007						
(	Other evenuet purpose evenuelitures		45,994,323						
•	Total exempt purpose expenditures (add line		46,114,330						
	f Lobbying nontaxable amount. Enter the amo								
	columns.		1,000,000						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.							
Ç	Grassroots nontaxable amount (enter 25% of	250,000							
ŀ	Subtract line 1g from line 1a. If zero or less,	enter -0-	0						
	i Subtract line 1f from line 1c. If zero or less, e		0						
	j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720							
	reporting section 4911 tax for this year?			Yes No					

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total						
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000						
c Total lobbying expenditures	16,701	20,119	65,847	120,007	222,674						
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000						
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000						
f Grassroots lobbying expenditures	12,813	7,151	36,849	5,948	62,761						

Schedule C (Form 990 or 990-EZ) 2015

	52-1218				F	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT filed F	orn	1 5768			
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)		
description of the lobbying activity.	Yes	No		Amou	nt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local						
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of:						
a Volunteers?						
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	 	r ea	ection			
501(c)(6).		,, 30				
			_		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		<u></u>	<u></u>	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5				·		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	o," OR (b)	Pan	: III-A, I 	ine 3	i, IS	
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
political expenses for which the section 527(f) tax was paid).						
a Current year		2a				
<b>b</b> Carryover from last year		2b				
c Total		2c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
and political expenditure next year?	<b>I</b>	4				
5 Taxable amount of lobbying and political expenditures (see instructions)		5				
Part IV Supplemental Information						
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Part II-A, IIne					

Schedule C (For	m 990 or 990-EZ) 2015	PEOPLE	FOR	THE	ETHICAL	TREATMENT	52-1218336	Page <b>4</b>
Part IV	Supplemental	Information	(conti	nued)				

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

u 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.

u Attach to Form 990.

2015
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u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC. 52-1218336 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  $\boldsymbol{u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .....

a Revenue included on Form 990, Part VIII, line 1

	ddie B (1 offil 330) 2013 - I HOI HH I				<u> </u>				,		_	gc z
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, c	or Other	Simil	ar A	ssets	conti	nue	d)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	, check any of the foll	owing that ar	e a signific	ant use	of its					
а	Public exhibition		Loan or exchange pro	-								
b	Scholarly research	е 🔲 (	Other									
С	Preservation for future generations											
4	Provide a description of the organization's	collections and explain	how they further the	organization's	exempt p	urpose	in Par	t				
	XIII.	·	·	· ·		•						
5	During the year, did the organization solicit		•								_	
	assets to be sold to raise funds rather than		part of the organization	i's collection?					<u>'</u>	es_		No
Pa	rt IV Escrow and Custodial A											
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, Pa	rt IV, line 9	, or repo	orted a	n am	ount o	n For	m		
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions of	r other asset	s not						_	
									□ '	es/	Ш	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:			Г						_
						}			Amou	nt		—
							1c					—
a	Additions during the year						1d 1e					—
f	Distributions during the year Ending balance						1f					—
	Did the organization include an amount on	Form 990 Part X line	21 for escrow or cus	todial accoun	t liability?	L			$\Box$	es/	П	No
	If "Yes," explain the arrangement in Part XI										П	
	rt V Endowment Funds.											
	Complete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 1	0.							
		(a) Current year	(b) Prior year	(c) Two yea		<b>(d)</b> Thr	ee years	s back	(e) F	our yea	ars ba	ack
	Beginning of year balance	5,133,376	5,343,966		1,539	6	,160	,842		79		
b	Contributions	4,107,033	3,762,849	1,65	0,391	6	,110	,873	4	69	2,3	73
С	Net investment earnings, gains, and											
	losses	4,928	22,039	1	5,048		13	3,393			9,9	905
	Grants or scholarships											
е	Other expenditures for facilities and	4 754 010	2 005 470	2 20	2 010	_	040		4	221	, ,	710
	programs	4,754,019	3,995,478	3,30	3,012		, 245	,569	4	, 33'	/ , /	19
	Administrative expenses	4,491,318	5,133,376	E 2/1	3,966	7	0.41	,539		.160	n 0	12
g	End of year balance				3,900		,041	, 539	0	, <u>TO</u>	J , C	42
2	Provide the estimated percentage of the cu Board designated or quasi-endowment <b>u</b>	rrent year end balance %	e (line 1g, column (a))	neid as:								
	Permanent endowment u 71.00 %											
		29.00%										
·	The percentages on lines 2a, 2b, and 2c st											
3a	Are there endowment funds not in the poss	•	tion that are held and	administered	for the							
	organization by:									Ye	s	No
	(i) unrelated organizations								3a(i	+-		X
									3a(ii			Χ
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requir	red on Schedule R?						3b	$\top$		
4	Describe in Part XIII the intended uses of t											
Pa	rt VI Land, Buildings, and Eq											
	Complete if the organization		on Form 990, Pa	rt IV, line 1	1a. See	Form	990,	Part X	line	10.		
	Description of property	(a) Cost or other b	asis (b) Cost or o	other basis	(c) A	ccumulated	d		(d) Boo	k valu	е	
		(investment)	(othe	er)	dep	reciation						
1a	Land	91	,170							91	, 1	70
b	Buildings	141,	, 382	67,712		120,	072	2		89	, 0	22
С	Leasehold improvements					_			_			
d	Equipment		3,0	65,320	1,	756,	061	-	1,3	09	<u>, 2</u>	<u>59</u>
	Other									0.0		
ıotal	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	JC.)			ι	1	1,4	89	<u>, 4</u>	<u>5⊥</u>

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" or	Form 990 Part IV line	11b See Form 990 F	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	,,	Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(A)				
(C)				
(D)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.	. Form 000 Dort IV line	. 11a Cao Farm 000 D	art V line 12
	Complete if the organization answered "Yes" or	(b) Book value		
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			0000 01 0114 01 900	
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ın (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.		u	
1 411 71	Complete if the organization answered "Yes" or	r Form 990. Part IV. line	11e or 11f. See Form	990. Part X.
	line 25.	,		,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
	ITIES PAYABLE	2,187,531		
	RRED RENT	176,250		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	in (b) must equal Form 990 Part X col (B) line 25 ) u	2.363.781		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

					<u> </u>
P	art XI Reconciliation of Revenue per Audited Financial Statem			turn.	
1	Complete if the organization answered "Yes" on Form 990, F  Total revenue, gains, and other support per audited financial statements			1	67,034,919
2					07,034,717
	Net unrealized gains (losses) on investments	2a	124,889		
b	Donated services and use of facilities	2b	2,437,660		
c	Recoveries of prior year grants	2c			
d		2d	2,025,369		
е	Add lines 2a through 2d			2e	4,587,918
3				3	62,447,001
4	, ,	1.			
	a Investment expenses not included on Form 990, Part VIII, line 7b				
b				4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	62,447,001
P	art XII Reconciliation of Expenses per Audited Financial Stater			Return	
	Complete if the organization answered "Yes" on Form 990, F				
1	• • • • • • • • • • • • • • • • • • • •			1	50,577,357
2	· · · · · · · · · · · · · · · · · · ·	1 1	0 405 660		
	a Donated services and use of facilities		2,437,660		
	Prior year adjustments				
C		2c 2d	2,025,367		
0	d Other (Describe in Part XIII.) Add lines 2a through 2d			2e	4,463,027
3				3	46,114,330
4					, , , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5	1 22, 7			5	46,114,330
	art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	/ linco 1h o	nd 2h: Dort V line 4: D	ort V lii	20
	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			ait A, iii	iic
	PART V, LINE 4 - INTENDED USES FOR ENDOWMEN	-			
· . <del></del>			· <del>T.</del>		
Ρ	PERMANENTLY RESTRICTED NET ASSETS ARE COMPR	ISED C	F FOUR SEPA	RATI	E ENDOWMENT
F	UNDS. UNDER THE TERMS OF THE FIRST ENDOWME	NT FUN	ID, 20% OF T	HE (	ORDINARY
_		_ ~ _ ~			
<u>E</u>	CARNINGS FROM INVESTMENTS ARE PERMANENTLY R	ESTRIC	TED MHTTE 3	58 4	ARE
7\	AVAILABLE FOR UNRESTRICTED USE AND THE REMA	TNTNC	45% APF DOM	ישייע.	
	WAIDADE FOR UNKESTRICIED OSE AND THE REMA		TO AKE DON		
О	ORGANIZATIONS. EARNINGS ON THE REMAINING TH	REE EN	IDOWMENT FUN	DS A	ARE
U	JNRESTRICTED.				
Ţ	EMPORARILY RESTRICTED ASSETS ARE AVAILABLE	FOR (	CAMPAIGNS AG	AINS	ST ANIMAL
_					2.1
'I	ESTING, FACTORY FARMING, AND ANIMAL CRUELT	Y FOR	PERIODS AFT	ER .	JULY 31,
2	0016				
	2016.				
_	PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	TN FI	NANCIALS -	OTHE	ΣR
P	AKI KI, LINE ZD KEVENCE AMOUNIS INCLUDED	<del></del> <del>.</del>	<del></del>		

Schedule D (Folin 990) 2015 PEOPLE FOR THE ETHICAL TREATMENT	32-1210330	Page 3
Part XIII Supplemental Information (continued)		
COST OF GOODS SOLD	\$	254,980
RENTAL EXPENSES	\$	15,712
SPECIAL EVENT EXPENSES	\$	1,754,676
ROUNDING	\$	1
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN F	INANCIALS - O	THER
COST OF GOODS SOLD	\$	254,980
RENTAL EXPENSES	\$	15,712
SPECIAL EVENTS EXPENSES	\$	1,754,676
ROUNDING	\$	-1

#### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2015 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

u Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

OF ANIMALS, INC. 52-1218336 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the Yes No grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for region agents, and fundraising, program services, describe specific type of and investments independent investments. service(s) in region in region contractors grants to recipients in region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15) (16)<u>(17)</u> 3a Sub-total ..... **b** Total from continuation sheets to Part I c Totals (add

	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ANIMAL	PROTECTION	1,186,925	WIRE			FMV
(1)			ASIA					62,066	ANIMAL NEE	DS
(2)			AUSTRALIA		PROTECTION	312,388	WIRE			
(3)			EUROPE	ANIMAL	PROTECTION	78,068	WIRE			
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  u									
<u>s</u> ⊏nu	3 Enter total number of other organizations or entities u Schedule F (Form 990) 2015									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

Part II	can be duplicated i	t additional s	space is needed.					
(a) Type of grant	or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
_(3)								
_(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
_(17)								
_(18)							Schodulo	F (Form 990) 2015

# Part IV Foreign Forms

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

Schedule F (Form 990) 2015

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

#### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

**u** Attach to Form 990 or Form 990-EZ. u Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization PEOPLE FOR THE ETH OF ANIMALS, INC.	IICAL TREA	TMENT		Employer identificati	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to			ered "Yes" on Form		
Indicate whether the organization raised funds through a	•	•	. Check all that apply.		
₹ T			overnment grants		
b X Internet and email solicitations		ŭ	ment grants		
c X Phone solicitations	g X Special fun	-	-		
d X In-person solicitations	g [11] Special luli	uraising t	events		
2a Did the organization have a written or oral agreement w	with any individual /	including.	officers directors trustee	20	
or key employees listed in Form 990, Part VII) or entity					X Yes No
b If "Yes," list the ten highest paid individuals or entities (f compensated at least \$5,000 by the organization.	undraisers) pursua			fundraiser is to be	
(i) Name and address of individual		(iii) Did fun raiser have		(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	custody or control of	from activity	(or retained by) fundraiser listed in	(or retained by) organization
		contributions		col. (i)	
DONOR SERVICES		Yes No	<u> </u>		
1	TELEFUNDRA		124,346	187,569	-63,223
2 SD&A	TELLET ONDICA		124,540	107,309	03,223
	TELEFUNDRA	Х	81,376	140,022	-58,646
3 INFOCISION					
	TELEFUNDRA		47,787	76,023	-28,236
4 MAL WARWICK	TELLET ONDICA		17,707	70,025	20,230
•					
	PROF FUNDE	X	0	46,800	-46,800
5 PIC					
	TELEFUNDRA		15,457	34,513	-19,056
6 ROI	TELLI GIVERA	1 2	13,13,	31,313	15,030
	TELEFUNDRA	X	0	11,337	-11,337
7					
8					
9					
10					
Tatal			269 066	106 261	227 209
3 List all states in which the organization is registered or I	icensed to solicit o	ontribution	268,966		-227,298
registration or licensing.	icerised to solicit c	OHUBUUO	is of flas been notified it	is exempt from	
ALASKA, ALABAMA, ARKANSAS, CA	LIFORNIA,	COL	ORADO, CONNE	CTICUT, DIS	T OF
COLUMBIA, FLORIDA, GEORGIA, E	HAWAII, II	יעערי זעעי	LS, KENTUCKY	, KANSAS, I	JOUISIANA,
MASSACHUSETTS, MARYLAND, MAIN NORTH CAROLINA, NORTH DAKOTA,					
YORK, OHIO, OKLAHOMA, OREGON,					

TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN

VIRGINIA

WEST

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

			reater than \$5,000.	ons and gross income on Fo	m 990-EZ, ines i and	ob. List events with
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total aventa
			GALA	NYC FUNDRAISER	7	(d) Total events (add col. (a) through
<u>e</u>			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,039,298	155,203	282,418	1,476,919
		Less: Contributions Gross income (line 1 minus	883,198	155,203	268,638	1,307,039
	<u> </u>	line 2)	156,100		13,780	169,880
	4	Cash prizes				
	5	Noncash prizes	257,128		3,975	261,103
nses	6	Rent/facility costs	186,985		5,381	192,366
Direct Expenses	7	Food and beverages	170,943	2,890	39,521	213,354
Direct	8	Entertainment	482,668		1,600	484,268
	9	Other direct expenses	545,192	7,228	51,165	603,585
	10 11	Direct expense summary.	Add lines 4 through 9 in column (	d) (d)	<b>&gt;</b>	1,754,676 -1,584,796
Р	art	III Gaming. Com	plete if the organization ansv	wered "Yes" on Form 990, Pa	art IV, line 19, or report	
en en		than \$15,000 o	n Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		coi. (a) inrough coi. (c)
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (	d)	<b>&gt;</b>	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, co	olumn (d)	<b></b>	
0	En	ter the state(s) in which the	a organization conducts gaming as			
9		ter trie state(s) in writch the	s organization conducts gaming at	ctivities:		

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes

Schedule G (Form 990 or 990-EZ) 2015

Yes

**b** If "No," explain:

**b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2015 PEOPLI	E FOR	THE	ETHICAL	TREATMENT	52-121	8336	F	Page 3
1	Does the organization conduct gaming activities with							Yes	No
2	Is the organization a grantor, beneficiary or trustee of						····· —		
	formed to administer charitable gaming?							Yes	☐ No
13	Indicate the percentage of gaming activity conducted								
а	The organization's facility						13a		%
b	An outside facility						13b		%
4	Enter the name and address of the person who pre	pares the	organizat	tion's gaming/spe	ecial events books a	and			
	records:								
	Name <b>u</b>								
	Address <b>u</b>								
_									
5a	Does the organization have a contract with a third p	arty from	whom the	e organization red	ceives gaming				П.,
	revenue?						Ц	Yes	∐ No
b	,	ed by the	organiza	tion <b>u</b> \$		and the			
	amount of gaming revenue retained by the third part	tyu \$							
С	If "Yes," enter name and address of the third party:								
	Name								
	Name <b>u</b>								
	Address 11								
	Address u							•	
6	Gaming manager information:								
	Name u								
	Gaming manager compensation <b>u</b> \$								
	Description of services provided ${f u}$								
	Director/officer Employee		Independe	ent contractor					
7	Mandatory distributions:								
а	Is the organization required under state law to make			•	0.				П.,
	retain the state gaming license?						Ц	Yes	∐ No
b	Enter the amount of distributions required under state				mpt organizations of	or			
Dar	spent in the organization's own exempt activities during to the Supplemental Information. Provi				by Part L line 2	h columne (iii) a	od (v): on	4	
Гаі	Part III, lines 9, 9b, 10b, 15b, 15c,		•	•	•	, ,	. ,		
	instructions).	io, and	17D, a	з арріісавіс. 7	Also provide ari	y additional inform	iation (see		
	iriou douorioj.								

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. u Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

OF ANIMALS, INC.							52-1218336
Part I General Information on Grants and	d Assistance					•	
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assistated</li> <li>Describe in Part IV the organization's procedures for more than the procedure of the</li></ul>	ınce?	· 					X Yes No
Part II Grants and Other Assistance to D	omestic Organ	izations	and Domestic Go	vernments. Com	plete if the org	anization ans	wered "Yes" on Form
990, Part IV, line 21, for any recipient	that received r	nore than	\$5,000. Part II ca	n be duplicated if	additional space	e is needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistanc	. ,
(1) FOOD BANK OF SE VIRGINIA							
800 TIDEWATER DR							ANIMAL PROTECTION
NORFOLK VA 23504	52-1219783	501C3		89,640	FMV	FOOD	
(2) SAVE THE CHIMPS							
PO BOX 12220							ANIMAL PROTECTION
FORT PIERCE FL 34979	65-0789748	501C3	250,000				
(3) ROCKINGHAM HARRISONBURG SPCA							
2170 OLD FURNACE BLVD		E01 =0	50.000				ANIMAL PROTECTION
HARRISONBURG VA 22802	54-0935739	501C3	50,200				
(4) NATIONAL AQUARIUM							
501 EAST PRATT STREET		F01G2	10 000				ANIMAL PROTECTION
BALTIMORE MD 21202  (5) DENBIGH COMMUNITY CENTER	52-1121163	50103	10,000				+
15198 WARWICK BLVD							ANIMAL PROTECTION
NEWPORT NEWS VA 23608		GOV		10,740	EM7	FOOD	ANIMAL PROTECTION
(6)		GOV		10,740	T-1-1V	FOOD	_
(0)							
	•						
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government	organizations listed	I in the line	1 table				u
3 Enter total number of other organizations listed in the lin	e 1 table						<b>u</b>

PEOPLE FOR THE ETHICAL TREATMENT

Part III Grants and Other Assistance to Part III can be duplicated if addition			organization answered	d "Yes" on Form 990, Part	IV, line 22.
(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					
_2					
3					
4					
5					
_ 6					
7 Part IV Supplemental Information. Prov	vide the information re	aguired in Dort L line	2 Port III. solumn /h	and any other additional	information
				•	illioimation.
PART I, LINE 2 - PROCEDURES  PETA MONITORS THE USE OF GR					
DONATION REQUEST FORM SPECI	FYING INFORMA	TION THAT AL	LOWS MANAGEME	ENT TO	
EVALUATE THAT THE RECIPIENT	WILL USE THE	E FUNDS EXCLU	SIVELY FOR E	XEMPT	
PURPOSES.					

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

PEOPLE FOR THE ETHICAL TREATMENT

 $\boldsymbol{u}$  Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 52-1218336

	OF ANIMAI	LS, IN	1C.		52-121833	36		
Pa	rt I Types of Property							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo	•		
1	Art — Works of art	X	15	10,860	FMV			
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	43	266,767	FMV			
10	Securities — Closely held stock							
11	Securities — Partnership, LLC, or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other $\mathbf{u}($ VARIOUS $)$	X	250	533,785	FMV			
26	Other <b>u</b> ()							
27	Other <b>u</b> ()							
28	Other <b>u</b> ()							
29	Number of Forms 8283 received by	•						
	which the organization completed Fe	orm 8283,	Part IV, Donee Acknowl	edgement [	29   1			
							Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least thre	-		contribution, and which is n	ot required			3.7
	to be used for exempt purposes for		nolding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	cceptance p	policy that requires the re	eview of any non-standard			37	
						31	X	
32a	Does the organization hire or use the	ıırd parties	or related organizations	to solicit, process, or sell n	oncash		3,	
						32a	X	
b	If "Yes," describe in Part II.				<b>.</b>			
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II.							

#### 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.

OMB No. 1545-0047
2015

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Employer identification number 52-1218336

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN FISCAL YEAR 2016, PETA SECURED FREE ADVERTISING SPACE WORTH MORE THAN \$1

MILLION AND LOGGED MORE THAN 3,500 INTERACTIONS WITH THE MEDIA VIA LETTERS,

TWEETS, AND RADIO, TV, AND PRINT INTERVIEWS. PETA'S VARIOUS WEBSITES ALSO

RECEIVED MORE THAN 113 MILLION VISITS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

YOUTH DIVISION, PETA2, INTERACTED WITH MORE THAN 250,000 YOUNG PEOPLE AT

COLLEGES, MUSIC FESTIVALS, AND OTHER EVENTS. THE GROUP VISITED MORE THAN 45

TOP COLLEGE CAMPUSES WITH ITS "THE RIGHT SIDE OF HISTORY" EXHIBIT, WHICH

COMPARES THE DEVASTATING ENVIRONMENTAL DAMAGE OF MEAT PRODUCTION TO THE

SIGNIFICANTLY LIGHTER FOOTPRINT OF VEGAN MEALS.

ANIMALS IN THE FOOD INDUSTRY

INFLUENCED BY PETA'S CONTINUING EFFORTS TO END DEHORNING (THE CUTTING OR SEARING OFF OF CALVES' HORNS WITH NO PAIN RELIEF) IN THE DAIRY INDUSTRY, COMPANIES INCLUDING HARRIS TEETER, LIFEWAY FOODS, SPROUTS FARMERS MARKET, PEPSICO, CHOBANI, ALDI, AND DEAN FOODS HAVE STATED THEIR SUPPORT OF AND PURCHASING PREFERENCE FOR POLLED, OR NATURALLY HORNLESS, CATTLE, PAVING THE WAY FOR THE ELIMINATION OF THE PAINFUL PROCEDURE. PETA ALSO PERSUADED BOSTON-BASED TASTY BURGER TO PULL ALL REFERENCES TO "CERTIFIED HUMANE" MEAT FROM ITS WEBSITE, MENU, AND SIGNAGE, AND WE HELPED INFLUENCE PIE FIVE PIZZA TO ADD VEGAN CHEESE TO THE MENUS OF ITS 87 LOCATIONS. IN ADDITION, WE HELPED BEN & JERRY'S LAUNCH FOUR FLAVORS OF VEGAN ICE CREAM AND ENCOURAGED DIPPIN' DOTS TO INTRODUCE SEVERAL VEGAN PRODUCTS.

ANIMALS IN THE CLOTHING INDUSTRY

PETA PERSUADED 14 RETAILERS, INCLUDING URBN (THE PARENT COMPANY OF URBAN OUTFITTERS AND ANTHROPOLOGIE), GUESS, RALPH LAUREN, AND ZUMIEZ, TO JOIN THE LIST OF MORE THAN 110 COMPANIES THAT HAVE BANNED ANGORA, AS ITS PRODUCTION INVOLVES PAINFULLY RIPPING OUT LIVE RABBITS' FUR. WE CONFIRMED THAT POTTERY BARN AND WEST ELM NOW OFFER A SYNTHETIC OPTION FOR EVERY DOWN-FILLED ITEM THEY SELL, IN ADDITION TO PROMPTING THE SULLIVAN FAMILY OF COMPANIES (WHICH RUNS MORE THAN 100 GIFT SHOPS IN FOUR SEASONS AND OTHER LUXURY HOTELS), SPORT CHALET, AND SHOE CARNIVAL TO BAN FUR. AFTER SPEAKING WITH PETA, BEBE AND NINE WEST BANNED ALL EXOTIC SKINS, AND UBER REMOVED THE LEATHER REQUIREMENT FOR UBERBLACK VEHICLE INTERIORS.

ANIMALS IN THE ENTERTAINMENT INDUSTRY

FOLLOWING YEARS OF RELENTLESS PRESSURE FROM PETA, SEAWORLD AGREED TO END
ITS ORCA-BREEDING PROGRAM, ENSURING THAT NO ADDITIONAL ORCAS WILL BE HELD
CAPTIVE IN ITS TANKS, AND THE NATIONAL AQUARIUM ANNOUNCED THAT IT WILL
TRANSFER THE DOLPHINS THERE TO A SEASIDE SANCTUARY, PARTIALLY FUNDED BY
PETA, BY 2020. AFTER LAUNCHING A LETTER CAMPAIGN, BILLBOARDS, ADS, AND
PROTESTS IN BEHALF OF THE 29 ORCAS AND COUNTLESS OTHER ANIMALS STILL
IMPRISONED AT SEAWORLD, PETA LED A NEWS CONFERENCE DURING WHICH A PANEL OF
EXPERTS ANNOUNCED THE FORMATION OF THE WHALE SANCTUARY PROJECT, WHOSE
MISSION IS TO DEVELOP, DESIGN, AND ESTABLISH A PROTECTED COASTAL LOCATION
"WHERE CETACEANS (PORPOISES, DOLPHINS AND WHALES) CAN BE REHABILITATED OR
CAN LIVE PERMANENTLY."

AFTER DECADES OF PETA CAMPAIGNS AND PROTESTS, RINGLING BROS. AND BARNUM &

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BAILEY CIRCUS RETIRED ELEPHANTS FROM ITS CIRCUS ACTS, AND AFTER HEARING
FROM PETA, NUMEROUS MALLS AND PROPERTY-MANAGEMENT COMPANIES VOWED NOT TO
HOST CIRCUSES THAT USE ANIMALS. FURTHERMORE, THE CITIES OF NORFOLK AND
WINCHESTER IN VIRGINIA REFUSED TO LET GARDEN BROS. CIRCUS PERFORM AS LONG
AS ELEPHANTS WERE PART OF THE ACTS.

ADDITIONALLY, NEARLY A DOZEN TRAVEL AGENCIES AND TOUR COMPANIES AGREED TO STOP OFFERING CAPTIVE-ELEPHANT ENCOUNTERS, INCLUDING RIDES AND SHOWS. PETA ALSO GOT NUMEROUS CRUEL EVENTS CANCELED, INCLUDING ELEPHANT RIDES AT A FLEA MARKET, A TIGER CUB EXHIBIT, A PHOTO OP WITH A LIVE ALLIGATOR AT THE BOWERY HOTEL IN NEW YORK, A PIG-WRESTLING CONTEST, BUTTERFLY AND BALLOON RELEASES, AND A FESTIVAL IN MEXICO AT WHICH DUCKS' HEADS ARE TORN OFF AND OPOSSUMS AND IGUANAS ARE STUFFED INTO PIÑATAS AND BEATEN AND TRAMPLED TO DEATH.

TOP ADVERTISING AGENCIES 3601, THE MARTIN AGENCY, AND ANOMALY AS WELL AS INSURANCE COMPANY GEICO PLEDGED NOT TO USE GREAT APES IN ADVERTISING AFTER HEARING FROM PETA.

#### OTHER CRUELTY TO ANIMALS

MEANWHILE, INSTAGRAM AGREED TO REMOVE POSTS PROMOTING THE SALE AND PRIVATE

OWNERSHIP OF WILD-CAUGHT GREAT APES AND OTHER ENDANGERED SPECIES AND IS

IMPLEMENTING MEASURES TO PREVENT FUTURE SALES. PETA ALSO SUCCEEDED IN

PERSUADING THE CITY COUNCIL OF MIAMI SPRINGS, FLORIDA, TO STOP TRAPPING AND

KILLING RACCOONS AT A GOLF COURSE; AIR TRANSPORT SERVICES GROUP TO STOP

TRANSPORTING MONKEYS TO LABORATORIES; AND MARSH SUPERMARKETS, BOOKS-A
MILLION, AND HALF PRICE BOOKS, RECORDS, MAGAZINES TO STOP USING GLUE TRAPS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

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BLEEDING RECTAL PROLAPSES AND OTHER CONDITIONS FOR WEEKS WITHOUT BEING EXAMINED OR TREATED BY A VETERINARIAN. ALTHOUGH THE FACILITY IS EXPECTED TO MEET HIGHER WELFARE STANDARDS THAN MOST OF THE PIG-MEAT FARMS THAT SUPPLY WHOLE FOODS, PETA FOUND THAT ANIMALS LIVED IN FACTORY FARM-LIKE CONDITIONS WITH 5 SQUARE FEET OF SPACE EACH, AND MORE THAN 20 PIGS WERE PACKED INTO A METAL TRAILER MORE THAN 24 HOURS BEFORE THEY WERE HAULED TO SLAUGHTER AS THE HEAT INDEX EXCEEDED 90 DEGREES. PETA USED THE CASE TO CALL ON WHOLE FOODS TO END ITS MISLEADING CLAIMS THAT ANIMALS KILLED FOR THEIR STORES ARE TREATED HUMANELY.

ADDITIONALLY, BECAUSE OF EFFORTS BY PETA AND OTHER NONPROFIT ORGANIZATIONS, IDAHO'S "AG-GAG" LAW WAS RULED UNCONSTITUTIONAL FOR VIOLATING THE FIRST AND 14TH AMENDMENTS TO THE U.S. CONSTITUTION. THIS IS THE FIRST TIME A COURT HAS DECLARED AN "AG-GAG" STATUTE UNCONSTITUTIONAL. SUCH LEGISLATION CRIMINALIZES WHISTLEBLOWING INVESTIGATIONS AT FACTORY FARMS AND SPECIFICALLY TARGETS ANIMAL ADVOCATES WHO EXPOSE CRUELTY. THIS IS AN IMPORTANT VICTORY THAT WILL PROTECT CRUCIAL EYEWITNESS INVESTIGATIONS, WHICH REVEAL BLATANT, OFTEN ILLEGAL ANIMAL ABUSE ON FACTORY FARMS.

#### ANIMALS IN THE CLOTHING INDUSTRY

THE NEW YORK TIMES BROKE PETA'S INVESTIGATION OF THE COMMERCIAL OSTRICH INDUSTRY IN SOUTH AFRICA, WHICH KILLS HUNDREDS OF THOUSANDS OF YOUNG OSTRICHES EACH YEAR FOR THEIR SKIN, FEATHERS, AND MEAT, SUPPLYING SKINS TO HERMÈS, PRADA, LOUIS VUITTON, AND OTHER TOP EUROPEAN FASHION HOUSES. PETA'S EXPOSÉ REVEALED THAT YOUNG BIRDS ARE IMPRISONED ON BARREN DIRT FEEDLOTS AND THAT SOME OF THEIR FEATHERS ARE PAINFULLY PLUCKED, INCLUDING THE DAY BEFORE SLAUGHTER. AT THE SLAUGHTERHOUSES, WORKERS YANKED TERRIFIED OSTRICHES INTO

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STUN BOXES, ELECTRICALLY STUNNED THEM, TURNED THEM UPSIDE DOWN, AND SLIT
THEIR THROATS. THE BIRDS NEXT IN LINE WATCHED HELPLESSLY AS THEIR FLOCK
MATES WERE KILLED RIGHT IN FRONT OF THEM. AS A RESULT OF THE EXPOSÉ, GLOBAL
BRANDS GROUP BANNED OSTRICH-DERIVED MATERIALS FROM ITS CONTROLLED BRANDS,
WHICH INCLUDE JUICY COUTURE, FRYE, JONES NEW YORK, JENNIFER LOPEZ, AND
DAVID BECKHAM, AMONG MANY OTHERS.

#### ANIMALS IN THE EXPERIMENTATION INDUSTRY

AS A RESULT OF PETA'S EFFORTS, CANADA WILL NO LONGER TEST PESTICIDES ON DOGS, WHILE INDIA IS REDUCING THE NUMBER OF ANIMALS USED IN PESTICIDE TESTING, HAS STOPPED REQUIRING THAT DRUGS BE RETESTED ON ANIMALS IF THEY'VE ALREADY BEEN TESTED AND APPROVED IN OTHER COUNTRIES, AND HAS APPROVED A NEW NON-ANIMAL METHOD FOR PREDICTING SKIN ALLERGIES.

THANKS TO DECADES OF HARD WORK BY PETA, TENS OF THOUSANDS OF ANIMALS WILL

BE SPARED ABUSE WITH THE PASSAGE OF THE LANDMARK FRANK R. LAUTENBERG

CHEMICAL SAFETY FOR THE 21ST CENTURY ACT, WHICH REQUIRES THAT NON-ANIMAL

TESTING METHODS BE DEVELOPED, PRIORITIZED, AND USED BEFORE TOXICITY TESTS

ON ANIMALS ARE CONSIDERED.

PETA INFORMED UNIVERSITIES THAT SANTA CRUZ BIOTECHNOLOGY (SCBT)—A BIOTECH FIRM THAT SUPPLIES ANIMAL-DERIVED ANTIBODIES TO LABORATORIES AROUND THE WORLD—HAS BEEN REPEATEDLY CITED FOR FAILING TO TREAT SEVERELY ILL OR INJURED GOATS, PREVENTING THE U.S. DEPARTMENT OF AGRICULTURE (USDA) FROM INSPECTING ANIMALS, AND REPEATEDLY DENYING THE EXISTENCE OF A FACILITY THAT HOUSED MORE THAN 800 GOATS. AS A RESULT, ONE INSTITUTION DROPPED THE CRUEL COMPANY, AND THE USDA ANNOUNCED THAT SCBT MUST PAY A WHOPPING \$3.5 MILLION

Name of the organization

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PENALTY (THE LARGEST FINE IN USDA HISTORY) AND STOP USING ANIMALS TO MAKE ANTIBODIES.

IN ADDITION, SCIENTISTS FROM THE PETA INTERNATIONAL SCIENCE CONSORTIUM LTD.

AND PETA'S REGULATORY TESTING DEPARTMENT HAVE BEEN BUSY TRAVELING TO

MEETINGS, ATTENDING CONFERENCES, HOLDING SEMINARS, LEADING PROJECTS, AND

PUBLISHING ARTICLES TO SHOW THE SCIENTIFIC COMMUNITY AS WELL AS INDUSTRY

AND REGULATORY AGENCIES HOW TO REPLACE ANIMAL TESTS WITH NON-ANIMAL

METHODS.

#### ANIMALS IN THE ENTERTAINMENT INDUSTRY

A PETA EYEWITNESS CAPTURED VIDEO FOOTAGE SHOWING THAT THE OWNER AND DIRECTOR OF THE BOWMANVILLE ZOO, MICHAEL HACKENBERGER, VICIOUSLY WHIPPED A TIGER UP TO 19 TIMES ON HIS FACE, BODY, AND LEGS WHILE HE LAY COWERING ON HIS BACK. THE BEATING WAS SO SEVERE THAT HE EMPTIED HIS ANAL SACS OUT OF FEAR. PETA TURNED OVER ITS EVIDENCE TO THE ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, WHICH HAS CHARGED HACKENBERGER WITH FIVE COUNTS OF CRUELTY TO ANIMALS, POTENTIALLY RESULTING IN A JAIL SENTENCE AND A LIFETIME BAN ON OWNING OR WORKING WITH ANIMALS. SOON AFTERWARD, THE ZOO ANNOUNCED THAT IT WOULD CLOSE ITS DOORS AFTER NEARLY 100 YEARS IN BUSINESS AND BLAMED PETA'S EXPOSÉ FOR THE DROP IN ATTENDANCE OVER THE PAST YEAR.

PETA ALSO RESCUED DOZENS OF ANIMALS FROM OTHER ROADSIDE ZOOS, INCLUDING A
BEAR NAMED SWEET BABY, WHO WAS EMACIATED AND HOUSED INSIDE A TINY CAGE IN A
BARN, AND TOOTIE, A CHIMPANZEE WHO HAD SPENT THE PREVIOUS 20 YEARS OF HIS
LIFE IN SOLITARY CONFINEMENT.

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IN RESPONSE TO PETA'S 2013 INVESTIGATION OF HORSE-RACING TRAINER STEVE

ASMUSSEN, WHICH EXPOSED THE CHRONIC OVERUSE OF MEDICATIONS TO KEEP SORE AND
INJURED HORSES RACING, THE NEW YORK STATE GAMING COMMISSION CONFIRMED MUCH
OF WHAT PETA HAD DOCUMENTED AND FINED HIM \$10,000. MORE IMPORTANTLY, THE
COMMISSION IS PROPOSING NEW REGULATIONS TO PREVENT SUCH ABUSES BY STATE
TRAINERS AND VETERINARIANS, AND A DIALOG HAS BEEN OPENED BETWEEN PETA,
RACING ORGANIZATIONS, AND TRACK OWNERS REGARDING MEASURES TO IMPROVE
HORSES' LIVES. PETA ALSO RESCUED ABUSED THOROUGHBRED CHARLIE'S QUEST AND
RETIRED HIM TO A FARM OPERATED BY A PETA SUPPORTER. WHILE HE CONTINUES TO
BE EVALUATED AND TREATED FOR THE MANY SERIOUS, CHRONIC INJURIES HE'S
SUSTAINED THROUGH THE YEARS, HIS RACING DAYS ARE THANKFULLY OVER.

#### COMPANION-ANIMAL ISSUES

A FIRST-OF-ITS-KIND PETA EXPOSÉ REVEALED SEVERE CROWDING, NEGLECT, AND A
MASSIVE DEATH TOLL AT BRELEAN CORPORATION, A SUPPLIER OF HERMIT CRABS TO
PETSMART, PETCO, AND BEACH SOUVENIR SHOPS. PETA'S EYEWITNESS FOUND THAT
WILD-CAUGHT HERMIT CRABS WERE DUMPED INTO PENS, BEFORE WORKERS CRACKED OPEN
THEIR SHELLS WITH A MANUAL LEVER PRESS TO FORCE THEM INTO PAINTED SHELLS.
HERMIT CRABS CAN LIVE FOR DECADES IN THEIR SEASHORE HOMES, BUT AT BRELEAN,
HUNDREDS WERE FOUND DEAD EVERY DAY. WITHIN DAYS OF THE RELEASE, PETSMART
STATED THAT ITS SUPPLIER HAD ENDED ITS RELATIONSHIP WITH BRELEAN. PETA ALSO
INVESTIGATED AND EXPOSED THE ABUSIVE AND FILTHY CONDITIONS THAT ANIMALS
WERE MADE TO ENDURE AT REPTILES BY MACK AND HOLMES FARM, TWO MASSIVE ANIMAL
MILLS THAT SUPPLY PETSMART AND OTHER BIG-BOX PET STORE CHAINS NATIONWIDE.

BECAUSE OF PETA'S EFFORTS, LARRY, A 5-YEAR-OLD SHIH TZU WHO WAS FILTHY,
MATTED, SEVERELY WEAKENED BY ANEMIA, MALNOURISHED, AND SUFFERING FROM EAR

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AND URINARY TRACT INFECTIONS, AND NERO, AN EMACIATED PUG-BEAGLE MIX FORCED TO LIVE IN A MUD PIT WITH A HEAVY CHAIN WRAPPED AROUND HIS NECK, WERE RESCUED AND ADOPTED INTO NEW LOVING HOMES. IN ADDITION, A NORTH CAROLINA MAN WHO ALLEGEDLY STARVED HIS DOG NIGHT TRAIN TO DEATH, LEAVING THE BODY STILL CHAINED INSIDE A BARREL USED FOR SHELTER, WAS CHARGED WITH CRUELTY TO ANIMALS. PETA WAS ALSO RESPONSIBLE FOR OBTAINING CONVICTIONS FOR A NUMBER OF OTHER INDIVIDUALS AROUND THE NATION WHO ABUSED OR NEGLECTED ANIMALS.

PETA'S COMMUNITY ANIMAL PROJECT, WHICH OFFERS ANIMALS IN THE HAMPTON ROADS AREA OF VIRGINIA HANDS-ON CARE, RESPONDED TO MORE THAN 2,300 CALLS FOR ASSISTANCE AND HELPED MORE THAN 2,500 ANIMALS. IT ALSO BUILT AND DELIVERED MORE THAN 300 FREE DOGHOUSES—BRINGING THE TOTAL NUMBER DISTRIBUTED SINCE THE PROGRAM STARTED TO MORE THAN 6,500—AND BAGGED 1,675 BALES OF STRAW, PROVIDING DOGS FORCED TO LIVE OUTDOORS WITH WARM, DRY SHELTER. PETA'S MOBILE CLINICS DIVISION SPAYED AND NEUTERED 13,174 CATS AND DOGS—INCLUDING 542 FERAL CATS AND 1,158 PIT BULLS—IN SOUTHEASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA, AT A DISCOUNTED RATE OR FREE OF CHARGE. IN ORDER TO HELP EVEN MORE ANIMALS, PETA ADDED A FOURTH STATE-OF-THE ART CLINIC TO THE FLEET AS WELL AS A THIRD FULL-TIME VETERINARIAN AND EXPANDED THE AREA THAT THE CLINICS SERVE.

FINALLY, PETA SUPPORTED OUTREACH AND EDUCATIONAL ACTIVITIES IN NORFOLK,
VIRGINIA; TEAMED UP WITH A NEWPORT NEWS CITY COUNCIL MEMBER'S FOOD DRIVE TO
OFFER FREE SPAY/NEUTER SURGERIES; PARTNERED WITH TWO VIRGINIA SHELTERS TO
PROVIDE FREE MONTHLY CLINICS; AND HELD TWO VERY SUCCESSFUL MULTI-SHELTER
DOG ADOPT-A-THONS. AND AFTER WAVERLY, A SMALL TOWN IN VIRGINIA, WAS
DEVASTATED BY A TORNADO, PETA SENT A FIELDWORK CREW OUT TO DELIVER SOME

Schedule O (Form 990 or 990-EZ) (2015) Employer identification number Name of the organization PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 MUCH-NEEDED ANIMAL SUPPLIES. THE TOWN EXPRESSED ITS GRATITUDE BY PRESENTING THE ORGANIZATION WITH A CERTIFICATE OF APPRECIATION SIGNED BY THE MAYOR. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT CRUELTY-FREE MERCHNDISE PROGRAM PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVING BY PROVIDING COMPASSIONATE PEOPLE AROUND THE WORLD WITH EDUCATIONAL MATERIALS, CONSUMER PRODUCTS-SUCH AS COSMETICS AND HOUSEHOLD CLEANERS THAT ARE NOT TESTED ON ANIMALS, ANIMAL-CARE PRODUCTS, AND SLOGAN T-SHIRTS-EDUCATIONAL VIDEOS AND BOOKS, ANIMAL-RESCUE EQUIPMENT, AND CAMPAIGN MATERIALS. THESE ITEMS ARE AVAILABLE ONLINE THROUGH THE PETA MALL AND THE PETA CATALOG. PETA'S ONLINE LISTS OF COSMETICS AND HOUSEHOLD-PRODUCT COMPANIES THAT DO AND THAT DON'T TEST ON ANIMALS ARE AMONG THE MOST VISITED PAGES ON PETA.ORG, GARNERING MILLIONS OF VIEWS THIS YEAR. PETA ALSO WORKS TO PERSUADE COMPANIES TO ENACT BANS ON ALL ANIMAL TESTS-AND THIS YEAR, IT ADDED APPROXIMATELY 500 COMPANIES TO THE CRUELTY-FREE LIST, BRINGING THE TOTAL NUMBER OF BUSINESSES THAT DON'T TEST ON ANIMALS TO 2,300. FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

CANADA

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT COMMITTEE AND THE MANAGING DIRECTOR OF A SUPPORTING ORGANIZATION REVIEW FORM 990 WITH THE GENERAL COUNSEL AND THE VICE PRESIDENT OF CORPORATE AFFAIRS OF A SUPPORTING ORGANIZATION. THE AUDIT COMMITTEE AND THE Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

52-1218336

SUPPORTING ORGANIZATION'S MANAGING DIRECTOR DISCUSS THE FORM 990 WITH THE ORGANIZATION'S INDEPENDENT AUDITORS. THE ORGANIZATION FILES FORM 990 AFTER BOARD OF DIRECTOR APPROVAL AND ACCEPTANCE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

REGULAR CONFIRMATION AND CERTIFICATION BY BOARD MEMBERS AND THROUGH

INTERNAL CONTROLS PUT INTO PLACE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

LINES 15A AND 15B - PERSONS WHO RECEIVE COMPENSATION ARE PRECLUDED FROM

VOTING ON MATTERS PERTAINING TO THEIR COMPENSATION. THE PRESIDENT AND THE

DIRECTOR OF HUMAN RESOURCES OF A SUPPORTING ORGANIZATION EVALUATE THE

REASONABLENESS OF OFFICERS' COMPENSATION, WHICH IS BASED ON COMPARABLE

REMUNERATION FOR SIMILARLY QUALIFIED PERSONS WITH CONSIDERATION OF

BACKGROUND, EXPERIENCE, EDUCATION, AND ORGANIZATIONAL KNOWLEDGE IN

SIMILARLY SITUATED ENVIRONMENTS. DELIBERATIONS OF THE GOVERNING BODY ARE

VERBAL WITH DECISIONS REGARDING COMPENSATION ARRANGEMENTS DOCUMENTED IN

PERSONNEL FILES.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization				Employer identification	number
PEOPLE FOR	THE ETHICAL TREATMENT	Γ		52-121833	6
THE DOCUME	NTS ARE MADE AVAILABLE	E AT THE	BOARD OF DIRE	CTOR'S DISCRI	ETION UPON
REQUEST.					
FORM 990,	PART IX, LINE 11G - O	THER FEES	FOR SERVICES		
	T				
DESCRIPTION	V				
	PROGRAM SERVICE	MGT	& GENERAL	FUNDR <i>A</i>	AISING
CONSULTANTS					
CONSULTANTS	2				
	\$ 13,233,884	\$	538,160	\$ 2,2	281,839
FORM 990,	PART XI, LINE 9 - OTH	ER CHANGE	S IN NET ASSE	TS EXPLANATION	ON
ROUNDING				\$	1
					······ <del>·</del> ·····
TOTAL				\$	1
•					
				PAGE 10 (	Ͻϝ 10

## SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Employer identification number 52-1218336

(a)  Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicil or foreign co		(d) al income	<b>(e)</b> End-of-year assets	(f) Direct con- entity	ntrolling
(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations Coone or more related tax-exempt organizations during the transfer of the control	omplete if the or ax year.	ganization answe	ered "Yes" on Fo	orm 990, Part I	IV, line 34 because	e it had	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	us (f) Direct controlling	Section 5	ed entity?
(1) FOUNDATION TO SUPPORT ANIMAL PROTEC 501 FRONT STREET 52-1842274		or loreight country)		(ii Section 301(c)(3	5)) enuty	Yes	No

	rtaine, address, and E	int of foldiod organization	i iiiiai y aouvity	Logar dorriono (otato	Zxo.npt Godo Godion	nabilo orianty status	J. D. Ook Cont. Chining		a enuty?
				or foreign country)		(if section 501(c)(3))	entity	Yes	No
(1)	FOUNDATION TO SUPPORT	ANIMAL PROTEC							
	501 FRONT STREET	52-1842274							
	NORFOLK	VA 23510	SUPPORT	DE	501C3		11 TYPE I		X
(2)	ANIMAL RAHAT								
	50/8, TOLSTOY LANE								
	NEW DELHI	IN 110 001	PROTECTION	IN	NA		N/A		X
(3)	PETA ASIA								
	ROOM 706 FEDMAN BLDG,	199 SALCEDO ST							
	MAKATI	RP 1229	PROTECTION	RP	NA		N/A		X
(4)	PETA DEUTSCHLAND, E.V								
	FRIOLZHEIMER STR. 3A								
	STUTTGART	GM 70499	PROTECTION	GM	NA		N/A		X
(5)	PETA FOUNDATION								
	P.O BOX 70315								1
	LONDON	UK N1P 2RG	PROTECTION	UK	NA		N/A		X

## **SCHEDULE R** (Form 990)

# Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

u Attach to Form 990. u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

52-1218336

Na	(a) me, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicil or foreign co	`	(d) otal income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identif	ication of Related Tax-Exempt Organization more related tax-exempt organizations during	ns Complete if the or the tax year.	ganization answe	ered "Yes" on F	orm 990, Part I	V, line 34 because	e it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
(1) PETA FRANCI	F.		or foreign country)		(if section 501(c)(3)	entity	Yes No
` '	LA MADELEINE						
PARIS	FR 75008	PROTECTION	FR	NA		N/A	X
(2) PETA INDIA							
P.O BOX NO							
MUMBAI	IN 400 049	PROTECTION	IN	NA		N/A	X

PROTECTION

NL

NA

(3) STITCHING PETA NEDERLAND WITTEVROUWENSIGNEL

UTRECHT

PEOPLE FOR THE ETHICAL TREATMENT

1052514AM

NL

OF ANIMALS, INC.

Χ

N/A

(4)

(5)

**Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

	igariizations t	Calco	as a partificis	riip duriing tric	tax year.	ı		T	_	_
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alloc.?	of Schedule K-1 (Form 1065)	General managin partner	
(1)										
(2)										
(3)										
(4)										

**Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related	.organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr	ction (b)(13) trolled htity?
									Yes	No
(1) PETA EUROPE LIMITED										
PO BOX 36668										
LONDON	UK SE1 1WA									
		PROTECTION	UK	N/A	c					X
(2) PETA AUSTRALIA										
PO BOX 20308, WORLD SQ	QUARE									
SYDNEY	AS NSW 2002									
		PROTECTION	AS	N/A	c					X
(3) PETA CANADA										
40 KING STREET WEST, S	SUITE 5800									
TORONTO	CA M5H 3S1	•								
		PROTECTION	CA	N/A	c					X
(4) PETA INT'L SCIENCE CON	SORTIUM LTD									
ALL SAINTS BLDG., 8 AL	L SAINTS ST									
	UK N1 9 RL									
		PROTECTION	UK	N/A	c					X

#### Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ted organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
				1k	Х	
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	· ·				
(a)  Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d)  Method of determining amou	nt involv	ad	
Name of related organization	type (a-s)	Amount involved	Method of determining amou	III IIIVOIV	eu	
(A) ANTMAL DALIAM	T.	200 041	CA CII C TIME?			
(1) ANIMAL RAHAT	В	280,941	CASH & FMV			

(2) PETA INDIA 451,810 CASH & FMV (3) 514,644 CASH & FMV PETA ASIA В (4) В 307,388 PETA AUSTRALIA CASH (5) В 75,000 PETA INTL SCIENCE CONSORTIUM CASH 1,120,200 (6) FOUNDATION TO SUPPORT ANIMAL PROTEC K CASH

## Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Comple	ete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	e tax year, did the organization engage in any of the following transactions with one or more r						
a Receipt or	f (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
<b>b</b> Gift, gran	t, or capital contribution to related organization(s)				1b	X	
<b>c</b> Gift, gran	t, or capital contribution from related organization(s)				1c		Χ
<b>d</b> Loans or	loan guarantees to or for related organization(s)				1d		Χ
e Loans or	loan guarantees by related organization(s)				1e		Х
f Dividends	from related organization(s)				1f		X
<b>g</b> Sale of a	ssets to related organization(s)				1g		Х
<b>h</b> Purchase	of assets from related organization(s)				1h		Χ
i Exchange	e of assets with related organization(s)				1i		X
<b>j</b> Lease of	facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k Lease of	facilities, equipment, or other assets from related organization(s)				1k	Х	
I Performar	nce of services or membership or fundraising solicitations for related organization(s)				11		X
m Performar	nce of services or membership or fundraising solicitations by related organization(s)				1m	Х	
<b>n</b> Sharing o	f facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Χ
o Sharing o	f paid employees with related organization(s)				10	Х	
<b>p</b> Reimburs	ement paid to related organization(s) for expenses				1p		X
<b>q</b> Reimburs	ement paid by related organization(s) for expenses				1q		Х
r Other trans	nsfer of cash or property to related organization(s)				1r		Х
s Other tran	nsfer of cash or property from related organization(s)				1s		Χ
2 If the ans	wer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered	relationships and transact	ion thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amou	ınt involv	ed	
		type (a-s)					
(1)	FOUNDATION TO SUPPORT ANIMAL PROTEC	M	12,366,968	CASH			
(2)							
(3)							
(4)							
(5)							
(6)							

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Dispropi alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
								1					
(2)													
(3)													
(5)													
•													
(4)													
(5)													
(6)													
(7)													
(0)								1					
(8)													
•													
(9)								1					
• • • • • • • • • • • • • • • • • • • •													
(10)													
													1
(11)													1
													1

Schedule R (	Form 990) 2015 Suppleme	PEOPLE	FOR TI	HE ETHIC	CAL TREA	TMENT	52-12183	36	Page 5
Part VII	<b>Suppleme</b> Provide ad	<b>ntal Informa</b> ditional inforr	<b>ation</b> mation for r	esponses to	questions o	on Schedule	R (see instruction	ons).	
•									
•									

# Form **990-T**

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

2015

OMB No. 1545-0687

		Far as!	endar year 2015 or other tax year	haminum 08/01/	15 -		: 07/31/1	6		2013
Depai Intern	rtment of the Treasury al Revenue Service		u Information about Form not enter SSN numbers on	990-T and its instruct	ions is av	ailabl	e at www.irs.gov/	form990t.		n to Public Inspection for c)(3) Organizations Only
Α	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)  D Employer id								
	Exempt under section	PEOPLE FOR THE ETHICAL TREATMENT (Employees'								instructions.)
-	X 501( C)( 3)	Print OF ANIMALS, INC.  or Number, street, and room or suite no. If a P.O. box, see instructions.								136
-	408(e) 220(e) 408A 530(a)	Type	501 FRONT ST	•	IUIIS.			E Unrelated bu		
	529(a)	''	City or town, state or province,		ostal code			(See instruct	ions.)	ı
С	Book value of all assets		NORFOLK		VA 2	235	10	5418	00	423000
	at end of year		roup exemption number (S			_				7
	39,585,908	•	heck organization type u		ration	Щ	501(c) trust	401(a) trus	st	Other trust
	•		ary unrelated business ac ALES, ADVERTI	•						
			poration a subsidiary in ar		narent-su	heidi	ary controlled are	un?		1 Yes X No
			ntifying number of the pare		parent-su	ibsidio	ary controlled gro	up:		1 163 22 110
	u			<u> </u>						
<u>J</u>	The books are in care o		ELLY FIDLER				Teler	hone number u	<u> 175</u>	57-962-8364
P	art I Unrelated	d Trade	<u>e or Business Incon</u>	ne			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale	s	22,732							
b	Less returns and allow			Balance u			22,732			
2	Cost of goods sold (Se				2		10,657			
3	Gross profit. Subtract				3		12,075			12,075
4a	Capital gain net incom				4a					
b			line 17) (attach Form 4797)		4b					
c	Capital loss deduction				4c		F 200			F 200
5			porations (attach statement)S.E		5		5,290			5,290
6	Rent income (Schedul	,			7				-	
7 8	Unrelated debt-finance			ns (Schodulo E)	8				-+	
9	_		ents from controlled organizatio 1(c)(7), (9), or (17) organizatior		9					
10			me (Schedule I)		10					
11	Advertising income (S		1\		11		57,484	94.	326	-36,842
12	,		s; attach schedule)		12		377131	7 - 7	320	30,012
13			h 12		13		74,849	94,	326	-19,477
P	art II Deductio	ns No	t Taken Elsewhere (	See instructions f	or limita	ation	s on deduction	ns.) (Except	for c	ontributions,
14			be directly connected tors, and trustees (Schedeling)	1 10			-		14	
15	Calarias andana		•						15	
16	· · · ·								16	
17									17	
18									18	
19	Taxes and licenses	,							19	850
20	Charitable contributions (S	See instru	ctions for limitation rules)						20	
21	Depreciation (attach F	orm 456	62)				21			
22	Less depreciation clair	med on	Schedule A and elsewhere	on return			22a		22b	0
23	Depletion								23	
24	Contributions to defer	red com	pensation plans						24	
25	Employee benefit prog	grams <sub></sub>							25	
26	Excess exempt expen	ses (Scl	nedule I)						26	
27	Excess readership cos	sts (Sch	edule J)						27	40 500
28	Other deductions (atta	ach sche	edule)			SE	E STATEM	FN.T. 5	28	12,580
29	Iotal deductions. Ad	id lines 1	14 through 28	laaa dadoodo O C					29	13,430
30	Unrelated business ta	xable ind	come before net operating	ioss deduction. Subtr	act line 2	y troi	π line 13		30	-32,907
31	Liprolated business dec	uction (	limited to the amount on li	Te 3U)	from II				31	22 007
32 33	Specific doduction (Ca	xable INC	come before specific deductions \$1,000, but see line 33 ins	etructions for execution	ne)	± 3U <sub>.</sub>			32	-32,907 1,000
34			income. Subtract line 33 f						33	1,000
J-7			e 32		•				34	-32,907
			<u> </u>	<u> </u>	<u></u>	<u></u> .	<u> </u>	<u> </u>		

(see instructions)	ne (From K	eai Proper	ty and	Per	Sonai Proper	ту се	ased with r	Real Proper	ty)		
Description of property											
(1) N/A											
(2)											
(3)											
(4)											
	<b>2.</b> Rer	nt received or accru	ued								
(a) From personal property (if the p for personal property is more than more than 50%)		percentage of	of ren	and personal property ( t for personal property it is based on profit or in	exceeds	<b>I</b>			cted with the income attach schedule)		
(1)											
(2)											
(3)											
(4)											
Total		Total					(b) To	otal deductions.			
(c) Total income. Add totals of othere and on page 1, Part I, line 6	columns 2(a) a 6, column (A)	and 2(b). Enter			. <b>u</b>		Enter I	nere and on page line 6, column (B	1,		
Schedule E - Unrelated	Debt-Finan	ced Incom	e (see ii	nstrı	uctions)						
1 Description of debt fi	inanced property				oss income from or		Deductions directly connected with or allocable to debt-financed property				
Description of debt-financed property				allocal	property		(a) Straight line (attach s		(b) Other deductions (attach schedule)		
(1) N/A											
(2)											
(3)											
(4)											
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	equisition debt on or of or allocable to cable to debt-financed debt-financed property		<b>6.</b> Column 4 divided by column 5				7. Gross incor (column 2 x		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)						%					
(2)						%					
(3)						%					
(4)						%					
Totals						u	Enter here an Part I, line 7,			here and on page 1, line 7, column (B).	
Total dividends-received dedu									<u> </u>		
Schedule F - Interest, A	nnuities, R	oyalties, ar	nd Reni					s (see instruc	tions)		
		2. Employ	ļ.	Ex	empt Controlled	i Orga	anizations			T	
1. Name of controlled organization	Name of controlled organization		er number				Total of specified ayments made	5. Part of column 4 that is included in the controlling organization's gross inc.		Deductions directly connected with income in column 5	
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7 Tayable Income			8. Net unrelated income (loss) (see instructions)		9. Total of specit payments mad		included in	olumn 9 that is the controlling gross income	11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
Totals							Enter here a	ns 5 and 10. nd on page 1, 3, column (A).	Ente	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount o	of income	directly connect	Deductions     directly connected     (attach schedule)			;	5. Total deductions and set-asides (col. 3 plus col.4)		
(1) N/A										
(0)										
(4)										
Totals		Enter here and Part I, line 9,							er here and on page 1, t I, line 9, column (B).	
Schedule I – Exploited Exer	nnt Activity In	come Of	her Tha	n Advertising l	ncome	/coo inct	ructions)			
Concadie i Exploited Exci	iipt Activity iii			ii Advertising ii		(300 11131				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	production of		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income		<b>6.</b> Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) N/A										
					-					
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col. (A).	page 1	re and on , Part I, col. (B).						Enter here and on page 1, Part II, line 26.	
Totals u  Schedule J – Advertising In	come (see inst	ructions)								
Part I Income From P			a Cons	olidated Basis						
Part I Income From P	eriodicais Rep		a Cons	4. Advertising					7. Excess readership	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.					costs (column 6 minus column 5, but not more than column 4).	
(1) ADVERTISING INCO	57,48	4	94,326							
(2)	•									
									_	
									_	
(4)					-					
Totals (carry to Part II, line (5)) u	57,48		94,326							
Part II Income From P	eriodicals Rep	orted on	a Separ	rate Basis (For	each p	eriodical	listed in F	Part II, fi	ll in columns	
2 through 7 on a	2. Gross advertising income	<b>3.</b> D	irect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	(loss) (col. us col. 3). If incompute		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) N/A										
(2)										
(3)					1					
(4)					1					
Totals from Part I u	57,48	1	94,326							
	Enter here and on page 1, Part I, line 11, col. (A).	Enter he page 1 line 11,	re and on , Part I, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) u	57,48		94,326	uotooc / · · ·		\				
Schedule K – Compensation	n of Ufficers,	Directors	, and ir	ustees (see instr	uctions		Dorocut of			
1. Name				2. Title		time	Percent of e devoted to business		pensation attributable to prelated business	
(1) N/A							%			
(2)										
(3)										
(4)							%			

Total. Enter here and on page 1, Part II, line 14

# **Federal Statements**

# Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

	Gross	Direct		Net
Name of Partnership or S-Corp	 Income	Deductions (Pa	art. only)	Income
PARTNERSHIP INCOME	\$ 5,290	\$	\$	5,290
TOTAL	\$ 5,290	\$	0 \$	5,290

# Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
GENERAL OPERATING	\$	805
PRINTING		478
POSTAGE & SHIPPING		7,836
TELEPHONE		38
OTHER CONSULTANTS	_	3,423
TOTAL	\$_	12,580

People for the Ethical Treatment of Animals, Inc. 501 Front Street Norfolk, VA 23510

# **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.