

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

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

**A For the 2018 calendar year, or tax year beginning** 08/01/18 , **and ending** 07/31/19

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **501 FRONT STREET** Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **NORFOLK VA 23510**

**D** Employer identification number: **52-1218336**  
**E** Telephone number: **757-962-8364**

**G** Gross receipts: \$ **57,991,147**

**F** Name and address of principal officer:  
**INGRID NEWKIRK**  
**501 FRONT STREET**  
**NORFOLK VA 23510**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.PETA.ORG**

**H(c)** Group exemption number: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other   
**L** Year of formation: **1980** **M** State of legal domicile: **VA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PROTECTION OF ANIMAL RIGHTS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>303</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>556</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>98,068</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	51,580,176	46,778,316
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	475,366	509,898
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	696,291	410,404
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,948,473	48,135,183
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,742,106	2,806,190
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,876,185	12,460,799
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	481,017	536,097
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>9,876,640</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	36,927,792	37,662,810
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,027,100	53,465,896
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-78,627	-5,330,713	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	19,120,565	15,646,325
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,584,013	7,213,406
		13,536,552	8,432,919

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer:  Date: **3/11/20**  
 Type or print name and title: **INGRID NEWKIRK** **PRESIDENT/SECRETARY**

**Paid Preparer Use Only**

Print/Type preparer's name <b>SUSAN J ROSENBERG</b>	Preparer's signature <b>SUSAN J ROSENBERG</b>	Date <b>03/10/20</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if self-employed	PTIN <b>P00059813</b>
Firm's name <b>SAGGAR &amp; ROSENBERG, P.C.</b>	Firm's EIN <b>52-2190100</b>		Phone no. <b>301-738-9040</b>	
Firm's address <b>1 CHURCH ST STE 700 ROCKVILLE, MD 20850-4163</b>				

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

PROTECTION OF ANIMAL RIGHTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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: ) (Expenses \$ 12,952,684 including grants of ) (Revenue \$ 89,681 )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 10,487,457 including grants of 2,084,196 ) (Revenue \$ )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 19,190,505 including grants of 721,994 ) (Revenue \$ 420,217 )

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 421,266 including grants of ) (Revenue \$ )

4e Total program service expenses u 43,051,912

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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?		

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

		Yes	No
<b>2a</b>	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>2a</b> 303		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <u>u CANADA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>15b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</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? .....		

**Section C. Disclosure**

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

KELLY FIDLER 501 FRONT ST VA 23510 757-962-8364  
NORFOLK

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) INGRID NEWKIRK PRESIDENT/SECRETARY	40.00 0.00	X		X				26,182	0	989
(2) JEANNE ROUSH TREASURER	1.00 0.00	X		X				0	0	0
(3) MICHAEL RODMAN CHAIRPERSON	1.00 0.00	X						0	0	0
(4) TRACY REIMAN VICE PRESIDENT	40.00 0.00			X				97,188	0	5,503
(5) JEFF KERR ASST. SECRETARY	0.00 40.00			X				0	145,667	9,713
(6) ROSALIND ZAYAS VETERINARIAN	40.00 0.00					X		117,303	0	2,877
(7) KATHLEEN GUILLERMO SR. VICE PRESIDENT	40.00 0.00					X		118,751	0	11,256
(8) LISA LANGE SR. VICE PRESIDENT	40.00 0.00					X		100,022	0	5,437
(9)										
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							459,446	145,667	35,775	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							459,446	145,667	35,775	

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u3**
- |  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RWT PRODUCTION SPRINGFIELD VA 22151	5624 BELLINGTON AVE. MAILING & POSTA	5,217,099
KT PRODUCTION PORTLAND OR 97214	810 SE SHERMAN ST PRINTING & POST	786,665
COMMUNICATION CORP OF AMERICA BOSTON VA 22713	13195 FREEDOM WAY PRINTING & POST	778,513
MAL WARWICK DONORDIGITAL BERKELEY CA 94710	2550 NINTH STREET, SUITE 103 MAIL MANAGEMENT	698,960
ZUCKERMAN, SPAEDER LLP WASHINGTON DC 20036	1800 M ST, NW LEGAL SERVICES	462,395
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>u</b>		28



**Part VIII Statement of Revenue**

Check if Schedule O contains 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	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b> 339,893					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 856,698					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 45,581,725					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 2,727,699						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	46,778,316				
Program Service Revenue	<b>2a</b> SPAY/NEUTER PROGRAM	Busn. Code 900099	420,217	420,217			
	<b>b</b> ADVERTISING INCOME	900004	89,681		89,681		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	509,898				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	408,176			408,176	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>	76,485			76,485	
	<b>6a</b> Gross rents	(i) Real	17,940				
		(ii) Personal					
		<b>b</b> Less: rental exps.	10,356				
	<b>c</b> Rental inc. or (loss)	7,584					
	<b>d Net rental income or (loss)</b>	<b>u</b>	7,584			7,584	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	9,571,647				
		(ii) Other	14,231				
		<b>b</b> Less: cost or other basis & sales exps.	9,409,979				
		<b>c</b> Gain or (loss)	161,668				
	<b>d Net gain or (loss)</b>	<b>u</b>	2,228	2,228			
	<b>8a</b> Gross income from fundraising events (not including \$ 856,698 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	24,195				
		<b>b</b> Less: direct expenses	201,772				
<b>c Net income or (loss) from fundraising events</b>		<b>u</b>	-177,577			-177,577	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c Net income or (loss) from gaming activities</b>	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	107,869					
	<b>b</b> Less: cost of goods sold	60,186					
	<b>c Net income or (loss) from sales of inventory</b>	<b>u</b>	47,683	43,532	4,151		
Miscellaneous Revenue		Busn. Code					
<b>11a</b> MISCELLANEOUS INCOME	900099	478,154			478,154		
<b>b</b> PARTNERSHIP INCOME	531120	4,236		4,236			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	482,390					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	48,135,183	465,977	98,068	792,822		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	85,760	85,760		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,720,430	2,720,430		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	138,344	137,894	225	225
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	11,386,410	11,349,389	18,513	18,508
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,994	126,581	207	206
<b>9</b> Other employee benefits	27,067	26,980	42	45
<b>10</b> Payroll taxes	781,984	779,442	1,271	1,271
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,346,623	3,072,371	78,141	1,196,111
<b>c</b> Accounting	115,083	85,533	1,811	27,739
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7	536,097			536,097
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,890,827	10,602,087	203,340	3,085,400
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,339,818	1,073,204	2,761	263,853
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,494,699	1,453,543		41,156
<b>17</b> Travel	1,041,515	972,278	2,466	66,771
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	131,274	100,716	271	30,287
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	651,859	500,119	1,344	150,396
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> EDUCATION, PROM, COMM.	5,568,539	3,220,205	140,839	2,207,495
<b>b</b> POSTAGE AND SHIPPING	3,506,921	2,863,282	311	643,328
<b>c</b> MEDIA & PRESS SUPPORT	1,877,924	1,452,174	39,522	386,228
<b>d</b> PRINTING	1,854,191	978,088	42,778	833,325
<b>e</b> All other expenses	1,843,537	1,451,836	3,502	388,199
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,465,896	43,051,912	537,344	9,876,640
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	9,324,182	6,146,370		3,177,812

<b>Part X Balance Sheet</b>		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,747,238	1 841,759
	2 Savings and temporary cash investments	544,988	2 582,367
	3 Pledges and grants receivable, net	621,060	3 777,995
	4 Accounts receivable, net	64,252	4 45,583
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	103,272	8 50,423
	9 Prepaid expenses and deferred charges	692,409	9 751,866
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,733,339	
	b Less: accumulated depreciation	10b 2,599,062	10c 1,134,277
	11 Investments—publicly traded securities	12,879,605	11 10,163,580
	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 assets. See Part IV, line 11	1,126,169	15 1,298,475
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,120,565	16 15,646,325	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	3,510,422	17 4,709,892
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,073,591	25 2,503,514
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,584,013	26 7,213,406
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	8,510,355	27 3,078,993
	28 Temporarily restricted net assets	1,798,524	28 2,065,863
	29 Permanently restricted net assets	3,227,673	29 3,288,063
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	13,536,552	33 8,432,919	
34 <b>Total liabilities and net assets/fund balances</b>	19,120,565	34 15,646,325	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	48,135,183
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,465,896
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-5,330,713
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,536,552
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	227,079
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,432,919

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.

12 Gross receipts from related activities, etc. (see instructions) 12 3,472,434
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 88.82%. Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 15 86.43%.

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) **u** \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 **u** \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u** \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **u** \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u** \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u** \$
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	45,596													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	100,431													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	146,027													
<b>d</b> Other exempt purpose expenditures .....	53,319,868													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	53,465,895													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> 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
<b>c</b> Total lobbying expenditures	120,007	161,047	150,677	146,027	577,758
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	5,948	5,029	13,668	45,596	70,241

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

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover lobbying expenses.

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

Table with 2 columns: Question, Amount. Rows include questions about dues, nondeductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

Dotted lines for providing supplemental information.





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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

52-1218336

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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? (Yes/No), 6 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? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 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)? (Yes/No), 9 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.

Table with 2 columns: Description, u \$. Rows include: 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, (ii) Assets included in Form 990, Part X, 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	5,026,197	5,413,914	4,491,318	5,133,376	5,343,966
b Contributions .....	5,879,546	1,360,481	1,452,564	4,107,033	3,762,849
c Net investment earnings, gains, and losses .....	20,390	25,784	22,561	4,928	22,039
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	5,572,207	1,773,982	552,529	4,754,019	3,995,478
f Administrative expenses .....					
g End of year balance .....	5,353,926	5,026,197	5,413,914	4,491,318	5,133,376

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** .....
  - b Permanent endowment **u** 61.00 %
  - c Temporarily restricted endowment **u** 39.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                   | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations ..... |     | X  |
| (ii) related organizations .....  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....	91,170			91,170
b Buildings .....	141,382	70,575	146,750	65,207
c Leasehold improvements .....				
d Equipment .....		3,430,212	2,452,312	977,900
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....	<b>u</b>			1,134,277

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) PROPERTY HELD FOR RESALE	1,278,403
(2) DEPOSITS	20,072
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	1,298,475

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	2,481,664
(3) DEFERRED RENT	21,850
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	2,503,514

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	50,871,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	227,079	
	b Donated services and use of facilities	2b	2,257,533	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	251,517	
	e Add lines 2a through 2d		2e	2,736,129
3	Subtract line 2e from line 1		3	48,135,183
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	48,135,183

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

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

1	Total expenses and losses per audited financial statements		1	55,974,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	2,257,533	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	251,516	
	e Add lines 2a through 2d		2e	2,509,049
3	Subtract line 2e from line 1		3	53,465,896
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	53,465,896

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

PURPOSE RESTRICTED FUNDS OF \$2,065,863 ARE AVAILABLE FOR CAMPAIGNS AGAINST ANIMAL TESTING, FACTORY FARMING, AND ANIMAL CRUELTY.

ENDOWMENTS ARE COMPRISED OF FIVE SEPARATE ENDOWMENT FUNDS WITH A TOTAL VALUE OF \$3,288,061 AS OF JULY 31, 2019. UNDER TERMS OF THE FIRST ENDOWMENT FUND, 20% OF THE ORDINARY EARNINGS FROM INVESTMENTS ARE PERMANENTLY RESTRICTED WHILE 35% ARE AVAILABLE FOR UNRESTRICTED USE AND THE REMAINING 45% ARE DONATED TO OTHER ORGANIZATIONS. UNDER THE TERMS OF THE SECOND ENDOWMENT FUND ORDINARY EARNINGS FROM ONE HALF OF THE ENDOWMENT SHALL BE USED FOR CAPITAL EXPENDITURES. UNDER THE TERMS OF THE THIRD ENDOWMENT 10% OF THE EARNINGS IS RETAINED TO GROW THE FUND, THE REMAINING

**Part XIII Supplemental Information** (continued)

90% IS AVAILABLE FOR UNRESTRICTED USE. EARNINGS ON THE REMAINING TWO  
ENDOWMENT FUNDS ARE UNRESTRICTED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD	\$	60,186
RENTAL EXPENSES	\$	10,356
SPECIAL EVENT EXPENSES	\$	180,975

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD	\$	60,186
RENTAL EXPENSES	\$	10,356
SPECIAL EVENTS EXPENSES	\$	180,975
ROUNDING	\$	-1

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Employer identification number

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.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
AFRICA			GRANTS TO RECIPIENTS	ANIMAL PROTECTION	7,010
(1) ASIA			GRANTS TO RECIPIENTS	ANIMAL PROTECTION	2,381,079
AUSTRALIA			GRANTS TO RECIPIENTS	ANIMAL PROTECTION	251,530
(3) EUROPE			GRANTS TO RECIPIENTS	ANIMAL PROTECTION	51,000
NORTH AMERICA			GRANTS TO RECIPIENTS	ANIMAL PROTECTION	29,812
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					2,720,431
<b>b</b> Total from continuation sheets to Part I .....					
<b>c Totals</b> (add lines 3a and 3b)					2,720,431

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	ANIMAL PROTECTION			25,000	SIMULATORS	FMV
(2)			ASIA	ANIMAL PROTECTION	2,364,003	WIRE			
(3)			AUSTRALIA	ANIMAL PROTECTION	251,530	WIRE			
(4)			EUROPE	ANIMAL PROTECTION	50,000	WIRE			
(5)			ASIA	ANIMAL PROTECTION			14,125	SOFTWARE	FMV
(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** 4

3 Enter total number of other organizations or entities ..... **u** 2

**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.

(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 noncash assistance	(g) Description of noncash 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)							



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PETA MONITORS THE USE OF GRANT FUNDS THROUGH AN INTERNAL DONATION REQUEST FORM SPECIFYING INFORMATION THAT ALLOWS MANAGEMENT TO EVALUATE THAT THE RECIPIENT WILL USE THE FUNDS EXCLUSIVELY FOR EXEMPT PURPOSES.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
AFRICA	\$ 7,010	\$ 0
ASIA	\$ 2,381,079	\$ 0
AUSTRALIA	\$ 251,530	\$ 0
EUROPE	\$ 51,000	\$ 0
NORTH AMERICA	\$ 29,812	\$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DONOR SERVICES 1 6715 SUNSET BLVD LOS ANGELES CA 90028	TELEFUNDRA		X	96,114	260,354	-164,240
2 SD&A 5757 WEST CENTURY BLVD LOS ANGELES CA 90045	TELEFUNDRA		X	61,246	214,821	-153,575
3 MAL WARWICK 1625 K ST NW #300 WASHINGTON DC 20006	PROF FUNDR		X	0	49,300	-49,300
4 ROI 1 ALEWIFE CENTER #210 CAMBRIDGE MA 02140	TELEFUNDRA		X	0	7,600	-7,600
5						
6						
7						
8						
9						
10						
<b>Total</b>				157,360	532,075	-374,715

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALASKA, ALABAMA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DIST OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, 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, ARIZONA

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NEW YORK CITY F (event type)	LOS ANGELES FUN (event type)	10 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	308,710	161,543	410,640	880,893
	2	Less: Contributions	308,710	161,543	386,445	856,698
	3	Gross income (line 1 minus line 2)			24,195	24,195
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	305	11,078	13,806	25,189
	6	Rent/facility costs	1,585		17,369	18,954
	7	Food and beverages	7,000	8,376	45,564	60,940
	8	Entertainment		5,548		5,548
	9	Other direct expenses	9,836	15,085	66,220	91,141
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-177,577

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

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

9 Enter the state(s) in which the organization conducts gaming activities: .....  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: .....  
 .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: .....  
 .....



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**  
**Open to Public  
Inspection**

Name of the organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

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

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

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

<b>1</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	PAWS PO BOX 1037 LYNNWOOD WA 98046	91-6073154	501C3	15,292				ANIMAL PROTECTION
<b>(2)</b>	SOCIAL COMPASSION PO BOX 1125 LAGUNA BEACH CA 92652	20-8067041	501C3	47,000				ANIMAL PROTECTION
<b>(3)</b>								
<b>(4)</b>								
<b>(5)</b>								
<b>(6)</b>								
<b>(7)</b>								
<b>(8)</b>								
<b>(9)</b>								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 2**
- 3** Enter total number of other organizations listed in the line 1 table **u 0**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PETA MONITORS THE USE OF GRANT FUNDS IN THE U.S. THROUGH AN INTERNAL

DONATION REQUEST FORM SPECIFYING INFORMATION THAT ALLOWS MANAGEMENT TO

EVALUATE THAT THE RECIPIENT WILL USE THE FUNDS EXCLUSIVELY FOR EXEMPT

PURPOSES.

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SCHEDULE J (Form 990)

Compensation Information

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 52-1218336

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

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

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

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFF KERR	(i) 0	(ii) 0	(iii) 0	0	0	0	0
1 ASST. SECRETARY	(i) 145,667	(ii) 0	(iii) 0	4,651	5,062	155,380	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2018**

**Open To Public  
Inspection**

Name of the organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

<b>Part I</b>		<b>Types of Property</b>			
	(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 amounts	
1	<input checked="" type="checkbox"/>	4	4,356	FMV	
2					
3					
4					
5	<input checked="" type="checkbox"/>		28,000	APPRAISAL	
6					
7					
8					
9	<input checked="" type="checkbox"/>	165	2,536,878	FMV	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	<input checked="" type="checkbox"/>	36	18,035	FMV	
20					
21					
22					
23					
24					
25	<input checked="" type="checkbox"/>	160	140,430	FMV	
26					
27					
28					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS  
EBAY IS USED TO SELL NONCASH DONATIONS (ART, CONCERT TICKETS) AND CHARITY  
BUZZ IS USED TO AUCTION NONCASH DONATIONS SUCH AS CELEBRITY EXPERIENCES

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

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Inspection**

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

PUBLIC OUTREACH AND INFORMATION

PETA CONDUCTS INFORMATIONAL CAMPAIGNS AND PROVIDES CHILDREN, HIGH SCHOOL AND COLLEGE STUDENTS, AND EDUCATORS WITH MATERIALS. PETA PUBLISHES FACTSHEETS, BOOKLETS, FLIERS, POSTERS, AND A MAGAZINE CALLED PETA GLOBAL FOR THE PUBLIC AND THEIR SUPPORTERS. PETA'S CAMPAIGNS-WHICH REACH MILLIONS OF PEOPLE AND RECEIVE EXTENSIVE MEDIA COVERAGE-INVOLVE RENOWNED CELEBRITIES, INTERACTIVE SOCIAL NETWORKING, WEBSITE FEATURES, BLOG POSTS, AND PUBLIC SERVICE ANNOUNCEMENTS (PSAS), WHICH ARE TYPICALLY PLACED FOR FREE IN HIGH EXPOSURE OUTLETS.

IN FISCAL YEAR 2019, PETA SECURED FREE ADVERTISING SPACE WORTH \$680,858 AND LOGGED MORE THAN 4,200 INTERACTIONS WITH THE MEDIA, INCLUDING RADIO, TV, AND PRINT INTERVIEWS. PETA'S WEBSITES RECEIVED MORE THAN 91 MILLION PAGE-VIEWS, THEIR SOCIAL MEDIA POSTS RECEIVED OVER 2 BILLION IMPRESSIONS, AND VIDEOS WERE VIEWED OVER 498 MILLION TIMES.

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

INTERNATIONAL GRASSROOTS CAMPAIGNS

PETA ORGANIZES CAMPAIGNS TO INFORM THE PUBLIC ABOUT THE ABUSE AND KILLING OF ANIMALS IN THE EXPERIMENTATION, FOOD, CLOTHING, AND ENTERTAINMENT INDUSTRIES, AMONG OTHER INSTANCES IN WHICH THEY'RE TREATED CRUELLY. IN 2019, PETA ORGANIZED AND LED MORE THAN 3,400 DEMONSTRATIONS AND SENT OUT

Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
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MILLIONS OF LETTERS THROUGH PETA'S ONLINE ADVOCACY CAMPAIGNS TO URGE COMPANIES AND INDIVIDUALS TO MAKE CHANGES THAT BENEFIT ANIMALS.

TEACHKIND, PETA'S HUMANE EDUCATION DIVISION, PARTNERED WITH A SCHOOL DISTRICT IN RURAL MISSISSIPPI TO TRAIN TEACHERS IN HUMANE EDUCATION AND HELP THEM IMPLEMENT THEIR "SHARE THE WORLD" PROGRAM IN CLASSROOMS TO FOSTER EMPATHY FOR ALL SENTIENT BEINGS.

PETA'S YOUTH DIVISION, PETA FUTURE, GAVE VEGAN DEMONSTRATIONS TO OVER 1,000 STUDENTS AND TOURED ELEMENTARY SCHOOLS WITH CARLY THE LIFE-SIZE-ANIMATRONIC COW TO TEACH MORE THAN 13,000 CHILDREN HOW COWS SUFFER IN THE DAIRY INDUSTRY AND DISTRIBUTE FREE VEGAN ICE CREAM. PETA FUTURE ALSO WORKED WITH MIDDLE SCHOOL AND HIGH SCHOOL STUDENT CLUBS THROUGHOUT THE NATION TO HOLD TABLING EVENTS ON ISSUES INCLUDING SHOPPING CRUELTY-FREE, DISSECTION-CHOICE POLICIES, AND GETTING MORE VEGAN OPTIONS IN SCHOOL CAFETERIAS. AS PART OF THE HIGH SCHOOL NATION TOUR, PETA FUTURE BROUGHT THEIR "COMPASSION IS MAGICAL" MESSAGE TO HIGH SCHOOL FOOTBALL FIELDS ACROSS THE U.S. AND DISTRIBUTED OVER 100,000 COPIES OF THEIR "GUIDE TO GOING VEGAN," LOTS OF VEGAN FOOD SAMPLES, AND OTHER PRO-ANIMAL MATERIALS.

PETA FUTURE'S CAMPUS REP NETWORK-THE LARGEST STUDENT LEADERSHIP PROGRAM OF ANY ANIMAL PROTECTION ORGANIZATION-HELPED STUDENTS TAKE NEARLY 1,400 ACTIONS FOR ANIMALS AT MORE THAN 100 COLLEGES. FOR EXAMPLE, THE REPS SCREENED ANIMAL RIGHTS FILMS, PROTESTED OUTSIDE CAMPUS LABORATORIES, CAMPAIGNED TO END SEAWORLD TICKET SALES, AND HOSTED VEGAN FOOD AND DRINK GIVEAWAYS.

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ANIMALS IN THE EXPERIMENTATION INDUSTRY

AFTER HEARING FROM PETA AND THEIR INTERNATIONAL AFFILIATES, PHARMACEUTICAL GIANTS BOEHRINGER INGELHEIM, ROCHE PHARMACEUTICALS, JOHNSON & JOHNSON, ABBVIE INC., AND DUTCH INGREDIENT MANUFACTURER DSM NUTRITIONAL PRODUCTS ENDED THEIR USE OF THE CRUEL FORCED SWIM TEST, IN WHICH SMALL ANIMALS ARE DROPPED INTO INESCAPABLE BEAKERS OF WATER AND MUST FRANTICALLY SWIM TO KEEP FROM DROWNING.

PETA PERSUADED DOZENS OF FOOD AND DRINK COMPANIES TO STOP ALL TESTS ON ANIMALS NOT REQUIRED BY LAW-MANY OF WHICH INVOLVED HARMFUL AND DEADLY PROCEDURES-AND/OR IMPLEMENT POLICIES AGAINST FUNDING OR CONDUCTING SUCH TESTS. SOME OF THESE COMPANIES INCLUDE THE HERSHEY COMPANY, LINDT & SPRÜNGLI, THE KELLOGG COMPANY, MCCAIN FOODS, THE CAMPBELL SOUP COMPANY, NISSIN FOODS HOLDINGS CO. (THE OWNER OF TOP RAMEN), SUNTORY HOLDINGS (WHOSE BRANDS INCLUDE JIM BEAM, MAKER'S MARK, CRUZAN RUM, AND HORNITOS TEQUILA), KIRIN HOLDINGS CO., AND THE MOLSON COORS BREWING COMPANY.

TWO MAJOR PERSONAL-CARE BRANDS JOINED PETA'S BEAUTY WITHOUT BUNNIES LIST OF CRUELTY-FREE COMPANIES AFTER YEARS OF WORKING WITH US: PROCTER & GAMBLE'S ICONIC HERBAL ESSENCES BRAND AND DOVE-ONE OF THE MOST WIDELY AVAILABLE PERSONAL-CARE PRODUCT BRANDS IN THE WORLD.

FOLLOWING TALKS WITH PETA, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER WILL NO LONGER USE ANIMALS DURING ITS ANNUAL PEDIATRIC FLEXIBLE BRONCHOSCOPY POSTGRADUATE COURSE. THIS WILL PREVENT CABLES FROM BEING INSERTED INTO THE THROATS AND LUNGS OF HUNDREDS OF LIVE CATS, MANY OF WHOM

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WOULD SUFFER FROM POSSIBLY PAINFUL AND SERIOUS COMPLICATIONS, INCLUDING RESPIRATORY DISTRESS AND CARDIAC ARREST.

FOLLOWING A TWO-YEAR PETA CAMPAIGN TO END TEXAS A&M UNIVERSITY'S CRUEL CANINE MUSCULAR DYSTROPHY EXPERIMENTS, THE SCHOOL STOPPED BREEDING GOLDEN RETRIEVERS AND OTHER DOGS TO DEVELOP THE DEADLY DISEASE. PETA'S DETERMINED EFFORTS INCLUDED NUMEROUS BOLD PROTESTS, THREE LAWSUITS, A COMPLAINT TO THE TEXAS ATTORNEY GENERAL, MOBILE BILLBOARDS AND ADVERTISEMENTS, TV COMMERCIALS, SUCCESSFUL STUDENT PETITIONS, A BULK DELIVERY OF MORE THAN 40,000 POSTCARDS FROM PETA SUPPORTERS, MEDIA COVERAGE IN MAJOR OUTLETS, AND SUPPORT FROM MORE THAN 500 PHYSICIANS, SCIENTIFIC EXPERTS, AND CELEBRITIES, INCLUDING PAUL MCCARTNEY.

FOR THE FIRST TIME, PETA TABLED AT BEAUTYCON-THE MASSIVE BEAUTY AND LIFESTYLE CONVENTION-IN BOTH NEW YORK CITY AND LOS ANGELES. MORE THAN 5,200 ATTENDEES SIGNED UP TO RECEIVE TEXT MESSAGES FROM PETA AND PLEDGED TO SHOP CRUELTY-FREE.

ANIMALS IN THE FOOD INDUSTRY

TO PROMOTE VEGAN EATING, PETA HELD MANY CREATIVE DEMONSTRATIONS AND PLACED BILLBOARDS ACROSS THE COUNTRY-INCLUDING IN STATES WHERE MILLIONS OF ANIMALS USED FOR FOOD DIED IN THE FLOODING CAUSED BY HURRICANE FLORENCE; AN "I'M ME, NOT MEAT" LOBSTER AD IN ADVANCE OF THE MAINE LOBSTER FESTIVAL; AND BILLBOARDS IN MEMORY OF THE THOUSANDS OF COWS, PIGS, CHICKENS, AND LOBSTERS WHO WERE INJURED OR KILLED IN TRANSPORT TRUCK CRASHES.



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FOR THANKSGIVING, PETA ARRANGED A DONATION OF 100 TOFURKY ROASTS FOR THE LOS ANGELES DODGERS TO DISTRIBUTE TO FAMILIES IN NEED, COORDINATED THE RESCUE OF 16 TURKEYS FROM A SLAUGHTERHOUSE, AND DONATED HUNDREDS OF POUNDS OF VEGAN FOODS TO A CHARITY AFTER THOUSANDS OF PEOPLE TOOK THEIR VEGAN "PERSUASION PLEDGE."

FOR NATIONAL BURGER MONTH (MAY) AND NATIONAL HOT DOG MONTH (JULY), PETA RANKED THE TOP 10 VEGAN BURGERS AND THE TOP 10 VEGAN HOT DOGS, RESPECTIVELY, FROM RESTAURANTS AROUND THE COUNTRY.

AFTER PETA ALERTED LAW ENFORCEMENT IN NEVADA CITY, CALIFORNIA, TO A PLANNED ILLEGAL FOIE GRAS DINNER EVENT, IT WAS CANCELED. AND THANKS TO PETA'S PUSHING, SHAKE SHACK CANCELED PLANS TO SERVE FOIE GRAS AT A SPECIAL ONE-DAY EVENT AT ONE OF ITS LOCATIONS.

FOLLOWING TALKS AND URGING FROM PETA, CHOBANI ADDED VEGAN YOGURTS, CARL'S JR. AND DEL TACO ADDED BEYOND MEAT PRODUCTS TO THEIR MENUS NATIONWIDE, AND BASKIN-ROBBINS RELEASED ITS FIRST VEGAN ICE CREAM FLAVORS.

#### ANIMALS IN THE CLOTHING INDUSTRY

FOLLOWING A STRONG, MONTHS-LONG PUSH BY PETA THAT INCLUDED THEIR ATTENDANCE AT MULTIPLE COMMITTEE MEETINGS, THE LOS ANGELES CITY COUNCIL VOTED TO BAN THE MANUFACTURE AND SALE OF FUR CITYWIDE.

PETA ALSO STRONGLY SUPPORTED NEW YORK CITY'S PROPOSED BAN ON SELLING FUR-WITH OP-EDS BY ANJELICA HUSTON AND TIM GUNN, SUPPORT FROM MORRISSEY,

Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
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DEMONSTRATIONS OF STEEL-JAW TRAPS, AND MORE.

A BILL THAT WOULD HAVE BLOCKED CALIFORNIA'S SCHEDULED BAN ON IMPORTING AND SELLING CROCODILE AND ALLIGATOR SKINS AFTER JANUARY 1, 2020, FAILED, FOLLOWING WORK BY PETA.

AFTER YEARS OF PETA PRESSURE, NUMEROUS DESIGNERS AND BRANDS BANNED FUR, INCLUDING PRADA, BURBERRY (WHICH ALSO BANNED ANGORA), DIANE VON FURSTENBERG (WHICH ALSO BANNED ANGORA AND EXOTIC SKINS), CHANEL (WHICH ALSO BANNED EXOTIC SKINS), COACH, AND JEAN PAUL GAULTIER (WHO ADMITTED THAT THE WAYS IN WHICH ANIMALS ARE KILLED FOR THEIR FUR ARE "DEPLORABLE").

IN LIGHT OF THEIR GROUNDBREAKING MOHAIR EXPOSÉ, MORE THAN 330 BRANDS WORLDWIDE-INCLUDING RESTORATION HARDWARE, WILLIAMS SONOMA, BROOKS BROTHERS, AND RALPH LAUREN-HAVE BANNED THE MATERIAL.

MULTIPLE COMPANIES BANNED BADGER HAIR FOLLOWING PETA'S VIDEO EXPOSÉ OF CHINA'S BADGER-BRUSH INDUSTRY, INCLUDING PROCTER & GAMBLE'S THE ART OF SHAVING LINE, THE NEW YORK SHAVING COMPANY, BEAU BRUMMELL, AND CASWELL-MASSEY.

IN RESPONSE TO THEIR QUESTION AT TESLA'S ANNUAL MEETING, CEO ELON MUSK CONFIRMED THAT THE COMPANY WILL REPLACE THE ANIMAL LEATHER THAT IT CURRENTLY USES FOR THE STEERING WHEELS OF ITS MODEL 3 WITH VEGAN MATERIAL- AND THAT ITS MODEL Y WILL BE FULLY VEGAN.

IN OTHER VICTORIES FOR PETA'S FASHION CAMPAIGN, VICTORIA BECKHAM AND AHOLD

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DELHAIZE PLEDGED TO STOP USING EXOTIC SKINS, H&M BANNED "CONVENTIONAL" CASHMERE (THE ONLY KIND IT SELLS) FOLLOWING A MEETING WITH PETA, AND AFTER PETA INFORMED AVOCADO GREEN MATTRESS ABOUT SHOCKING, SYSTEMIC CRUELTY IN THE WOOL INDUSTRY, THE COMPANY ADDED A VEGAN MATTRESS TO ITS PREVIOUSLY ALL-WOOL LINE.

PETA KEPT THE PRESSURE ON CANADA GOOSE TO STOP USING FUR AND DOWN FEATHERS WITH DOZENS OF PROTESTS THROUGHOUT NORTH AMERICA, INCLUDING A FUR CRAWL, DIE-INS, AND OTHER CREATIVE VISUALS. PETA PLACED AN ENORMOUS WALLSCAPE BILLBOARD NEAR CANADA GOOSE'S FLAGSHIP STORE IN CHICAGO, RELEASED BILL MAHER'S "NEW RULES" VIDEO SLAMMING THE COMPANY FOR USING FUR AND DOWN FEATHERS, AND ORGANIZED MEDIA COVERAGE OF THE CANADA GOOSE VIRTUAL ANNUAL MEETING-DURING WHICH MODEL AND ACTOR IRELAND BASINGER-BALDWIN DEMANDED TO KNOW WHY THE COMPANY CONTINUES TO USE COYOTE FUR AND DOWN FEATHERS DESPITE KNOWING HOW ANIMALS SUFFER FOR THEM.

PETA'S MULTIFACETED CAMPAIGN URGING FOREVER 21 TO BAN WOOL INCLUDED PROTESTS AT CHAIN LOCATIONS AROUND THE WORLD, OP-EDS PRINTED IN MULTIPLE NEWSPAPERS, AND OVER 60 COMPELLING ADS ON BILLBOARDS, BUSES, AND TAXIS ACROSS THE U.S., INCLUDING A "WOOL: THE NAKED TRUTH" BILLBOARD STARRING SUPERMODEL AND ACTOR JOANNA KRUPA IN TIMES SQUARE NEAR NEW YORK CITY'S LARGEST FOREVER 21 STORE.

PETA COLLABORATED WITH MENSWEAR DESIGNER STEPHEN F ON A VEGAN, ECO-FRIENDLY MEN'S COLLECTION, AND THE EDUCATION DIRECTOR AT THE COUNCIL OF FASHION DESIGNERS OF AMERICA ASKED PETA TO SPEAK AT ITS ANNUAL FASHION EDUCATION SUMMIT, WHICH DREW 100 FASHION PROFESSORS FROM TOP SCHOOLS ACROSS THE

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COUNTRY.

ANIMALS IN THE ENTERTAINMENT INDUSTRY

TO STOP ANIMAL CIRCUSES FROM PERFORMING, PETA WORKED WITH NUMEROUS VENUES, INCLUDING SOUTH CAROLINA'S GREENVILLE CONVENTION CENTER (WHICH BANNED THE NOTORIOUSLY CRUEL GARDEN BROS. CIRCUS AND ALL OTHER SHOWS THAT USE ANIMALS), CONNECTICUT'S DANBURY ICE ARENA (WHICH WON'T HOST GARDEN BROS. OR ANY OTHER CIRCUS UNLESS IT PERFORMS WITHOUT ANIMALS), AND THE ANTELOPE VALLEY FAIR IN CALIFORNIA (WHICH SKIPPED ITS SCHEDULED GARDEN BROS. SHOWS).

THE LOS ANGELES COUNTY FAIR LEFT WILD AND EXOTIC MAMMALS OUT OF THIS YEAR'S EVENT AFTER PETA INFORMED ITS ORGANIZERS ABOUT THE CRUELTY INHERENT IN TRAVELING ANIMAL EXHIBITS AND ABOUT PUBLIC OPPOSITION TO THE EXPLOITATION OF ANIMALS FOR ENTERTAINMENT. AT THEIR URGING, THE MELHA SHRINE IN SPRINGFIELD, MASSACHUSETTS, DROPPED ITS CIRCUS ALTOGETHER. AND FOLLOWING YEARS OF PETA PROTESTS AND THOUSANDS OF E-MAILS FROM THEIR SUPPORTERS, PITTSBURGH'S SYRIA SHRINE ENDED ITS ANNUAL CIRCUS.

AFTER MORE THAN A DECADE OF PERSISTENCE BY PETA ON BEHALF OF NOSEY-A SEVERELY ARTHRITIC ELEPHANT WHO WAS HAULED AROUND THE COUNTRY AND FORCED TO GIVE RIDES-NEW JERSEY BECAME THE FIRST STATE TO BAN TRAVELING WILD-ANIMAL ACTS, WITH THE PASSAGE OF NOSEY'S LAW.

AFTER NEARLY 20,000 PETA MEMBERS AND SUPPORTERS CONTACTED JOURNEYS INTERNATIONAL WITHIN A MATTER OF HOURS, THE COMPANY REMOVED ALL ABUSIVE ELEPHANT CAMPS FROM ITS TOURS.

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FOLLOWING PETA'S STILL-PENDING LAWSUIT AGAINST AN INDIANA ROADSIDE ZOO CALLED WILDLIFE IN NEED OVER ITS ABUSE OF BIG CATS, PETA SUED THE FACILITY'S VETERINARIAN, DR. RICK PELPHREY, FOR MUTILATING BIG CATS BY DECLAWING THEM. PETA SECURED A FIRST-OF-ITS-KIND CONSENT JUDGMENT STATING THAT DECLAWING ENDANGERED OR THREATENED CATS WITHOUT MEDICAL NECESSITY VIOLATES THE ENDANGERED SPECIES ACT.

AS A RESULT OF PETA'S URGING, PERFORMANCES BY A CAPTIVE CAPUCHIN MONKEY NAMED DJANGO WERE CANCELED AT THREE VENUES: THE "DICKENS OF A CHRISTMAS" EVENT IN CHESTERTOWN, MARYLAND; THE SENIOR-LIVING COMMUNITY JUNIPER VILLAGE AT MOUNT JOY IN PENNSYLVANIA; AND PENNSYLVANIA'S MOUNT GRETNA OUTDOOR ART SHOW, WHERE THE MONKEY ACT HAD APPEARED FOR THE LAST 20 YEARS.

AFTER HEARING FROM PETA AND THEIR SUPPORTERS, NUMEROUS COMPANIES CUT TIES WITH SEAWORLD. SUNWING AIRLINES AND AAA NORTHEAST STOPPED SELLING SEAWORLD TICKETS, WESTJET REMOVED ALL REFERENCES TO THE PARK FROM ITS WEBSITE AND PROMOTIONAL MATERIALS, AND U.K. TRAVEL GIANT VIRGIN HOLIDAYS WILL NO LONGER SELL TICKETS TO SEAWORLD OR ANY OTHER PARK THAT KEEPS WHALES AND DOLPHINS IN CAPTIVITY.

PAMELA ANDERSON POSED IN A TUB FOR A PETA AD WITH THE WORDS "COULD YOU LIVE IN A BATHTUB FOR DECADES?" AND ALEC BALDWIN SIGNED THEIR QUESTION FOR SEAWORLD'S ANNUAL MEETING ASKING WHEN THE PARK WOULD STOP USING DOLPHINS AS SURFBOARDS.

AS PART OF THEIR CAMPAIGN TO PREVENT SEAQUEST FROM OPENING A LOCATION ON

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LONG ISLAND IN NEW YORK, AREA NATIVE ALEC BALDWIN ALSO SENT A LETTER URGING OFFICIALS TO BLOCK THE AQUARIUM'S APPLICATION. FOLLOWING SEVEN MONTHS OF THEIR SPIRITED PROTESTS, APPEALS TO TOWN OFFICIALS, AND TESTIMONIES AT TOWN BOARD MEETINGS, SEAQUEST CHOSE TO WITHDRAW ITS APPLICATION RATHER THAN DISCLOSING ITS LONG LIST OF LEGAL ISSUES.

PETA PROTESTED AT THE START OF THE 2019 IDITAROD DOGSLED RACE IN ALASKA AND TARGETED IDITAROD SPONSOR CHRYSLER AT AUTO SHOWS ACROSS THE COUNTRY, WHERE THEIR "DOGS" SMASHED A CHRYSLER CAR IN PROTEST OF THE COMPANY'S REFUSAL TO CUT TIES WITH THE CRUEL AND DEADLY RACE. THE COCA-COLA COMPANY ENDED ITS SPONSORSHIP OF THE IDITAROD AFTER MONTHS OF PRESSURE FROM PETA, INCLUDING PROTESTS OUTSIDE COKE'S HEADQUARTERS AND AT ITS ANNUAL MEETING AS WELL AS E-MAILS FROM MORE THAN 205,000 OF PETA MEMBERS AND SUPPORTERS. AND AFTER HEARING FROM PETA, VANCOUVER'S CRUISEEXPERTS TRAVEL REMOVED ALL DOGSLEDDING EXCURSIONS FROM ITS OFFERINGS.

OTHER CRUELTY TO ANIMALS

TO URGE PETCO TO END SALES OF BETTA FISH, PETA LAUNCHED A CAMPAIGN INCLUDING PROTESTS OUTSIDE DOZENS OF PETCO STORES, MULTIPLE BILLBOARDS, AN OP-ED BY PROMINENT ETHOLOGIST DR. JONATHAN BALCOMBE, AND PSAS (ONE STARRING COMEDY LEGEND FRED WILLARD). THEIR PETITIONS CALLING ON THE COMPANY TO STOP SELLING BETTA FISH HAVE RECEIVED NEARLY 200,000 SIGNATURES.

HOURS AFTER PETA INFORMED IT OF THE ANGUISH AND PAIN THAT GLUE TRAPS CAUSE SMALL ANIMALS, PUBLISHERS CLEARING HOUSE BANNED THE DEVICES AND HAS PROMISED NOT TO SELL THEM AGAIN. PETA ALSO PERSUADED NUMEROUS OTHER

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BUSINESSES-INCLUDING BUY-LOW FOODS, FIELDS, GIANT TIGER, ROSSY, SAVE-ON-FOODS, AND URBAN FARE-TO BAN GLUE TRAPS.

PETA LAUNCHED THEIR #ENDSPECIESISM CAMPAIGN WITH THOUGHT-PROVOKING "DOG BBQ" DEMONSTRATIONS AND BILLBOARDS ACROSS THE NATION.

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

RESEARCH, INVESTIGATIONS, AND RESCUES

RECEIVING HUNDREDS OF COMPLAINTS RELATED TO ANIMAL ABUSE AND NEGLECT EACH WEEK, PETA WORKS TO RESCUE ABUSED, NEGLECTED, AND AT-RISK ANIMALS AND TO ORGANIZE CARE FOR THEM. PETA ALSO INVESTIGATES CRUELTY CASES, CONDUCTS INVESTIGATIONS, GATHERS EVIDENCE OF LEGAL VIOLATIONS, AND TAKES ACTIONS TO ENSURE THE ENFORCEMENT OF LAWS AND REGULATIONS.

ANIMALS IN THE EXPERIMENTATION INDUSTRY

THROUGH THE FREEDOM OF INFORMATION ACT, PETA OBTAINED AND RELEASED VIDEO FOOTAGE REVEALING CRUEL AND SCIENTIFICALLY WORTHLESS PSYCHOLOGICAL TESTS CONDUCTED ON MICE AT THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH). THESE INCLUDE THE WIDELY DISCREDITED FORCED SWIM TEST, THE TAIL SUSPENSION TEST (IN WHICH MICE ARE HUNG UPSIDE DOWN BY THEIR TAILS), THE FOOT SHOCK TEST (IN WHICH MICE OR RATS ARE LOCKED INSIDE A CHAMBER WITH AN ELECTRIFIED GRID FLOOR AND SHOCKED), AND THE SOCIAL DEFEAT TEST (IN WHICH ANIMALS ARE PUT IN A SITUATION THAT COMPELS ONE TO ATTACK ANOTHER REPEATEDLY). PETA WROTE TO NIMH DIRECTOR JOSHUA GORDON DEMANDING THAT THE INSTITUTE STOP CONDUCTING AND FUNDING THESE TESTS AND REDIRECT FUNDS TO SUPERIOR, NON-ANIMAL RESEARCH

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METHODS THAT BENEFIT HUMANS.

WASHINGTON UNIVERSITY IN ST. LOUIS IS UNDER INVESTIGATION AFTER A WHISTLEBLOWER INFORMED PETA OF ALLEGED NEGLIGENCE, INCOMPETENCE, AND INDIFFERENCE TOWARD ANIMALS IN THE SCHOOL'S LABORATORIES, INCLUDING INSTANCES IN WHICH AN EXPERIMENTER PLAYED ON HIS PHONE AS A DOG WHO'D BEEN USED IN AN EXPERIMENTAL SURGERY HOWLED IN PAIN AND MICE WERE LEFT TO DROWN OR DIE OF HYPOTHERMIA AS THEIR FAULTY AND LEAKY WATER BOTTLES FLOODED THEIR CAGES. PETA FILED FORMAL COMPLAINTS CALLING ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE NATIONAL INSTITUTES OF HEALTH'S OFFICE OF LABORATORY ANIMAL WELFARE TO INVESTIGATE.

AFTER YEARS OF PUSHING FROM PETA, THE CHINESE GOVERNMENT HAS APPROVED TWO MORE NON-ANIMAL METHODS FOR TESTING COSMETICS PRODUCTS IN CHINA: THE DIRECT PEPTIDE REACTION ASSAY FOR SKIN SENSITIZATION AND THE SHORT TIME EXPOSURE ASSAY FOR EYE IRRITATION. THESE METHODS WILL SPARE COUNTLESS ANIMALS THE AGONY OF SUBSTANCES BEING APPLIED TO THEIR EYES AND RUBBED ONTO THEIR SKIN. THIS MAJOR PROGRESS IS THANKS TO THE GROUNDBREAKING WORK OF THE EXPERT SCIENTISTS AND REGULATORY SPECIALISTS AT THE INSTITUTE FOR IN VITRO SCIENCES (IIVS), TO WHOM PETA GAVE INITIAL FUNDING TO PROVIDE CHINESE SCIENTISTS AND OFFICIALS WITH TRAINING AND EDUCATIONAL OPPORTUNITIES IN USING MODERN, NON-ANIMAL METHODS.

IN A PUSH FOR TRANSPARENCY ABOUT EXPERIMENTS ON ANIMALS, PETA FILED A LAWSUIT AGAINST THE UNIVERSITY OF MASSACHUSETTS-AMHERST AFTER IT REFUSED TO RELEASE VIDEO RECORDS OF EXPERIMENTS ON MONKEYS DESPITE BEING INSTRUCTED TO DO SO BY THE STATE. THE SCHOOL SETTLED, AGREEING TO PROVIDE PETA WITH ALL



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OF ITS VIDEOS OF PRIMATE EXPERIMENTS FROM A 17-YEAR STUDY EXAMINING WHY AND HOW MONKEYS CONFINED TO LABORATORY CAGES ENGAGE IN SELF-MUTILATION. TEXAS A&M UNIVERSITY ALSO AGREED TO SETTLE TWO PETA LAWSUITS BY TURNING OVER PUBLIC RECORDS ABOUT THE CARE AND TREATMENT OF DOGS USED IN CRUEL MUSCULAR DYSTROPHY EXPERIMENTS AS WELL AS INFORMATION ABOUT THE STATUS OF THE LABORATORY.

THE PETA INTERNATIONAL SCIENCE CONSORTIUM LTD. (THE "SCIENCE CONSORTIUM"), OF WHICH PETA IS A MEMBER, CO-ORGANIZED A WORKSHOP AT WHICH GOVERNMENT AND INDUSTRY RESEARCHERS BRAINSTORMED THE BEST WAY TO REPLACE THE USE OF RABBITS AND HORSESHOE CRABS IN PAINFUL TESTS FOR FEVER-CAUSING CONTAMINANTS. THE SCIENCE CONSORTIUM ALSO SPONSORED AND PRESENTED INFORMATION AT A WORKSHOP TO REPLACE THE KILLING OF AN ESTIMATED 50,000 TO 70,000 MICE EACH YEAR IN RABIES VACCINE TESTS.

THE SCIENCE CONSORTIUM PRESENTED SEVERAL EARLY-CAREER SCIENTIST AWARDS TO INNOVATIVE YOUNG RESEARCHERS ADVANCING NON-ANIMAL APPROACHES. THESE INCLUDE ONE TO A TOXICOLOGIST DEVELOPING A 3-DIMENSIONAL MODEL OF THE HUMAN LIVER TO REPLACE THE USE OF RATS IN LIVER-TOXICITY TESTING, ONE TO A RESEARCHER FROM ARGENTINA TO ATTEND A PRESTIGIOUS TOXICOLOGY WORKSHOP WHERE SHE RECEIVED TRAINING TO HELP HER ESTABLISH THE FIRST LABORATORY IN HER COUNTRY DEDICATED TO PROMOTING NON-ANIMAL TESTS, AND ONE TO A PH.D. STUDENT FROM THE NOVA UNIVERSITY OF LISBON TO ATTEND THE EUROPEAN COMMISSION'S JOINT RESEARCH CENTRE'S SUMMER SCHOOL PROGRAM ON NON-ANIMAL TESTS.

TEAMING UP WITH BIOTECH COMPANY EPITHELIX, THE SCIENCE CONSORTIUM AWARDED INNOVATIVE RESEARCHERS WITH \$10,000 WORTH OF FREE 3-DIMENSIONAL MODELS OF

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THE HUMAN RESPIRATORY TRACT. THESE MODELS, WHICH ARE MADE FROM HUMAN CELLS, CAN BE USED TO TEST COSMETICS, PHARMACEUTICALS, INDUSTRIAL CHEMICALS, PESTICIDES, AND HOUSEHOLD PRODUCTS WITHOUT USING ANIMALS.

TO PREVENT RATS FROM BEING TRAPPED IN NARROW TUBES AND FORCED TO INHALE TOXIC SUBSTANCES FOR HOURS BEFORE BEING KILLED, THE SCIENCE CONSORTIUM DONATED \$50,000 IN EQUIPMENT TO IIVS. THE EQUIPMENT CAN BE USED TO TEST THE EFFECTS OF SUBSTANCES ON THE LUNGS AND YIELDS MORE HUMAN-RELEVANT RESULTS THAN THE USE OF RATS.

THE SCIENCE CONSORTIUM ORGANIZED A WEBINAR TO TRAIN TAIWANESE REGULATORS ON USING ANIMAL-FREE METHODS TO TEST FOR SKIN IRRITATION INSTEAD OF SMEARING TOXIC CHEMICALS ONTO ANIMALS' SKIN. MORE THAN 160 GOVERNMENT SCIENTISTS ATTENDED THE FREE WEBINAR, AND OTHER TAIWANESE ORGANIZATIONS HAVE EXPRESSED INTEREST IN ATTENDING FUTURE WEBINARS. SEVERAL HUNDRED SCIENTISTS ALSO TUNED IN TO A WEBINAR PRESENTED BY THE SCIENCE CONSORTIUM AND AN AGROCHEMICAL COMPANY ON TESTING THE EFFECTS OF CHEMICALS ON HUMAN LUNGS WITHOUT USING ANIMALS. AND THE SCIENCE CONSORTIUM WORKED WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) AND THE PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE TO ORGANIZE A SERIES OF WEBINARS ON NEW APPROACHES FOR TESTING CHEMICALS WITHOUT USING ANIMALS, REACHING HUNDREDS OF SCIENTISTS AND GOVERNMENT REGULATORS.

THE SCIENCE CONSORTIUM PRESENTED AT THE ANNUAL SOCIETY OF TOXICOLOGY CONFERENCE-THE LARGEST TOXICOLOGY CONFERENCE IN THE WORLD-AND WAS RECOGNIZED FOR A PAPER THAT IT HAD CO-AUTHORED ON TESTING THE EFFECTS OF INHALED SUBSTANCES ON THE LUNGS WITHOUT USING ANIMALS.

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COLLABORATING WITH THE EPA, THE SCIENCE CONSORTIUM PUBLISHED A PAPER SHOWING THAT THE AGENCY CAN CONFIDENTLY ASSESS THE RISK OF PESTICIDES TO THE ENVIRONMENT WITHOUT POISONING BIRDS IN A CRUEL TEST. THIS TEST INVOLVES FEEDING BIRDS PESTICIDE-LACED FOOD FOR DAYS AND THEN MONITORING THEM FOR DISTRESS OR DEATH. THE EPA IS EXPECTED TO USE THE PAPER'S FINDINGS TO ALLOW COMPANIES TO SUBMIT A WAIVER FOR THIS TEST, SPARING HUNDREDS OF MALLARDS AND QUAILS EACH YEAR.

PETA ALSO ADVOCATED FOR THE CALIFORNIA CRUELTY-FREE COSMETICS ACT, WHICH WAS PASSED AFTER A DEDICATED CAMPAIGN.

ANIMALS IN THE FOOD INDUSTRY

A PETA EYEWITNESS EXPOSÉ OF REITZ DAIRY FARM-A NORTHUMBERLAND COUNTY, PENNSYLVANIA, FARM THAT KEPT APPROXIMATELY 300 ADULT COWS AND SCORES OF CALVES-REVEALED THAT COWS BEING MILKED WERE DENIED CARE FOR PAINFUL GRAPEFRUIT-SIZE MASSES THAT OOZED BLOOD AND PUS, WERE STRUCK OVER AND OVER ON THEIR SENSITIVE UDDERS, AND WERE FOUND LYING DEAD IN MANURE.

A PETA EYEWITNESS INVESTIGATION INTO A FILTHY EGG FACTORY FARM NEAR SULPHUR, OKLAHOMA, THAT SUPPLIED EGGS TO COMPANIES INCLUDING THE KROGER CO.-WHICH SOLD THEM AS KROGER-BRAND EGGS-REVEALED THAT NEARLY 8,000 HENS SUFFERED AND DIED IN JULY AND AUGUST 2018, WHEN TEMPERATURES IN THE FARM'S SHEDS REACHED 106 DEGREES. OVER SEVERAL DAYS IN EARLY AUGUST, WORKERS YANKED MORE THAN 49,000 UNWANTED HENS OUT OF THEIR CAGES, BEAT THEIR HEADS AGAINST METAL BOXES, STUFFED THEM INSIDE THE BOXES, AND THEN CRUELY GASSED

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THEM WITH CARBON DIOXIDE, WHICH CAN CAUSE EXTREME PAIN. COUNTLESS HENS SURVIVED THE ABUSE AND WERE THEN DUMPED INTO TRUCKS, SO THEY WERE BEATEN AGAIN WITH A PIECE OF WOOD OR SLAMMED AGAINST THE TRUCKS. THOSE WHO REMAINED ALIVE WERE LEFT TO DIE SLOWLY AND IN AGONY.

IN A LAWSUIT BROUGHT BY PETA AND OTHERS, THE U.S. DISTRICT COURT FOR THE SOUTHERN DISTRICT OF IOWA STRUCK DOWN THE STATE'S "AG-GAG" LAW, WHICH CRIMINALIZED UNDERCOVER INVESTIGATIONS OF FACTORY FARMS AND SLAUGHTERHOUSES. THE COURT AGREED THAT IT WAS AN UNLAWFUL RESTRICTION ON SPEECH AND VIOLATED THE FIRST AMENDMENT. IOWA IS NOW THE THIRD STATE, FOLLOWING UTAH AND IDAHO, WHOSE ATTEMPT TO PUNISH WITNESSES WHO EXPOSE ILLEGAL AND INHUMANE CONDUCT ON FACTORY FARMS WAS RULED UNCONSTITUTIONAL.

ANIMALS IN THE CLOTHING INDUSTRY

PETA EXPOSED A SHEEP FARM IN VICTORIA, AUSTRALIA, REVEALING THAT THE FARM MANAGER AND WORKERS MUTILATED TERRIFIED LAMBS IN ASSEMBLY-LINE FASHION. AN EYEWITNESS WORKED FOR A SHEEP-SHEARING CONTRACTOR IN NEW SOUTH WALES, AUSTRALIA, AND FOUND THAT WORKERS STRUCK GENTLE, FRIGHTENED SHEEP IN THE FACE WITH SHARP METAL CLIPPERS-SHOWING, YET AGAIN, THAT THERE IS NO SUCH THING AS HUMANELY PRODUCED WOOL.

ANIMALS IN THE ENTERTAINMENT INDUSTRY

A FEDERAL JUDGE FOR THE U.S. DISTRICT COURT FOR THE DISTRICT OF MARYLAND ISSUED A FIRST-OF-ITS-KIND RULING ON PETA'S MOTION FOR SUMMARY JUDGMENT, FINDING THAT TRI-STATE ZOOLOGICAL PARK'S FAILURE TO PROVIDE A NOW-DECEASED

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TIGER NAMED CAYENNE WITH ADEQUATE VETERINARY CARE HARMED HER, IN VIOLATION OF THE FEDERAL ENDANGERED SPECIES ACT. IN LIGHT OF THIS DEVELOPMENT, PETA WILL REQUEST THAT THE U.S. DEPARTMENT OF AGRICULTURE TERMINATE THE ROADSIDE ZOO'S FEDERAL ANIMAL WELFARE ACT EXHIBITOR'S LICENSE.

NOTORIOUS BIG-CAT BREEDER AND ROADSIDE ZOO OPERATOR JOSEPH MALDONADO-PASSAGE (AKA "JOE EXOTIC") WAS FOUND GUILTY OF TWO COUNTS OF MURDER-FOR-HIRE AS WELL AS 17 FEDERAL WILDLIFE CHARGES, INCLUDING KILLING FIVE ENDANGERED TIGERS. HE WAS SENTENCED TO 22 YEARS IN FEDERAL PRISON. THIS VICTORY CAME AFTER PETA FILED NUMEROUS COMPLAINTS AND LAUNCHED AN EYEWITNESS INVESTIGATION DOCUMENTING INJURED, ABUSED, AND STARVING ANIMALS. PETA ALSO RESCUED 39 TIGERS, THREE BEARS, TWO BABOONS, AND TWO CHIMPANZEES FROM HIS FACILITY, AND ALL ARE NOW THRIVING IN REPUTABLE SANCTUARIES.

PETA PUBLISHED A REPORT FINDING THAT DOLPHINS AT SEAWORLD ENDURE ROUTINE PHYSICAL AND SOCIAL STRESS AND APPARENTLY SUSTAIN PAINFUL INJURIES AS A RESULT OF CONFINEMENT TO CONCRETE TANKS AND BECAUSE HUMAN TRAINERS STAND ON THEIR SENSITIVE ROSTRUMS (THE BEAK-LIKE PART OF THEIR MOUTHS). MORE THAN 140 DOLPHINS ARE KEPT IN SEVEN CROWDED, CRAMPED TANKS THAT SOUND, LOOK, AND FEEL NOTHING LIKE THEIR NATURAL HABITAT AND WHERE THEY HAVE NO MEANS TO ESCAPE FROM OTHER FRUSTRATED, AGGRESSIVE ANIMALS. THEY'RE FORCIBLY BRED, AND TRAINERS TREAT THEM LIKE SURFBOARDS, STANDING ON THEIR FACES AND BACKS IN CRUEL CIRCUS-STYLE SHOWS.

IN A FIRST-OF-ITS-KIND EXPOSÉ OF KENNELS OWNED BY IDITAROD MUSHERS, PETA REVEALED THAT DOGS WERE KEPT CONSTANTLY CHAINED NEXT TO DILAPIDATED BOXES AND PLASTIC BARRELS IN THE BITTER COLD AND BITING WIND; ARTHRITIC,

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CRIPPLED, AND INJURED DOGS WERE DENIED VETERINARY CARE; CHAINED DOGS HAD WORN-DOWN, RAW, AND BLOODY PAW PADS FROM FRANTICALLY RUNNING IN TIGHT CIRCLES; EXHAUSTED, DEHYDRATED DOGS WERE FORCED TO RUN HUNDREDS OF MILES; DOGS WERE DRAGGED AND INJURED DURING TRAINING; AND ONE WAS EVEN KILLED.

PETA RELEASED AN INVESTIGATION OF THE SLAUGHTER OF RACEHORSES IN SOUTH KOREA, INCLUDING U.S.-BORN HORSES AND THEIR OFFSPRING. EYEWITNESSES RECORDED FOOTAGE OF HORSES TREMBLING IN FEAR AND BEING BEATEN IN THE FACE AS THEY WERE FORCED INTO THE COUNTRY'S LARGEST SLAUGHTERHOUSE AND KILLED FOR MEAT. WORKERS SLAUGHTERED HORSES RIGHT IN FRONT OF OTHER ONES, WHICH VIOLATES SOUTH KOREA'S ANIMAL PROTECTION ACT. AS A RESULT, LOCAL POLICE INVESTIGATED AND FILED CHARGES AGAINST THE FACILITY AND THREE OF ITS WORKERS, AND BOTH THE KOREA RACING AUTHORITY AND THE MINISTRY OF AGRICULTURE, FOOD AND RURAL AFFAIRS QUICKLY PLEDGED TO WORK ON CREATING A SYSTEM FOR HORSE RETIREMENT.

#### COMPANION-ANIMAL ISSUES

PETA RELEASED EYEWITNESS FOOTAGE CAPTURED DURING VISITS TO OVER 100 PETCO LOCATIONS ACROSS THE COUNTRY THAT REVEALED WIDESPREAD SUFFERING FOR SENSITIVE BETTA FISH. DEAD AND DYING BETTAS WERE FOUND FLOATING IN TINY CUPS OF CONTAMINATED WATER, AND SOME WERE LEFT TO SUFFER FROM PAINFUL OR DEBILITATING HEALTH CONDITIONS, EVEN THOUGH THEY WERE CLEARLY IN NEED OF VETERINARY CARE. EYEWITNESSES SAW BETTAS FLOATING ON THEIR SIDE AS THEY STRUGGLED TO SWIM AND A FISH WHOSE EYES SEVERELY PROTRUDED FROM THEIR SOCKETS. MANY OF THE FISH WERE FORCED TO TRY TO LIVE IN WATER THAT WAS VERY CONTAMINATED WITH FOOD OR FECES. NATIONAL GEOGRAPHIC BROKE THE EXCLUSIVE ON

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THE CAMPAIGN, NOTING THAT COUNTLESS CUSTOMERS HAVE COMPLAINED OF FINDING SICK, DEAD, AND DYING BETTA FISH ON THE STORE'S SHELVES.

FOR 10 YEARS, PETA'S FIELDWORKERS HAD BEEN VISITING MISSY, A SWEET LABRADOR MIX WHOSE OWNER KEPT HER OUTDOORS IN A CRAMPED, JUNK-FILLED PEN THROUGH BLAZING HEAT, THUNDERSTORMS, SNOWSTORMS, AND EVEN HURRICANES. PETA SPAYED HER, GAVE HER A DOGHOUSE, AND CLEANED HER PEN REGULARLY. WHEN THEIR STAFFERS SAW THAT SHE'D LOST WEIGHT AND WAS HAVING DIFFICULTY BREATHING, THEY SUSPECTED THAT SHE WAS SUFFERING FROM HEARTWORM DISEASE-AND THEY WERE CORRECT. PETA DISCUSSED HER MEDICAL NEEDS AND THE COST OF TREATMENT WITH HER ELDERLY OWNER, WHO THEN SURRENDERED HER TO US. AFTER SHE RECEIVED TREATMENT AND SPENT A FEW WEEKS RECOVERING AT THE SAM SIMON CENTER-THEIR NORFOLK, VIRGINIA, HEADQUARTERS-THEY FOUND HER A LOVING HOME WHERE SHE CAN ENJOY HER TWILIGHT YEARS.

WHEN HURRICANE FLORENCE WAS FORECAST TO CAUSE WIDESPREAD DEVASTATION THROUGHOUT THE CAROLINAS AND SOUTHEASTERN VIRGINIA, PETA STAFFERS CALLED MORE THAN 1,000 OF THE CLIENTS REGULARLY ASSISTED BY THEIR FIELDWORK PROGRAM, URGING THEM TO TAKE THEIR ANIMALS INDOORS (RATHER THAN LEAVING THEM CHAINED OR PENNED OUTSIDE) AND INFORMING THEM OF EMERGENCY SHELTERS THAT ACCEPT ANIMALS. IN THE MEANTIME, PETA'S RESCUE TEAM GEARED UP AND HEADED OUT TO STRATEGIC LOCATIONS FROM WHICH MEMBERS COULD HELP ANIMALS AND THEIR GUARDIANS AFFECTED BY THE STORM. ALTHOUGH THE HURRICANE ULTIMATELY VEERED AWAY FROM VIRGINIA, ITS DAMAGING WINDS AND HEAVY RAINS BROUGHT DANGEROUS FLOODING TO NORTH CAROLINA, WHERE PETA'S TEAM COLLABORATED WITH LOCAL AGENCIES TO ASSIST STORM SURVIVORS-INCLUDING DOGS, CATS, AND CHICKENS-WHO WERE TAKEN TO SAFETY.

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PETA'S REPORT OF AN ANIMAL-HOARDING CASE TO OFFICIALS IN NORTH PORT, FLORIDA, RESULTED IN THE REMOVAL OF MORE THAN 80 CATS. THE PERPETRATOR WAS DEEMED MENTALLY UNFIT TO STAND TRIAL AND ORDERED TO A PSYCHIATRIC FACILITY FOR TREATMENT, AND THE MAJORITY OF THE ANIMALS WERE ABLE TO BE PUT UP FOR ADOPTION.

A PETA EYEWITNESS INVESTIGATION OF HEMOPET-A CANINE BLOOD BANK IN GARDEN GROVE, CALIFORNIA-REVEALED THAT THIS SELF-PROCLAIMED "RESCUE" FACILITY WAREHOUSES APPROXIMATELY 200 GREYHOUNDS BRED FOR AND DISCARDED BY THE RACING INDUSTRY IN CRAMPED CRATES AND BARREN KENNELS FOR ABOUT 23 HOURS A DAY. PETA FOUND DOGS WHO WERE SICK AND WHO'D BEEN INJURED IN FIGHTS WITH STRESSED KENNELMATES. HEMOPET BOASTS THAT IT SELLS BLOOD TO OVER 2,000 VETERINARY CLINICS IN NORTH AMERICA AND ASIA.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CRUELTY-FREE MERCHANDISE PROGRAM

PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVING BY LETTING COMPASSIONATE PEOPLE AROUND THE WORLD KNOW ABOUT AVAILABLE CONSUMER PRODUCTS-SUCH AS COSMETICS AND HOUSEHOLD CLEANERS THAT AREN'T TESTED ON ANIMALS, ANIMAL-CARE PRODUCTS, AND ANIMAL RIGHTS T-SHIRTS-INFORMATIONAL VIDEOS AND BOOKS, ANIMAL RESCUE EQUIPMENT, AND CAMPAIGN MATERIALS. SOME OF THESE ITEMS ARE SOLD ONLINE THROUGH THE PETA MALL AND THE PETA SHOP.

THIS FISCAL YEAR, PETA ADDED 745 COMPANIES TO THEIR BEAUTY WITHOUT BUNNIES CRUELTY-FREE LIST (AND 398 OF THEM ARE ALSO VEGAN), BRINGING THE TOTAL



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NUMBER OF COMPANIES ON THE LIST TO 4,195.

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 VICE PRESIDENT OF THE FINANCE DEPARTMENT OF THE SUPPORTING ORGANIZATION  
 REVIEWS THE FORM 990 WITH THE SENIOR VICE PRESIDENT AND GENERAL COUNSEL OF  
 THE SUPPORTING ORGANIZATION. PETA'S AUDIT COMMITTEE REVIEWS AND DISCUSSES  
 THE FORM 990 WITH ITS INDEPENDENT AUDITORS, AND IF SATISFIED, APPROVES THE  
 FORM 990 AND RECOMMENDS THAT THE BOARD OF DIRECTORS DO THE SAME. PETA FILES  
 THE FORM 990 AFTER ITS BOARD OF DIRECTORS REVIEW, AND IF SATISFIED, APPROVE  
 THE FORM 990.

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 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

DATA IS REVIEWED FOR INTERNAL AND EXTERNAL QUALITY. DECISIONS ARE MADE BY  
 THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND THE HR COMPLIANCE OFFICER OR  
 HUMAN RESOURCES GENERALIST OF A SUPPORTING ORGANIZATION.

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

PERSONS WHO RECEIVE COMPENSATION ARE PRECLUDED FROM  
 VOTING ON MATTERS PERTAINING TO THEIR COMPENSATION. THE PRESIDENT AND THE  
 HR COMPLIANCE OFFICER OR HUMAN RESOURCES GENERALIST OF A SUPPORTING

Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
--	--

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 ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, MONTANA, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, VERMONT, WASHINGTON, WISCONSIN, WEST VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE DOCUMENTS ARE MADE AVAILABLE AT THE PRESIDENT'S DISCRETION UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONSULTANTS	\$ 10,602,087	\$ 203,340	\$ 3,085,400

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD	\$ 60,186
RENTAL EXPENSES	\$ 10,356

Name of the organization <b>PEOPLE FOR THE ETHICAL TREATMENT</b>	Employer identification number <b>52-1218336</b>
---	---

SPECIAL EVENT EXPENSES	\$ 180,975
COST OF GOODS SOLD	\$ -60,186
RENTAL EXPENSES	\$ -10,356
SPECIAL EVENTS EXPENSES	\$ -180,975
ROUNDING	\$ 1
TOTAL	\$ 1

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number **52-1218336**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOUNDATION TO SUPPORT ANIMAL PROTEC 501 FRONT STREET 52-1842274 NORFOLK VA 23510	SUPPORT	DE	501C3		12 TYPE I		X
(2) ANIMAL RAHAT PO BOX NO 3 SANGLI IN 416 415	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 STUTT GART GM 70499	PROTECTION	GM	NA		N/A		X
(5) PETA FOUNDATION UK P.O BOX 70315 LONDON UK N1P 2RG	PROTECTION	UK	NA		N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization: **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Employer identification number: **52-1218336**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464	PROTECTION	FR	NA		N/A		X
(2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049	PROTECTION	IN	NA		N/A		X
(3) STITCHING PETA NEDERLAND PO BOX 2570 AMSTERDAM NL 1000 CN	PROTECTION	NL	NA		N/A		X
(4) PETA SCHWEIZ HAUPTSTRASSE 72 KREUZLINGEN SZ CH-8280	PROTECTION	SZ	NA		N/A		X
(5) .....							

**Part III 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.

(a) Name, address, and EIN of related organization	(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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 SQUARE SYDNEY AS NSW 2002	PROTECTION	AS	N/A	C					X
(3)PETA CANADA 40 KING STREET WEST, SUITE 5800 TORONTO CA M5H 3S1	PROTECTION	CA	N/A	C					X
(4)PETA INT'L SCIENCE CONSORTIUM LTD ALL SAINTS BLDG., 8 ALL SAINTS ST LONDON 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PETA INTL SCIENCE CONSORTIUM	B	50,000	CASH
(2) ANIMAL RAHAT	B	506,556	CASH
(3) PETA AUSTRALIA	B	251,529	CASH
(4) PETA ASIA	B	724,447	CASH
(5) PETA INDIA	B	1,106,076	CASH & FMV
(6) FOUNDATION TO SUPPORT ANIMAL PROTEC	K	1,289,310	CASH

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION TO SUPPORT ANIMAL PROTEC	M	14,237,846	CASH
(2) FOUNDATION TO SUPPORT ANIMAL PROTEC	C	1,250	CASH
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **990-T**

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

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 08/01/18, and ending 07/31/19  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

**A**  Check box if address changed

**B** Exempt under section

501(c)(3)  3

408(e)  220(e)

408A  530(a)

529(a)

Name of organization (  Check box if name changed and see instructions.)  
**PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**501 FRONT STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**NORFOLK VA 23510**

**D Employer identification number**  
(Employees' trust, see instructions.)  
**52-1218336**

**E Unrelated business activity code**  
(See instructions.)  
**541800 | 454110**

**C** Book value of all assets at end of year  
**15,646,325**

**F** Group exemption number (See instructions.) **u**

**G** Check organization type **u**  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. **u3** Describe the only (or first) unrelated trade or business here  
**u MERCHANDISE SALES, ADVERTISING, RENTAL**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ..... **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u KELLY FIDLER** Telephone number **u 757-962-8364**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b> 89,681	100,786	-11,105
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 89,681	100,786	-11,105

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)		<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	<b>22b</b> 0
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)		<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	-11,105
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	-11,105

**Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	4,236
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	4,236
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	0
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	0

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	0

**Part V Tax and Payments**

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

**Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here <b>CANADA</b>	<b>Yes</b>	<b>No</b>
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		

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

**Sign Here**

Signature of officer: [Signature] Date: 3/11/20 Title: PRESIDENT/SECRETARY

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUSAN J ROSENBERG</b>	Preparer's signature <b>SUSAN J ROSENBERG</b>	Date <b>03/10/20</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <b>P00059813</b>
	Firm's name <b>SAGGAR &amp; ROSENBERG, P.C.</b>	Firm's EIN <b>52-2190100</b>		
	Firm's address <b>1 CHURCH ST STE 700 ROCKVILLE, MD 20850-4163</b>	Phone no. <b>301-738-9040</b>		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation u **COST METHOD**

<b>1</b> Inventory at beginning of year	<b>1</b>	1,611	<b>6</b> Inventory at end of year	<b>6</b>	4,978
<b>2</b> Purchases	<b>2</b>	8,784	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	5,417
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	10,395			X

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1.</b> Description of property		
(1) <u>N/A</u>		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b)</b> Total deductions. Enter here and on page 1, Part I, line 6, column (B) <u>u</u>
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <u>u</u>		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <u>N/A</u>				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <u>u</u>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 <u>u</u>				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part 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 of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	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	6. 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)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ADVERTISING INCOME	89,681	100,786				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .	89,681	100,786	-11,105			

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>u</b>	89,681	100,786				
<b>Totals, Part II (lines 1-5)</b> .... <b>u</b>	Enter here and on page 1, Part I, line 11, col. (A). 89,681	Enter here and on page 1, Part I, line 11, col. (B). 100,786				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 08/01/18, and ending 07/31/19.  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number

52-1218336

Unrelated business activity code (see instructions) 531120

Describe the unrelated trade or business RENTAL

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnership and S corporation (attach statement) <u>SEE STMT 1</u>	<b>5</b>	4,236		4,236
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	4,236		4,236
<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>			
<b>15</b> Salaries and wages	<b>15</b>			
<b>16</b> Repairs and maintenance	<b>16</b>			
<b>17</b> Bad debts	<b>17</b>			
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>			
<b>19</b> Taxes and licenses	<b>19</b>			
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>			
<b>21</b> Depreciation (reported on Form 4562)	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>			<b>22b</b> 0
<b>23</b> Depletion	<b>23</b>			
<b>24</b> Contributions to deferred compensation plans	<b>24</b>			
<b>25</b> Employee benefit programs	<b>25</b>			
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>			
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>			
<b>28</b> Other deductions (attach schedule)	<b>28</b>			
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>			
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>			4,236
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>			
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>			4,236

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 08/01/18, and ending 07/31/19.  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number

52-1218336

Unrelated business activity code (see instructions) 454110

Describe the unrelated trade or business uSALE OF MERCHANDISE

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>9,568</u>			
<b>b</b>	Less returns and allowances			
	<b>c Balance</b> <u>u</u>	<b>1c</b> 9,568		
<b>2</b>	Cost of goods sold (Schedule A line 7)	<b>2</b> 5,417		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 4,151		4,151
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 4,151		4,151
<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>		1,917
<b>16</b>	Repairs and maintenance	<b>16</b>		
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		2,260
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b>	Depreciation (reported on Form 4562)	<b>21</b>	39	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b> 39
<b>23</b>	Depletion	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>		
<b>25</b>	Employee benefit programs	<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b>	Other deductions (attach schedule) <u>SEE STATEMENT 2</u>	<b>28</b>		30,025
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		34,241
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		-30,090
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>		-30,090

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form <b>990-T</b>	<b>Business Income Schedules Worksheet</b>	<b>2018</b>
Description <b>ADVERTISING</b>		

Name <b>PEOPLE FOR THE ETHICAL TREATMENT</b>	Taxpayer Identification Number <b>52-1218336</b>
Unincorporated Business Income Tax Code: <b>541800</b> Activity: <b>ADVERTISING AND RELATED SERVICES</b>	

**Schedule A – Cost of Goods Sold.**

<b>1</b> Inventory at beginning of year ..... <b>1</b>	<b>5</b> Inventory at end of year ..... <b>5</b>
<b>2</b> Purchases and Other Costs ..... <b>2</b>	<b>6</b> <b>Cost of goods sold.</b> Subtract Line 5 from ..... <b>6</b>
<b>3</b> Sec 263A Costs ..... <b>3</b>	Line 4; show the amount here and on Line 2 of Sch M or 990T
<b>4</b> <b>Total.</b> Add lines 1 through 3 ..... <b>4</b>	

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

1. Description of property	2a. Income 10% to 50%	2b. Income over 50%	3. Expense
(1)			
(2)			
(3) Total of Schedule C items for this activity; Enter Col 2 on Line 6A and Col 3 on Line 6B			<b>u</b>

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross Income/Expense amounts	3. Debt Ratio	4. Gross income reportable (column 2 x Ratio)	5. Allocable deductions (column 3 x Ratio)
(1)	income	%		
	expense			
(2)	income	%		
	expense			
(3) Total of Schedule E items for this activity; Enter Col 4 on Line 7A and Col 5 on Line 7B			<b>u</b>	<b>u</b>

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of Controlled Organization	2. EIN	3. Exempt/Nonexempt Controlled Organization	4. Income	5. Expenses
(1)				
(2)				
(3) Total of Schedule F items for this activity (combining Exempt and NonExempt); Enter Col 4 on Line 8A and Col 5 on Line 8B			<b>u</b>	<b>u</b>

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

1. Description of property	2. Income	3. Deductions	4. Set-Asides	5. Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description	2. Gross Income	3. Related Expense	4. Net Income	5. Non-UBIT income	6. Non-UBIT expense	7. Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and (B)						Sch I amount on line 26

**Schedule J – Advertising Income** (see instructions)

<b>Consolidated Basis (Part I)</b>						
1. Name of periodical	2. Gross Adv Income	3. Direct costs	4. Advertising gain or (loss) If a gain, compute next 3 columns	5. Circulation income	6. Readership costs	7. Excess readership costs (col 6 - col 5) but not more than col 4
(1) <b>ADVERTISING INCOME</b>	89,681	100,786				
(2)						
(3)						
Totals (for Part I) ..... <b>u</b>						
<b>Separate Basis (Part II)</b>						
(1)						
(2)						
Totals from Part I ..... <b>u</b>						
Totals, Part II (lines 1-5) ..... <b>u</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
	89,681	100,786				

Form <b>990-T</b>	<b>Business Income Schedules Worksheet</b>	<b>2018</b>
Description <b>SALE OF MERCHANDISE</b>		

Name <b>PEOPLE FOR THE ETHICAL TREATMENT</b>	Taxpayer Identification Number <b>52-1218336</b>
Unincorporated Business Income Tax Code: <b>454110</b> Activity: <b>ELECTRONIC SHOPPING AND MAIL-ORD</b>	

**Schedule A – Cost of Goods Sold.**

<b>1</b>	Inventory at beginning of year	<b>1</b>	1,611	<b>5</b>	Inventory at end of year	<b>5</b>	4,978
<b>2</b>	Purchases and Other Costs	<b>2</b>	8,784	<b>6</b>	<b>Cost of goods sold.</b> Subtract Line 5 from	<b>6</b>	5,417
<b>3</b>	Sec 263A Costs	<b>3</b>		Line 4; show the amount here and on Line 2 of Sch M or 990T			
<b>4</b>	<b>Total.</b> Add lines 1 through 3	<b>4</b>	10,395				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

1. Description of property	2a. Income 10% to 50%	2b. Income over 50%	3. Expense
(1)			
(2)			
(3) Total of Schedule C items for this activity; Enter Col 2 on Line 6A and Col 3 on Line 6B			<b>u</b>

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross Income/Expense amounts	3. Debt Ratio	4. Gross income reportable (column 2 x Ratio)	5. Allocable deductions (column 3 x Ratio)
(1)	income	%		
	expense			
(2)	income	%		
	expense			
(3) Total of Schedule E items for this activity; Enter Col 4 on Line 7A and Col 5 on Line 7B			<b>u</b>	<b>u</b>

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of Controlled Organization	2. EIN	3. Exempt/Nonexempt Controlled Organization	4. Income	5. Expenses
(1)				
(2)				
(3) Total of Schedule F items for this activity (combining Exempt and NonExempt); Enter Col 4 on Line 8A and Col 5 on Line 8B			<b>u</b>	<b>u</b>

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

1. Description of property	2. Income	3. Deductions	4. Set-Asides	5. Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description	2. Gross Income	3. Related Expense	4. Net Income	5. Non-UBIT income	6. Non-UBIT expense	7. Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and (B)						Sch I amount on line 26

**Schedule J – Advertising Income (see instructions)**

<b>Consolidated Basis (Part I)</b>						
1. Name of periodical	2. Gross Adv Income	3. Direct costs	4. Advertising gain or (loss) If a gain, compute next 3 columns	5. Circulation income	6. Readership costs	7. Excess readership costs (col 6 - col 5) but not more than col 4
(1)						
(2)						
(3)						
Totals (for Part I) <b>u</b>						
<b>Separate Basis (Part II)</b>						
(1)						
(2)						
Totals from Part I <b>u</b>						
<b>Totals, Part II (lines 1-5) <b>u</b></b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Form <b>990-T</b>	<b>Schedule M Charitable Contribution and Loss Calculation</b>	<b>2018</b>
Description <b>ADVERTISING</b>		

Name <b>PEOPLE FOR THE ETHICAL TREATMENT</b>	Taxpayer Identification Number <b>52-1218336</b>
Unincorporated Business Income Tax Code: <b>541800</b> Activity: <b>ADVERTISING AND RELATED SERVICES</b>	

<b>Worksheet 1 Activity Charitable Contribution Deduction</b>		
1 Activity Income (Schedule M, Line 13, col C) .....	<b>1</b>	-11,105
2 Activity Expense (does not include amount needed for Line 20) .....	<b>2</b>	
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0- .....	<b>3</b>	0
4 Current activity contribution limit (Multiplier used is 100%) .....	<b>4</b>	
5 Current year contributions .....	<b>5</b>	0
6 Prior year contributions (corporations only) .....	<b>6</b>	
7 Total available contributions (Add lines 5 and 6) .....	<b>7</b>	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M) .....	<b>8</b>	
9 Remaining contributions (subtract line 8 from line 7) .....	<b>9</b>	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount .....	<b>10</b>	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3) .....	<b>11</b>	0

<b>Worksheet 2 Activity Losses and Carryforward Amounts</b>		
1 Activity losses (do not include amounts before 2018) .....	<b>1</b>	
2 Amount of loss used in the current year .....	<b>2</b>	0
3 Prior year losses carried over to next year .....	<b>3</b>	
4 Losses generated by current year activity .....	<b>4</b>	11,105
5 Total loss carried forward to 2019 .....	<b>5</b>	11,105

<b>Worksheet 3 Activity Charitable Contribution Carryforward</b>					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 07/31/14					
4th 07/31/15					
3rd 07/31/16					
2nd 07/31/17					
1st 07/31/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount 0					0
Charitable Contribution Carryover Available To Next Year					0

<b>Form 990-T</b>	<b>Schedule M Charitable Contribution and Loss Calculation</b>	<b>2018</b>
Description <b>SALE OF MERCHANDISE</b>		
Name <b>PEOPLE FOR THE ETHICAL TREATMENT</b>		Taxpayer Identification Number <b>52-1218336</b>
Unincorporated Business Income Tax Code: <b>454110</b> Activity: <b>ELECTRONIC SHOPPING AND MAIL-ORD</b>		

<b>Worksheet 1 Activity Charitable Contribution Deduction</b>		
1 Activity Income (Schedule M, Line 13, col C) .....	<b>1</b>	4,151
2 Activity Expense (does not include amount needed for Line 20) .....	<b>2</b>	34,241
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0- .....	<b>3</b>	0
4 Current activity contribution limit (Multiplier used is 10%) .....	<b>4</b>	
5 Current year contributions .....	<b>5</b>	0
6 Prior year contributions (corporations only) .....	<b>6</b>	
7 Total available contributions (Add lines 5 and 6) .....	<b>7</b>	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M) .....	<b>8</b>	
9 Remaining contributions (subtract line 8 from line 7) .....	<b>9</b>	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount .....	<b>10</b>	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3) .....	<b>11</b>	0

<b>Worksheet 2 Activity Losses and Carryforward Amounts</b>		
1 Activity losses (do not include amounts before 2018) .....	<b>1</b>	
2 Amount of loss used in the current year .....	<b>2</b>	0
3 Prior year losses carried over to next year .....	<b>3</b>	
4 Losses generated by current year activity .....	<b>4</b>	30,090
5 Total loss carried forward to 2019 .....	<b>5</b>	30,090

<b>Worksheet 3 Activity Charitable Contribution Carryforward</b>					
	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 07/31/14					
4th 07/31/15					
3rd 07/31/16					
2nd 07/31/17					
1st 07/31/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount	0				0
Charitable Contribution Carryover Available To Next Year					0

**Federal Statements**

**Rental**

**Statement 1 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
PARTNERSHIP INCOME	\$ 4,236	\$	\$ 4,236
TOTAL	\$ 4,236	\$ 0	\$ 4,236

20203 People for the Ethical Treatment

52-1218336

## Federal Statements

FYE: 7/31/2019

### Sale of Merchandise

#### Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions

Description	Amount
OTHER DEDUCTIONS	\$ 30,025
TOTAL	\$ 30,025

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2018</b>
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Name <b>PEOPLE FOR THE ETHICAL TREATMENT</b>	Taxpayer Identification Number <b>52-1218336</b>
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Loss used by 2018 income (See NOL Worksheet) ..... A. 1,216,455

	Code	Pre-2018 NOL (Limited to Income)	Net Income before Loss
1. <u>RENTAL</u>	<u>531120</u>	1. <u>4,236</u>	1. <u>4,236</u>
2. _____		2. _____	2. _____
3. _____		3. _____	3. _____
4. _____		4. _____	4. _____
5. _____		5. _____	5. _____
6. _____		6. _____	6. _____
7. _____		7. _____	7. _____
8. _____		8. _____	8. _____
9. _____		9. _____	9. _____
10. _____		10. _____	10. _____
11. _____		11. _____	11. _____
12. _____		12. _____	12. _____
13. _____		13. _____	13. _____
14. _____		14. _____	14. _____
15. All other revenue _____		15. _____	15. _____
16. Total taxable income		16. <u>4,236</u>	16. <u>4,236</u>

**Business Activity Losses**

	Code	Current Year Loss
1. <u>ADVERTISING</u>	<u>541800</u>	1. <u>-11,105</u>
2. <u>SALE OF MERCHANDISE</u>	<u>454110</u>	2. <u>-30,090</u>
3. _____		3. _____
4. _____		4. _____
5. All other activities _____		5. _____
6. Totals		6. <u>-41,195</u>



Form <b>990-T</b>	Form 990-T - Cumulative Income Review Worksheet		2018
For calendar year 2018, or tax year beginning		08/01/18	, and ending 07/31/19

Name <b>PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.</b>	Employer Identification Number <b>52-1218336</b>
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Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <span style="float: right;">9,568</span>			
<b>b</b>	Less returns and allowances			
	<b>c Balance</b> <span style="float: right;">u</span>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		4,151
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement) <b>SEE STMT</b>	<b>5</b>	4,236	4,236
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>	89,681	-11,105
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	98,068	-2,718

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			
<b>15</b>	Salaries and wages			
<b>16</b>	Repairs and maintenance			
<b>17</b>	Bad debts			
<b>18</b>	Interest (attach schedule) (see instructions)			
<b>19</b>	Taxes and licenses			
<b>20</b>	Charitable contributions (See instructions for limitation rules)			
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		0
<b>23</b>	Depletion			
<b>24</b>	Contributions to deferred compensation plans			
<b>25</b>	Employee benefit programs			
<b>26</b>	Excess exempt expenses (Schedule I)			
<b>27</b>	Excess readership costs (Schedule J)			
<b>28</b>	Other deductions (attach schedule)			
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-2,718
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30			-2,718

<b>SCHEDULE G</b>		<b>Fundraising Other Events</b>			<b>2018</b>
<b>(Form 990 or 990-EZ)</b>		For calendar year 2018, or tax year beginning 08/01/18, and ending 07/31/19			
Name PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.				Employer Identification Number 52-1218336	
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		10			(add col. (a) through col. (c))
		(event type)	(event type)	(event type)	
Revenue	1 Gross receipts	410,640			410,640
	2 Less: Charitable contributions	386,445			386,445
	3 Gross income (line 1 minus line 2)	24,195			24,195
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	13,806			13,806
	6 Rent/facility costs	17,369			17,369
	7 Food/beverages	45,564			45,564
	8 Entertainment				
	9 Other expenses	66,220			66,220

<b>Form 990-T</b>	<b>Net Operating Loss Carryover Worksheet for Pre-2018 Losses</b>	<b>2018</b>
For calendar year 2018, or tax year beginning 08/01/18, ending 07/31/19		

Name PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.	Employer Identification Number 52-1218336
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Preceding Taxable Year	Prior Year		Current Year		Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th 07/30/99	-42,712	10,669	32,043	4,236	
19th 07/31/00	-59,324		59,324		59,324
18th 07/31/01	-54,142		54,142		54,142
17th 07/31/02	-69,763		69,763		69,763
16th 07/31/03	-47,889		47,889		47,889
15th 07/31/04	-70,298		70,298		70,298
14th 07/31/05	-97,323		97,323		97,323
13th 07/31/06	-62,463		62,463		62,463
12th 07/31/07	-89,148		89,148		89,148
11th 07/31/08	-120,514		120,514		120,514
10th 07/31/09	-96,868		96,868		96,868
9th 07/31/10	-79,065		79,065		79,065
8th 07/31/11	-52,307		52,307		52,307
7th 07/31/12	-27,658		27,658		27,658
6th 07/31/13	-53,247		53,247		53,247
5th 07/31/14	-76,740		76,740		76,740
4th 07/31/15	-75,646		75,646		75,646
3rd 07/31/16	-32,907		32,907		32,907
2nd 07/31/17	10,669	-10,669			
1st 07/31/18	-19,110		19,110		19,110
NOL carryover available to current year			1,216,455		
Current year	4,236			3,236	
NOL carryover available to next year					1,184,412

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning 08/01/18, ending 07/31/19		

Name: PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC. Taxpayer Identification Number: 52-1218336

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	51,580,176	46,778,316	-4,801,860
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	475,366	509,898	34,532
	5. Investment income	346,224	408,176	61,952
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	350,067	2,228	-347,839
	8. Net income or (loss) from fundraising events	-195,809	-177,577	18,232
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	213,751	47,683	-166,068
	11. Other revenue	178,698	566,459	387,761
	12. <b>Total revenue.</b> Add lines 1 through 11	52,948,473	48,135,183	-4,813,290
<b>Expenses</b>	13. Grants and similar amounts paid	2,742,106	2,806,190	64,084
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	147,581	138,344	-9,237
	16. Salaries, other compensation, and employee benefits	12,728,604	12,322,455	-406,149
	17. Professional fundraising fees	481,017	536,097	55,080
	18. Other professional fees	18,345,087	18,352,533	7,446
	19. Occupancy, rent, utilities, and maintenance	1,445,946	1,494,699	48,753
	20. Depreciation and Depletion	535,085	651,859	116,774
	21. Other expenses	16,601,674	17,163,719	562,045
	22. <b>Total expenses.</b> Add lines 13 through 21	53,027,100	53,465,896	438,796
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	-78,627	-5,330,713	-5,252,086
<b>Other Information</b>	24. Total exempt revenue	52,948,473	48,135,183	-4,813,290
	25. Total unrelated revenue	85,172	98,068	12,896
	26. Total excludable revenue	1,283,125	1,258,799	-24,326
	27. Total assets	19,120,565	15,646,325	-3,474,240
	28. Total liabilities	5,584,013	7,213,406	1,629,393
	29. Retained earnings	13,536,552	8,432,919	-5,103,633
	30. Number of voting members of governing body	3	3	
	31. Number of independent voting members of governing body	2	2	
	32. Number of employees	283	303	
	33. Number of volunteers	466	556	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning 08/01/18, ending 07/31/19		

Name: **PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.** Taxpayer Identification Number: **52-1218336**

		2017	2018	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	8,571	4,151	-4,420
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations	4,434	4,236	-198
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)	-9,725	-11,105	-1,380
	10. Other income			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>3,280</b>	<b>-2,718</b>	<b>-5,998</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages	798		-798
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	430		-430
	18. Charitable contributions			
	19. Depreciation and Depletion	20		-20
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs			
	22. Other deductions	21,142		-21,142
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>22,390</b>		<b>-22,390</b>
	<b>24. Net income on Page 1;</b> Subtract line 23 from 11	<b>-19,110</b>	<b>-2,718</b>	<b>16,392</b>
	25. Unrelated business taxable income from all trades	-19,110	4,236	23,346
26. Disallowed employee fringe benefits				
27. Net operating loss (pre-2018)		4,236	4,236	
<b>28. Taxable income after NOL loss</b>				
29. Specific deduction		1,000	1,000	
<b>30. Unrelated business taxable income.</b>				
<b>Tax &amp; Credits</b>	31. Income tax (corporate or trust)			
	32. Proxy tax			
	33. Other taxes			
	<b>34. Total taxes</b>			
	35. Other credits			
	36. General business credit			
	37. Credit for prior year minimum tax			
	<b>38. Total credits</b>			
	<b>39. Net tax after credits</b>			
	40. Recapture taxes and 965 tax			
	<b>41. Total Taxes</b>			
<b>Due/Refund</b>	42. Prior year overpayment and estimated tax payments			
	43. Payment made with extension			
	44. Backup withholding and foreign withholding			
	45. Other payments			
	<b>46. Total payments</b>			
	<b>47. Balance due/(Overpayment)</b>			
	48. Overpayment applied to next year			
	49. Penalties			
	<b>50. Total due/(Refund)</b>			