Form **990**

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

OMB No. 1545-0047 2019

	v. January 2020) partment of the Treas mai Revenue Servic	sury	Do not enter social security numbers	on this form as it may I	be made public.	ndations	Open to Public		
Δ			► Go to www.irs.gov/Form990 for ins year, or tax year beginning 8/01/19, and	tructions and the latest	information.		Inspection		
<u></u>	Check if applicable:		organization PEOPLE FOR THE ETHICAL		20	D Employer	Identification number		
ň	Address change		OF ANIMALS, INC.	D IKEAIMENI		D Employer	identification number		
믬		Doing h	siness as			E0:10	110000		
Щ	Name change		and street (or P.O. box if mail is not delivered to street address)		Room/suite	<u> ⊃∠−⊥∠</u> E Telephone	218336		
	initial return		FRONT STREET		1,000,000		757-962-8364		
\Box	Final return/ terminated	City or t	wn, state or province, country, and ZIP or foreign postal code						
Ħ		NOR	OLK VA 23510			G Gross rece	ipts 69,319,713		
닏	Amended return	F Name a	d address of principal officer:						
Ш	Application pending	ING	RID NEWKIRK		H(a) Is this a gro	up return for s	ubordinates Yes X No		
	:	501	FRONT STREET		H(b) Are all sub	ordinates inclu	rded? Yes No		
		NOR	FOLK VA 2351	0	If "No,"	attach a list. ((see instructions)		
1	Tax-exempt status:		01(c)(3) 501(c) () (insert no.) 4947(a)	<u> </u>	1 .				
J	Website: > W		TA.ORG	···	H(c) Group exer	mption number	· >		
ĸ	Form of organization	ı: X Cor	poration Trust Association Other	L Y	ear of formation: 1	200	w State of legal domicile: VA		
F	art I Su	ımmary				200 1.	in case of logal definate. V/1		
	1 Briefly de	escribe th	organization's mission or most significant activities:						
9	PROT	ECTION	OF ANIMAL RIGHTS.			,,,,,,,,,	***************************************		
Governance							***************************************		
ē									
ó	2 Check th	is box ▶	if the organization discontinued its operations or d						
8	3 Number	of votina	nembers of the governing body (Part VI, line 1a)			3	3		
S	4 Number	of indepe	dent voting members of the governing body (Part V	l line 1h)		4	2		
Activities	5 Total num	nber of in	dividuals employed in calendar year 2019 (Part V, lin	ne 2a\		5	279		
Ę			1			1	268		
⋖			dunana marramera Grana Dant VIII Lucco (OV 18-1 40			·	147,927		
			ness taxable income from Form 990-T, line 39			7b	1 1 1 1 1 1		
			total taractor income controlled to 1, and co ,		Prior Year		Current Year		
ø	8 Contributi	ions and	grants (Part VIII, line 1h)		46,778	,316	59,140,068		
Revenue	9 Program	service re	venue (Part VIII, line 2g)		509	,898	524,751		
ě	10 Investme	nt income	(Part VIII, column (A), lines 3, 4, and 7d)		410	,404	475,430		
œ	11 Other rev	/enue (Pa	t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		436	,565	502,857		
	12 Total reve	enue – ac	d lines 8 through 11 (must equal Part VIII, column (A	A), line 12)	48,135	,183	60,643,106		
	13 Grants ar	nd similar	amounts paid (Part IX, column (A), lines 1–3)		2,806	,190	3,091,193		
	14 Benefits p	paid to or	for members (Part IX, column (A), line 4)				0		
S	15 Salaries,	other con	pensation, employee benefits (Part IX, column (A),	lines 5-10)	12,460	,799	13,135,845		
DSC	16aProfession	nal fundra	ising fees (Part IX, column (A), line 11e)		536	,097	402,931		
Expenses	b Total fund	draising e	rpenses (Part IX, column (D), line 25) ► 8 , 4	33,717					
ш			art IX, column (A), lines 11a-11d, 11f-24e)		37,662	,810	38,119,583		
	18 Total exp	enses. Ad	d lines 13-17 (must equal Part IX, column (A), line 2	25)	53,465	,896	54,749,552		
	19 Revenue	less expe	nses. Subtract line 18 from line 12		<u>-5,330</u>	,713	5,893,554		
2 2					Beginning of Curn		End of Year		
Assets or	20 Total ass	`			<u> 15,646</u>		24,470,189		
Net A Fund	it .	•	* * * * * * * * * * * * * * * * * * * *		7,213	,406	9,350,680		
STREET, STREET	Arran MANAGEMENT AND STATE OF THE STATE OF T		balances. Subtract line 21 from line 20		<u>8,432</u>	<u>,919 </u>	<u> 15,119,509</u>		
<u></u>		nature							
U	nder penalties of	perjury, I c	eclare that I have examined this return, including accompa eclaration of preparer (other than officer) is based on all in	nying schedules and sta	tements, and to t	he best of r	ny knowledge and belief, it		
	Le, correct, and co	omplete. L	ecial autori or preparer (other trial) officer) is based off all th	normation of which prepare	arer nas any kno	wiedge.	a/2.		
ei.		gnature of o					2/2/		
Sig He	1	-		חד ט מומו	SENTE / CEC	ים אימורים ח פונים	, , , , , , , , , , , , , , , , , , ,		
ne		INGR		PKESII	DENT/SEC	KETAKI	<u>. </u>		
		preparer's r			Date	Check	if PTIN		
Paid	.	J ROSEN		a.c		21 self-emplo	」 "		
_	DODAIN_						52-2190100		
	Only	ne P	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Fin	m's ElN ▶	22-2130100		
	- 1		1 CHURCH ST STE 700 ROCKVILLE, MD 20850-4163	2			301-738-9040		
Mar	Firm's add		m with the preparer shown above? (see instructions	*	Ph	one no.			
			I'm with the preparer shown above? (see instructions Notice, see the separate instructions.	? <u>/</u>			Yes No Form 990 (2019)		
DAA	rabermory Medi	ACTON ACT	notice, see the separate instructions.	•			Form 330 (2019)		

Part III Statement of Program Service Accomplishments	
Objects if Calcadula O contains a management of the second	[₹]
Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
Briefly describe the organization's mission:	
PROTECTION OF ANIMAL RIGHTS	
•	
•	
Did the executive undertake any significant program comises during the year which were not listed on the	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res _A No
	Yes X No
services? If "Yes," describe these changes on Schedule O.	res [X] NC
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.	
la (Code:) (Expenses \$ 15,502,424 including grants of\$) (Revenue \$	139,844
SEE SCHEDULE O	
•••••••••••••••••••••••••••••••••••••	
•	
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•	
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SEE SCHEDULE O	
c (Code:) (Expenses \$ 18,364,526 including grants of \$ 911,847) (Revenue \$ SEE SCHEDULE O	384,907
*	
······	
·····	
•	
•	
Id Other program services (Describe on Schedule O.) (Expenses \$ 424,544 including grants of\$) (Revenue \$,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ء		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		21	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			7.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	37	
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
11	VII, VIII, IX, or X as applicable.			
а	71.11			
u	complete Schedule D, Part VI	11a	Х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	Λ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Χ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	Х	
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	Λ	
	Part VIII lines to and 902 if "Vas." complete Schodulo C. Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
		_	000	

	oncomist of required bolicatics (continues)				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic indi-	vidual	s on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the) }				
	organization's current and former officers, directors, trustees, key employees, and highest compe	ensate	d			
	employees? If "Yes," complete Schedule J			23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more	than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer	er line	es 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during	g the	year			
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the y			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an organization with a diagnalified parson during the years of the complete School de L. Bort I.	exces	s benefit	250		\ \ <u>v</u>
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990					
	If "Vos." complete Schodule I. Part I			25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to					22
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35	-	Carrent			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director,		e, kev			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection common		-			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of					
	persons? If "Yes," complete Schedule L, Part III			27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Sche					
	IV instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial confidence of the confi	tributo	or? If			
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV _			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or	28b?	If			
	"Yes," complete Schedule L, Part IV				7.7	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sci			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or quantum contributions of the first section of the contribution of the first section of the contribution of the first section of the contribution	ualifie	d		37	
24	conservation contributions? If "Yes," complete Schedule M			30	X	v
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Sci</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Sci</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Sci Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</i>		e N, Part I	31		X
32	complete Schedule N, Part II	63,		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under					22
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	rtegu	ilations	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R,	Part	 II. III.			
• .	or IV and Part V line 1			34	Х	
35a	Did the expenientian have a controlled entity within the magning of section 512/b)/12/2			250		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction w					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V,	line 2	2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charge	aritabl	е			
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related	organi	ization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lir	nes 11	lb and			
_	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Pa	art V			 L.	
	Enter the number reported in Day 2 of Enter 4000 Enter 0. "	. ۾ ا	265		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	265			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	d				

Form 990 (2019) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Χ 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)? If "Yes," enter the name of the foreign country **u** CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? Χ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders _____ 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Χ If "Yes," see instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 6 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 on 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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Χ 8b 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 on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? Χ 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Χ 13 Did the organization have a written document retention and destruction policy? 14 Χ 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 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 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. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

501 FRONT ST

VA 23510 757-962-8364

KELLY FIDLER

NORFOLK

Section A	. Officers, Directo	rs, Trus	stees, Key	Employees,	and Highest Co	mpensated	Employees	;			
	•			s a respons	e or note to a	ny line in	this Part \	/II			
	Independent	Contra	actors								
Part VI	Compensatio	n of O	fficers,	Directors,	Trustees, Ke	y Employ	ees, High	est	Compensated	Employees,	and
Form 990	(2019) PEOPLE	FOR	THE	ETHICAL	TREATME	IT 52	-12183	36		P	age 7

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. See instructions for the order in which to list the persons above.

Check this box if neither the or	rganization nor	any	relat	ed o	rgan	ization o	compensated any current	officer, director, or trustee	
per week box, (list any office			cer a	Pos check ess pe	rson i directo	than one s both an or/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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		, ,	related organizations
(1) INGRID NEWKIRK	40.00								
PRESIDENT/SECRETARY	40.00	X		X			23,398	0	782
(2) JEANNE ROUSH	0.00	1^		Δ			43,390	0	702
(=,011111111 1100011	1.00								
TREASURER	0.00	X		Х			0	0	0
(3) MICHAEL RODMAN									
	1.00							0	0
CHAIRPERSON (4) TRACY REIMAN	0.00	X					0	0	0
(4) IRACI REIMAN	40.00								
VICE PRESIDENT	0.00			X			100,772	0	5,414
(5) JEFFREY KERR									•
ASST. SECRETARY	0.00			Х			0	150,900	10,143
(6) ROSALIND ZAYAS									
VETERINARIAN	40.00					Х	124,356	0	2,613
(7) KATHLEEN GUILLE									
SR. VICE PRESIDENT	40.00					X	124,175	0	12,602
(8) LISA LANGE	0.00	 				Δ	124,173	0	12,002
(4) 11 11 11 11 11 11	40.00								
SR. VICE PRESIDENT	0.00					Х	103,481	0	6,247
(9)									
(10)									
(11)									

Par	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	offi	k, unle	ss pe	ition more rson i	than is both or/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
	Subtotal							u u	476,182	150,900	37,801	
	Total (add lines 1b and 1c)							u	476,182	150,900	37,801	
	Total number of individuals (i reportable compensation fror				to th	ose	liste	d at	bove) who received more	than \$100,000 of		
		g									Yes No	
4	Did the organization list any f employee on line 1a? If "Yes For any individual listed on line	r," complete Sch	<i>edul</i> m of	e J	<i>for s</i> ortal	uch ole c	<i>indi</i> v comp	<i>idua</i> ens	alation and other compensa	tion from the	3 X	
	organization and related orga individual										4 X	
5	Did any person listed on line for services rendered to the	1a receive or a	ccru	ie cc	mpe	ensa	tion	from	n any unrelated organization		5 X	
	on B. Independent Contrac		700	3, 00	эн үр	010	00/10	Jaan	o o for duon pordon			
	Complete this table for your compensation from the organ										tov voor	
	<u> </u>	(A) d business address	COIII	pens	aliu	11 10	ı ıne	Car		(B) tion of services	(C) Compensation	
RW	T PRODUCTION	1 DUSINESS AUGRESS			į	562	24	BE1	LLINGTON AVE.	tion of services	Compensation	
	RINGFIELD	VA		21					MAILING & POS	TA	4,775,149	
	MMUNICATION CORP	OF AMERIC. VA		27		131	.95		REEDOM WAY PRINTING & PO	СT		
	L GATES LLP	VA		<u> </u>		PO	BO		844255	21	947,735	
_BC	STON	MA	. 0	22	84			I	LEGAL SERVICE	S	718,687	
	CKERMAN, SPAEDER		^	00		180	00		ST, NW	C		
	<u>SHINGTON</u> L WARWICK DONORDI	<u>DC</u> GITAL		UU		255	0	_	<u>LEGAL SERVICE</u> NTH STREET, SUIT		686,661	
BE	RKELEY	CA			10			N	MAIL MANAGEME		619,109	
	Total number of independent received more than \$100,000									23		
DAA	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 1				حو					Form 990 (2019)	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512-514 (A) Total revenue (B)
Related or exempt function revenue business revenue , Gifts, Grants milar Amounts 1a Federated campaigns 377,326 1a **b** Membership dues 1b **c** Fundraising events 835,155 1c d Related organizations 1d Contributions, and Other Sim **e** Government grants (contributions) 1e **f** All other contributions, gifts, grants. and similar amounts not included above 57,927,587 1f 1g \$ 3,730,776 **g** Noncash contributions included in lines 1a-1f . . h Total. Add lines 1a-1f 59,140,068 u Business Code 900099 384,907 384,907 Program Service Revenue 2a SPAY/NEUTER PROGRAM 900004 139,844 b ADVERTISING INCOME 139,844 f All other program service revenue g Total. Add lines 2a-2f 524,751 3 Investment income (including dividends, interest, and 355,661 355,661 other similar amounts) u Income from investment of tax-exempt bond proceeds Royalties 82,567 82,567 (i) Real (ii) Personal 17,940 6a Gross rents 6a 11,509 6b **b** Less: rental expenses 6,431 c Rental inc. or (loss) 6c 6,431 6,431 d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 8,572,241 8,915 other than inventory Revenue **b** Less: cost or other 8,445,304 7b 16,083 basis and sales exps. 126,937 -7,1687с c Gain or (loss) Other d Net gain or (loss) 119,769 119,769 **8a** Gross income from fundraising events (not including \$835,155of contributions reported on line 1c). See Part IV, line 18 17,190 8a **b** Less: direct expenses 8b 168,653 c Net income or (loss) from fundraising events -151,463 -151,463**9a** Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 56,452 10a 35,0<u>58</u> 10b **b** Less: cost of goods sold 21,394 18,160 3,234 c Net income or (loss) from sales of inventory u Business Code scellaneous Revenue 539,079 900099 539,079 11a MISCELLANEOUS INCOME 531120 4,849 4,849 b PARTNERSHIP INCOME d All other revenue **Total.** Add lines 11a–11d 543,928 u 12 Total revenue. See instructions 60,643,106 403,067 147,927 952,044

Part IX Statement of Functional Expenses

Secti	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											
					X							
	not include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	103,478	103,478									
2	Grants and other assistance to domestic		, i									
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	2,987,715	2,987,715									
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	153,846	153,163	445	238							
6	Compensation not included above to disqualified				_							
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	12,022,036	11,968,638	34,708	18,690							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	121,177	120,639	349	189							
9	Other employee benefits	13,116	13,058	38	20							
10	Payroll taxes	825,670	822,003	2,384	1,283							
11	Fees for services (nonemployees):											
а	Management											
	Legal	2,642,473	2,068,256	55,442	518,775							
	Accounting	85,000		85,000	_							
	Lobbying											
е	Professional fundraising services. See Part IV, line	7 402,931			402,931							
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25, column											
_	(A) amount, list line 11g expenses on Schedule O.)	16,933,900	14,196,851	233,711	2,503,338							
12	Advertising and promotion											
13	Office expenses	1,322,806	1,045,354	3,183	274,269							
14	Information technology											
15	Royalties											
16	Occupancy	1,401,206	1,374,097	8,689	18,420							
17	Travel	763,585	724,488	2,585	36,512							
18	Payments of travel or entertainment expense	s										
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	164,961	128,799	386	35,776							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	633,649	494,743	1,483	137,423							
23	Insurance	296,054	231,154	693	64,207							
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
а	EDUCATION, PROM, COMM.	5,694,760	3,049,996	158,197	2,486,567							
b	POSTAGE AND SHIPPING	3,118,366	2,388,037	452	729,877							
С	MEDIA & PRESS SUPPORT	2,713,124	2,082,909	66,798	<u>563,417</u>							
d	GENERAL OPERATING EXPENSE	1,496,615	1,168,531	3,505	324,579							
е	All other expenses	853,084	518,213	17,665	317,206							
25	Total functional expenses. Add lines 1 through 24e	54,749,552	45,640,122	675,713	8,433,717							
26	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 u X if											
	following SOP 98-2 (ASC 958-720)	10,266,110	6,370,176	96,404	3,799,530							
DAA					Form 990 (2019)							

Pai		Check if Schedule O contains a response or no	te to any	line in this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			841,759	1	4,389,824
	2	Savings and temporary cash investments			582,367	2	4,922,164
	3	Pledges and grants receivable, net			777,995	3	871,284
	4	Accounts receivable, net		45,583	4	117,343	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	I contribu	itor, or 35%			
		controlled entity or family member of any of these pe	rsons			5	
	6	Loans and other receivables from other disqualified p					
ts		under section 4958(f)(1)), and persons described in		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			50,423	8	52,282
	9	Prepaid expenses and deferred charges	,		751,866	9	751,080
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,865,467			
	b	Less: accumulated depreciation	10b	1,981,837	1,134,277	10c	883,630
1	11	Investments—publicly traded securities			10,163,580	11	10,669,059
1	12	Investments—other securities. See Part IV, line 11				12	
1	13	Investments—program-related. See Part IV, line 11				13	
1	14	Intangible assets				14	
1	15	04 4 0 5 4 0 4 4			1,298,475	15	1,813,523
1	16	Total assets. Add lines 1 through 15 (must equal line			15,646,325	16	24,470,189
1	17	Accounts payable and accrued expenses			4,709,892	17	6,561,292
1	18	Grants payable			18		
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part I'	V of Sche	edule D		21	
S 2	22	Loans and other payables to any current or former of	fficer, dire	ector,			
Liabilities		trustee, key employee, creator or founder, substantia					
jab		controlled entity or family member of any of these pe				22	
7 2	23	Secured mortgages and notes payable to unrelated to				23	
2	24	Unsecured notes and loans payable to unrelated thir	-			24	
2	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Com	olete Part X			
		of Schedule D			2,503,514	25	2,789,388
2	26	Total liabilities. Add lines 17 through 25			7,213,406	26	9,350,680
Se		Organizations that follow FASB ASC 958, check h	nere X				
ğ		and complete lines 27, 28, 32, and 33.					
gg 2	27				3,078,993	27	9,444,503
핑	28				5,353,926	28	5,675,006
.들ㅣ		Organizations that do not follow FASB ASC 958,	check he	ere u			
<u>-</u>		and complete lines 29 through 33.					
<u>د</u> ا	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment	nent fund	·		30	
	31	Retained earnings, endowment, accumulated income			0 420 010	31	15 110 500
	32				8,432,919	32	15,119,509
13	33	Total liabilities and net assets/fund balances			15,646,325	33	24,470,189

Form **990** (2019)

orn	1 990 (2019) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336			Pa	age 12					
Pa	art XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>	X_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		543,	106					
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,	749,	552					
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	393,	554					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	432,	919					
5										
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10	15,	119,	509					
Pa	art XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	<u> </u>					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2	b X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	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?		2	c X						
	If the organization changed either its oversight process or selection process during the tax year, explain on									
	Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Single Audit Act and OMB Circular A-133?		3	a	X					
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 on Schedule O and describe any steps taken to undergo such audits		3	b						
		· <u></u>	F	orm 99	0 (2019)					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number 5.2 – 1.21.8336

INC OF ANIMALS 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336

Page 2

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,070,410	43,332,789	51,580,176	46,778,316	59,140,068	263,901,759
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	63,070,410	43,332,789	51,580,176	46,778,316	59,140,068	263,901,759
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						26,421,740
6	Public support. Subtract line 5 from line 4						237,480,019
	etion B. Total Support Indar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	` '		(c) 2017	` '	59,140,068	(f) Total
<i>1</i> 8	Gross income from interest, dividends,	63,070,410	43,332,789	51,580,176	46,778,316	59,140,068	263,901,759
0	payments received on securities loans, rents, royalties, and income from	412.005	405 000	420, 006	500 601	456 160	2 205 660
	similar sources	412,905	485,890	428,096	502,601	456,168	2,285,660
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						266,187,419
12	Gross receipts from related activities, etc	c. (see instructions	s)			12	3,872,065
13	First five years. If the Form 990 is for the	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)	-,,
	organization, check this box and stop h o	•			•		▶ □
Sec	tion C. Computation of Public		entage				
14	Public support percentage for 2019 (line			lumn (f))		14	89.22 %
15	Public support percentage from 2018 Sc	hedule A, Part II,	line 14			15	88.82 %
16a	33 1/3% support test—2019. If the orga	anization did not cl	heck the box on li	ne 13, and line 14	l is 33 1/3% or me	ore, check this	
	box and stop here. The organization qu	alifies as a publicl	ly supported orga	nization			▶ 🗓
b	33 1/3% support test—2018. If the orga	anization did not cl	heck a box on line				_
	this box and stop here. The organization						▶ 🗌
17a	10%-facts-and-circumstances test—2	-					
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the organization			-	-		▶ 🗆
b	10%-facts-and-circumstances test—2	018. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization			_			_
	supported organization						▶ ∐
18	Private foundation. If the organization of	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	, check this box a	nd 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.)

Sec	tion A. Public Support						_
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) 2010	(3) 20:0	(0) 20	(4,) 2010	(0) 2010	(1)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he				•	n 501(c)(3)	▶ □
Sec	tion C. Computation of Public						
15	Public support percentage for 2019 (line	8, column (f), div	ided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2018 Sc	hedule A, Part III,	, line 15				%
	tion D. Computation of Investm						
17	Investment income percentage for 2019			e 13, column (f))			%_
18	Investment income percentage from 201						<u>%</u>
19a	33 1/3% support tests—2019. If the org						, n
h	17 is not more than 33 1/3%, check this 33 1/3% support tests—2018. If the org	-	_	•		_	▶ ∐
b	line 18 is not more than 33 1/3%, check	_					
20	Private foundation. If the organization of						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
41		
4b		
4c		
Fo		
<u>5a</u>		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
401-		
10b (Form 99	0 or 990-	EZ) 2019

	ule A (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ETHICAL TREATMENT $52 - 121833$	6		Page \$
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	(2)	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		V	NI.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations	2		
OCCL	ion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
0000	ion bi 7th Typo in dapporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruct	ions).	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ETHICAL TR Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			3336 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			VI). See
instructions. All other Type III non-functionally integrated supporting organizations	s must co	mplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedu Par t	le A (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ET			
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rnoses		
2	Amounts paid to perform activity that directly furthers exempt purpo			
_	organizations, in excess of income from activity	ood of dapported		
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets	ipported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
0	(provide details in Part VI). See instructions.	iization is responsive		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	/i)	/::\	/iii\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U				
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j			
7				
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
• • • • • • • • • • • • • • • • • • • •	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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 for instructions and the latest information.

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.

Гах)	e organization answered "Yes," on Form 990, Part IV, (see separate instructions), then		arate instruction	s) or Form 990-EZ, F	art V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organizations: Complete Part e of organization PEOPLE FOR THE ETH OF ANIMALS, INC.	ICAL TREATMENT		52-12183	tification number
Pa	rt I-A Complete if the organization is exe	mpt under section 501	(c) or is a se	ection 527 organi	zation.
	Provide a description of the organization's direct and inc				
	definition of "political campaign activities")		,		
2	Political campaign activity expenditures (see instructions	s)		u\$	
	Volunteer hours for political campaign activities (see ins				
	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the orga				
2	Enter the amount of any excise tax incurred by organiza	ation 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					
b	If "Yes," describe in Part IV.				🗀 🗀
	rt I-C Complete if the organization is exe	empt under section 50	I(c), except s	section 501(c)(3).	
1	Enter the amount directly expended by the filing organiz			,,,,	
	activities	·		u \$	
2		buted to other organizations f	or section		
	527 exempt function activities	•		u \$	
3	Total exempt function expenditures. Add lines 1 and 2. I				
	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				iling
	organization made payments. For each organization liste	ed, enter the amount paid from	n the filing organ	ization's funds. Also e	nter
	the amount of political contributions received that were p	promptly and directly delivered	to a separate p	olitical organization, su	uch
	as a separate segregated fund or a political action comm	mittee (PAC). If additional spa	ce is needed, pro	ovide information in Pa	ırt 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) 2019

reporting section 4911 tax for this year?

Schedule C (Form 990 or 990-EZ) 2019 PEOPLI	י היים היים היים מים מים מים	ATMENT 52-1218336	б Page 2
	ation is exempt under section 50		
A Check u if the filing organization address, EIN, expenses	pelongs to an affiliated group (and list in and share of excess lobbying expendence of the control of the contr	litures).	member's name,
Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
c Total lobbying expenditures (add lines 1a ad Other exempt purpose expenditures	legislative body (direct lobbying) and 1b) nes 1c and 1d) nount from the following table in both	91,022 110,261 54,639,291 54,749,552 1,000,000	
 g Grassroots nontaxable amount (enter 25% h Subtract line 1g from line 1a. If zero or less i Subtract line 1f from line 1c. If zero or less j If there is an amount other than zero on ei 	0		

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total					
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000					
c Total lobbying expenditures	161,047	150,677	146,027	110,261	568,012					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000					
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000					
f Grassroots lobbying expenditures	5,029	13,668	45,596	19,239	83,532					

Schedule C (Form 990 or 990-EZ) 2019

Yes

No

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	(a)	(b) Amount	
description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?	es No	Amount	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			
referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			
c Media advertisements? d Mailings to members, legislators, or the public?			
d Mailings to members, legislators, or the public?			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
e Publications, or published or broadcast statements?			
6 Crapto to other expaniations for labbuing purposes?			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5), or	section	
		Yes	s No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yea			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (c)			3, is
answered "Yes."			
1 Dues, assessments and similar amounts from members	. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
political expenses for which the section 527(f) tax was paid).			
a Current year	2a		
b Carryover from last year	2b		
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	. 3		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
excess does the organization agree to early over to the reasonable estimate of nondeductible lobbying	4		
and political expenditure next year?			
and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)			

Schedul	e C (Forr	m 990 or 990-EZ) 2019	PEOPLE	FOR T	$^{ m CHE}$	ETHICAL	TREATMENT	<u>г 52-1218336</u>	Page 4
Part	t IV	n 990 or 990-EZ) 2019 Supplemental	Information	(contin	nued)				
				•	,				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name	e of the organization		Employer identification number
Ρ	EOPLE FOR THE ETHICAL TREATMENT		
	F ANIMALS, INC.		52-1218336
P	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
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 e	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 c	donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P	art II Conservation Easements.		
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or e	- 1	•
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b			
С			2c
C	(-) (-)		
•	historic structure listed in the National Register		[2d]
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year u	in located as	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic r		☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it holds' Staff and volunteer hours devoted to monitoring, inspecting, handlin		
6	u	ig of violations, and enforcing conservat	ion easements during the year
7		violations and enforcing conservation e	assements during the year
•	u\$	violations, and emorting conservation e	sasements during the year
8	Does each conservation easement reported on line 2(d) above satisfied to the conservation can be satisfied as the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation can be satisfied to the conservation of the conservation can be satisfied to the conservation can be satisfied	sfy the requirements of section 170(h)(4	L)(R)(i)
	and section $170(h)(4)(B)(ii)$?		
9	In Part XIII, describe how the organization reports conservation easi	ements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.		
P	art III Organizations Maintaining Collections of Ar		ner Similar Assets.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public ext	nibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial st	atements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re-	eport in its revenue statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		u \$
2	,	•	n, provide the
	following amounts required to be reported under FASB ASC 958 rel		_
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		u \$

	ule D (Form 990) 2019 PEOPLE E					52-12			A	-4- /		Page 2
Part	t III Organizations Maintaini Using the organization's acquisition, acce	_								ets (CON	inuea
	osing the organization's acquisition, accection items (check all that apply):	ssion, and other reco	ras, check	any or the	rollowing tha	at make s	signilicar	it use	OI IIS			
a	Public exhibition	—	Loan or ex	• .	•							
b	Scholarly research	е 🔛	Other									
С	Preservation for future generations											
4 F	Provide a description of the organization's	s collections and expl	ain how the	ey further t	the organizat	tion's exe	mpt pur	pose ii	n Part			
>	KIII.											
5 [During the year, did the organization solid	cit or receive donation	ns of art, hi	storical trea	asures, or of	her simila	ar					_
a	assets to be sold to raise funds rather that	an to be maintained a	s part of th	ne organiza	ation's collect	ion?				Y	es	No
Part	t IV Escrow and Custodial											
	Complete if the organization	on answered "Ye	s" on Fo	rm 990,	Part IV, lii	ne 9, or	report	ted a	n amo	unt o	n Fo	orm
	990, Part X, line 21.											
1a	s the organization an agent, trustee, cus	todian or other interm	ediary for	contribution	ns or other a	ssets not						
iı	ncluded on Form 990, Part X?									Y	'es [No
b If	f "Yes," explain the arrangement in Part	XIII and complete the	following t	able:								
										Amou	nt	
c E	Beginning balance							1c				
d A	Additions during the year							1d				
e D	Distributions during the year							1e				
f E	Ending balance							1f				
2a [Did the organization include an amount o	n Form 990. Part X. I	ine 21. for	escrow or	custodial ac	count liab	ilitv?			\square	es	No
	f "Yes," explain the arrangement in Part									_		\exists
	t V Endowment Funds.											
	Complete if the organizat	on answered "Ye	s" on Fo	rm 990.	Part IV. li	ne 10.						
	l compression and original	(a) Current year	(b) Prio		(c) Two year		(d) Thr	ee years	back	(e) Fo	ur vea	rs back
1a F	Beginning of year balance	5,353,926		26,197		3,914			,318			,376
	Contributions	2,448,426		79,546		0,481			,564			,033
	Net investment earnings, gains, and	2,440,420	3,0	77,340	1,50	0,401		, 152	, 501	Τ,	107	,055
		6,305		20,390	2	5,784		22	,561		1	1,928
	OSSES	0,303		20,370		J, 70±			, 501			, , , , ,
	Grants or scholarships											
	Other expenditures for facilities and	2 122 651	E E'	72,207	1 77	2 002		E E O	,529	1	751	010
	programs	2,133,651	5,5	12,201	Δ,//	3,982		332	, 529	4,	754	,019
	Administrative expenses	5,675,006	F 2	E2 026	E 02	6 107	F	112	014		101	210
	End of year balance			53,926		6,197	5	,413	,914	4,	491	,318
	Provide the estimated percentage of the	•	nce (line 1	g, column ((a)) held as:							
	Board designated or quasi-endowment u											
	Permanent endowment u 58.05 %											
	Ferm endowment u 41.95 %											
	The percentages on lines 2a, 2b, and 2c	•					_					
	Are there endowment funds not in the po	ssession of the organ	ization that	t are held a	and administ	ered for t	he					Т
	organization by:										Ye	_
(i) Unrelated organizations									3a(i)	-	X
(ii) Related organizations									3a(ii	4	X
b I	f "Yes" on line 3a(ii), are the related orga	inizations listed as re	quired on S	Schedule R						3b		
	Describe in Part XIII the intended uses of		ndowment 1	funds.								
Part	t VI Land, Buildings, and Ed	• •					_					
	Complete if the organization	on answered "Ye	<u>s" on Fo</u>	<u>rm 990,</u>	<u>Part IV, lir</u>	<u>ne 11a.</u>	See F	orm	<u>990, P</u>	art X	, line	<u>ə 10.</u>
	Description of property	(a) Cost or other to	oasis	(b) Cost or o	ther basis	(c) A	Accumulate	d		(d) Boo	k value	Э
		(investment)		(othe	er)	de	preciation					
1a L	_and		.170									<u>,170</u>
b E	Buildings	136	608	3	37,395		97,	945	5		76	<u>, 058</u>
c L	_easehold improvements											
	Equipment			2,60	0,294	1,	883,	892		7	16	,402
	Other											
Total.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990. F	Part X. colu	ımn (B), lin	e 10c.)			u	ι	8	83	,630

Part VII	Investments – Other Securities.		JZ-1Z10330	O Dort V line 12
	Complete if the organization answered "Yes" o	n FORM 990, Part IV,	(c) Method of v	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	on (h) must assist Form 2000 Port V. col. (D) line 42.)			
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.) u Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11c See Form 00	0 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	<u>, line 11d. See Form 99</u>	
	(a) Description	T 17		(b) Book value
(1)	PROPERTY HELD FOR RESA	<u>LLE</u>		1,781,824
(2)	DEPOSITS ROUNDING			31,701
(3)	ROUNDING		+	
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		u	1,813,523
Part X	Other Liabilities.			,
	Complete if the organization answered "Yes" of	n Form 990, Part IV,	, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
	ITIES PAYABLE			2,776,638
(3) DEFE	RRED RENT			12,750
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4) 4 45 22 5 34 35 27 3 27			0 500 200
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	footnote to the control of	u u	2,789,388
•	uncertain tax positions. In Part XIII, provide the text of the	•		_
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	ieck nere if the text of the	a roothole has been provided	III Part AllI

Sche	edule D (Form 990) 2019 PEOPLE FOR THE ETHICAL TREA				Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State		<u>-</u>	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990				
1	Total revenue, gains, and other support per audited financial statements			1	66,277,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	702 026		
a	Net unrealized gains (losses) on investments	2a	793,036	-	
b	Donated services and use of facilities	2b 2c	4,654,923	-	
۲ C	Recoveries of prior year grants	2d	186,802	-	
d e	Other (Describe in Part XIII.)	20	•	2e	5,634,761
3	Add lines 2a through 2d Subtract line 2e from line 1			3	60,643,106
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				00,013,100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	60,643,106
Pa	art XII Reconciliation of Expenses per Audited Financial Stat			oer Re	eturn.
	Complete if the organization answered "Yes" on Form 990), Part I	V, line 12a.		
1				1	59,591,277
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ایا	4 (54 000		
a	Donated services and use of facilities		4,654,923		
b	Prior year adjustments	1 2-1		-	
c d	Other losses		186,802	-	
u e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	4,841,725
3	Subtract line 2e from line 1			3	54,749,552
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7			317717732
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	- · · · · · · · · · · · · · · · · · · ·				
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	54,749,552
	art XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			e 4; Pai	rt X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	-			
. .	ART V, LINE 4 - INTENDED USES FOR ENDOWM	ZIN'T. E	UNDS		
D.	URPOSE RESTRICTED FUNDS OF \$2,380,638 ARI	7 777	TIARIF FOR	CVME	אדבאום אבאדאופיד
 .	ORPOSE RESIRICIED FUNDS OF \$2,500,050 ARI		THADHE FOR	CHIVIE	ATOMO HOMINOI
A.	NIMAL TESTING, FACTORY FARMING, AND ANIM	AL CR	UELTY.		
			· · · · · · · · · · · · · · · · · · ·		
. E	NDOWMENTS ARE COMPRISED OF FIVE SEPARATE	ENDO	WMENT FUNDS	MIT	H A TOTAL
	NITTE OF 42 004 260 NG OF THE 21 0000	TTXTD T1			ETDOE
V	ALUE OF \$3,294,368 AS OF JULY 31, 2020.	ÜNDE	R TERMS OF	THE	FIRST
T.	NDOWMENT FUND, 20% OF THE ORDINARY EARNIN	JCC E	оом типлестии	באדיייכי	λDE
 .	NDOWMENT FUND, 20% OF THE ORDINARY EARINT	NGO L	KOM TIMATSTIMI	ŗiń i છ	AKE
Þ	ERMANENTLY RESTRICTED WHILE 35% ARE AVAII	ARLE	FOR IMPESTE	? T (°T'	ED USE AND TH
	DIGIMUMILI KEDIKICIED WIILE 550 AKE AVALI		TOR OINTEDIA	`± ; ±	
R	EMAINING 45% ARE DONATED TO OTHER ORGANI	ZATIO	NS. UNDER	THE	TERMS OF THE
			T. 17. 1 T		
S	ECOND ENDOWMENT FUND, ORDINARY EARNINGS F	ROM (ONE HALF OF	THE	ENDOWMENT
S	HALL BE USED FOR CAPITAL EXPENDITURES. (JNDER	THE TERMS (OF T	HE THIRD
Ε.	NDOWMENT, 10% OF THE EARNINGS IS RETAINED) TO	GROW THE FU	ND.,	THE REMAINING

Schedule D (Form 990) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-1218	336	Page 5
Part XIII Supplemental Information (continued)		
90% IS AVAILABLE FOR UNRESTRICTED USE. EARNINGS ON THE	REMAIN	ING TWO
ENDOWMENT FUNDS ARE UNRESTRICTED.		
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIA	LS - OTI	HER
COST OF GOODS SOLD	\$	35,058
RENTAL EXPENSES	\$	11,509
SPECIAL EVENT EXPENSES		140,234
ROUNDING	\$	1
	Y	.
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIA	ALS - O	ΓHER
COST OF GOODS SOLD	\$	35,058
RENTAL EXPENSES	\$	11,509
SPECIAL EVENTS EXPENSES	\$	140,234
ROUNDING	\$	1
	T	.
•		
•		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

 PEOPLE FOR THE ETHICAL TREATMENT
 Empl

Employer identification number 5.2 _ 1.21.9.2.2.6

OF ANIMALS, INC.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 14b.

	For	<u>rm 990, Part IV, li</u>	ne 14b.						
1	For grantma	ikers. Does the orga	anization maintain reco	ords to substa	antiate	e the amount of	its grants an	d	
		_	eligibility for the grants						
	award the gra	ants or assistance?							X Yes No
2								ts and other assistance	1
-	outside the U		art v the organization	3 procedures	101 11	ionitoring the de	c or its grain	is and other assistance	•
3			ving Part I, line 3 table	can be dupli	cated	if additional spa	ice is needed	1)	
_	(a) Region	(b) Number	(c) Number of			nducted in the		ctivity listed in (d) is	(f) Total
	(4)	of offices in the region	employees, agents, and independent contractors in the region	region fundraisir investmen	(by typing, proj ts, grai	e) (such as, gram services, nts to recipients he region)	a p descr	orogram service, ibe specific type of ce(s) in the region	expenditures for and investments in the region
A.	FRICA								
(1)				GRANTS	TO	RECIPIENT	'SANIMAL	PROTECTION	10,000
A	SIA								
(2)				GRANTS	TO	RECIPIENT	'SANIMAL	PROTECTION	2,598,829
A	USTRALIA								
(3)				GRANTS	TO	RECIPIENT	'SANIMAL	PROTECTION	185,631
E	UROPE								
(4)				GRANTS	ТО	RECIPIENT	'SANIMAL	PROTECTION	187,055
	ORTH AMER	ICA							
(5 <u>)</u>				GRANTS	ТО	RECIPIENT	'SANIMAL	PROTECTION	5,600
	OUTH AMER	RICA		CD ANTHO	шо	DEGIDIENT	107777777		600
(6)				GRANTS	10	RECIPTENT	SANIMAL	PROTECTION	600
/- \									
(7)									
(0)									
(8)									
(0)									
(9)									
10)									
,									
(11)									
12)									
13)									
14)									
15)									
16)									
17)									
	Subtotal								2,987,715
b T	otal from continuatio	n							
	heets to Part I								
	Totals (add								0 000
li	nes 3a and 3b	X	1						2,987,715

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.

	Part IV, lin	e 15, for any re	<u>cipient wno red</u>	ceived more than \$5,000. Part	ii can be dupiica	ted if addition	ai space is neede	ea.	
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)
				ANIMAL PROTECTION	2,573,310	WIRE			
(1)			ASIA						
				ANIMAL PROTECTION					FMV
(2)			ASIA				18,654	WEBSITE	
				ANIMAL PROTECTION					FMV
(3)			ASIA				6,665	APP	
				ANIMAL PROTECTION	174,881	WIRE			
(4)			AUSTRALIA						
				ANIMAL PROTECTION	181,555	WIRE			
(5)			EUROPE						
(6)									
(7)									
(8)									
(9)									
(4.0)									
(10)									
(4.4)									
(11)									
(42)									
(12)									
(12)									
(13)									
(14)									
(14)									
(15)									
(13)									
(16)									
(10)							ı		

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	
2	Enter total number of other organizations or entities			

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336

Page 3

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. (h) Method of valuation (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)____ (13) (14) (15) (16) _(17)

(18)

Sche	dule F (Form 990) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336		Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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 MONIT	ORING T	THE USE OF GRA	NT FUNDS					
PETA MONITORS THE USE OF GRANT FUNDS THROUGH AN INTERNAL DONATION REQUEST								
FORM SPECIFYING INFORMATION THAT ALLO	WS MANA	GEMENT TO EVA	LUATE THAT THE					
RECIPIENT WILL USE THE FUNDS EXCLUSIV	ELY FOR	R EXEMPT PURPO	SES.					
•								
PART I, LINE 3 - ACTIVITIES PER REGIO	N							
REGION	ΕX	PENDITURES I	NVESTMENTS					
AFRICA	\$	10,000 \$	0					
ASIA	\$	2,598,829 \$	0					
AUSTRALIA	\$	185,631 \$	0					
EUROPE	\$	187,055 \$	0					
NORTH AMERICA	\$	5,600 \$	0					
SOUTH AMERICA	\$	600 \$	0					

SCHEDULE G (Form 990 or 990-EZ)

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

OMB No. 1545-0047

u Attach to Form 990 or Form 990-EZ. Open to Public u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT 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.									
Indicate whether the organization raised funds through				os Chock all that ann	lv				
	Ċ	•			iy.				
			-	vernment grants					
b X Internet and email solicitations	_	_		ment grants					
	$oldsymbol{g} \ oldsymbol{oldsymbol{X}}$ Special fur	ndraisi	ng e	vents					
d X In-person solicitations	d X In-person solicitations								
or key employees listed in Form 990, Part VII) or enti	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? X Yes No								
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs	uant t	o agi	reements under which	the fundraiser is to b	e			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
SD&A		Yes	No						
1 5757 WEST CENTURY BLVD									
LOS ANGELES CA 90045	TELEFUNDRA		X	45,723	185,965	-140,242			
2 DONOR SERVICES 6715 SUNSET BLVD									
LOS ANGELES CA 90028	 TELEFUNDRA		Х	41,011	159,040	-118,029			
3 MAL WARWICK	TEEE ONDIG			11,011	133 / 0 10	110,025			
1625 K ST NW #300									
WASHINGTON DC 20006	PROF FUNDS	1	Х	0	45,400	-45,400			
4 ROI									
1 ALEWIFE CENTER #210				_					
CAMBRIDGE MA 02140	TELEFUNDRA		X	0	9,952	-9,952			
5									
6									
7									
8									
8									
9									
10									
Total			•	86,734	400,357	-313,623			
I VIOII			_	00,751	100,337	313,023			

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

Schedule G (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 2

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.

		gross receipts	greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
е			INGRID'S BDAY F	BAY AREA FUNDRA (event type)	6 (total number)	(add col. (a) through col. (c))					
Revenue	1	Gross receipts	613,730	73,127	165,488	852,345					
		Less: Contributions	613,730	73,127	148,298	835,155					
	3	Gross income (line 1 minus line 2)			17,190	17,190					
	4	Cash prizes									
	5	Noncash prizes	27,283	1,758	28,645	57,686					
Direct Expenses	6	Rent/facility costs			9,401	9,401					
t Exp	7	Food and beverages .		5,037	33,058	38,095					
Direc	8	Entertainment	58	1,473	2,710	4,241					
	9	Other direct expenses	575	10,234	48,421	59,230					
	10	Direct expense summary	168,653 -151,463								
P	art		ubtract line 10 from line 3, columr nplete if the organization an	nswered "Yes" on Form 990	O, Part IV, line 19, or r	reported more than					
_		\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add					
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
Rev	1	Gross revenue									
es		Cash prizes									
Expenses		Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes % No	Yes % No						
7 Direct expense summary. Add lines 2 through 5 in column (d)											
	8	Net gaming income sum	mary. 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? b If "No," explain:										
		ere any of the organization Yes," explain:	n's gaming licenses revoked, susp	pended, or terminated during the	tax year?	Yes No					

Sche	edule G (Form 990 or 990-EZ) 2019 PEOPLE FOR THE ETHICAL TREATMENT 52-123	L8336		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Ye	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:	1 1		
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name u			
	Address u			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization us and the	•		
	amount of gaming revenue retained by the third party u \$			
С	If "Yes," enter name and address of the third party:			
	Name u			
	Address u			
16	Gaming manager information:			
	Name u			
	Gaming manager compensation u \$			
	Description of services provided u			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?		Ye	s 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
_	spent in the organization's own exempt activities during the tax year us	/III)		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns			and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	i intorm	ation.	
	See instructions.			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization PEOPLE FOR THE ETH	HICAL TRE	ATMENT					Employer identification number
OF ANIMALS, INC.						Į.	52-1218336
Part I General Information on Grants ar							
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for r 	stance?	•			grants or assistar	nce, and	Yes No
Part II Grants and Other Assistance to	Domestic Org	anization	ns and Domestic	Governments.	Complete if the	e organizatio	on answered "Yes" on Form 9
Part IV, line 21, for any recipient that	at received mo	re than \$	5,000. Part II car	be duplicated if	additional spa	ce is neede	d.
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant
(1) THE WILD ANIMAL SACTUARY		, , ,			Í		
1946 COUNTY RD 53							ANIMAL PROTECTION
KEENSEBURG CO 80643	84-1351483	501C3	40,000				
(2) SOCIAL COMPASSION							
PO BOX 1125							ANIMAL PROTECTION
LAGUNA BEACH CA 92652	20-8067041	501C3	24,000				
(3) TURPENTINE CREEK WILDLIFE REFUGE 239 TURPENTINE CREEK LN							ANIMAL PROTECTION
EUREKA SPRINGS AR 72632	71-0721742	501C3	6,000				
(4) OUT TO PASTURE ANIMAL SANCTUARY							
33190 SE REGAN HILL RD ESTACADA OR 97023	74-3247113	E0102	7,000				ANIMAL PROTECTION
	74-3247113	30103	7,000				
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the		sted in the	line 1 table				u 4

Schedule I (Form 990) (2019) $ { m PEOPLE} { m FOR} $	THE ETHICAL T	REATMENT 5	2-1218336		Page 2
Part III Grants and Other Assistance	to Domestic Individ	duals. Complete if t		wered "Yes" on Form 990	
Part III can be duplicated if add (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. Pro	ovide the information	required in Part I,	line 2; Part III, colur	nn (b); and any other add	itional information.
PART I, LINE 2 - PROCEDURE	S FOR MONITO	RING THE USE	OF GRANT FU	ЛNDS	
PETA MONITORS THE USE OF G	RANT FUNDS I	N THE U.S.	THROUGH AN IN	NTERNAL	
DONATION REQUEST FORM SPEC	IFYING INFOR	MATION THAT	ALLOWS MANAG	SEMENT TO	
EVALUATE THAT THE RECIPIEN	T WILL USE T	HE FUNDS EXC	CLUSIVELY FOR	R EXEMPT	
PURPOSES.					

SCHEDULE J (Form 990)

Compensation InformationFor 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

uGo to www.irs.gov/Form990 for instructions and the latest information. PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number 52-1218336

OF ANIMALS INC Questions Regarding Compensation

	art i wdestions regarding compensation			
	r		Yes	No
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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
_	But the state of t			
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?	2		
3	Indicate which, if any, of the following the 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 X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:	4.		37
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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			
J	compensation contingent on the revenues of:			
9	The annual metion O	5a		Χ
	Any related appropriation?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		- 22
	ii 100 oii iiilo oa oi ob, accombo iii i ait 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:			
а		6a		Χ
		6b		X
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	-		21
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•		7		Χ
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			
		8		Х
	in Part III			-27
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	ام		

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.

1 ASST. SECRETARY		(B) Br	eakdown of	W-2 and/or 1099-N	/ISC compensation	(D) Nontaxable	(E) Total of columns	(F) Compensation	
ASST. SECRETARY	(A) Name and Title		Base pensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	benefits	(B)(i)–(D)	as deferred on prior	
2		1 1		1				0	
3	TIBBLE BECKETTIKE	(i)				 			
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2					 			
4	3	- ' '							
5	4					 			
6	5	(ii)				 			
7	6					 			
8 (ii) (iii)	7	`` • · · · · · ·				 			
9 (ii)	8	`` • · · · · · ·				 			
10 (ii) (ii) (iii)	9	`` • · · · · · ·				 			
11 (i) (i) (ii) (ii) (iii) (ii	10					 			
12 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (11	`` • • • • • •				 			
13 (i) (i) (i) (ii) (ii) (iii)	12	`` •				 			
(i) (ii) (ii) (ii) (iii)	13	`` • · · · · · ·				 			
(i) (ii) (ii)	14	`` • · · · · · ·				 			
	15	(i)				 			
	16					 			

Part III Supplemental Information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J	(Form 990) 2019 PEOPLE FOR THE ETHICAL TREATMENT Supplemental Information	52-1218336	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III	Supplemental Information		
tor any additional information.	Provide th	ne information, explanation, or descriptions required for Part I, lines 1	a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	art II. Also complete this par
	for any a	dditional information.		

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.

11 Attach to Form 990

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization Employer identification number PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, 52-1218336 INC. Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art Χ 2 5,500 FMV 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 3 34,020 6 Χ FMV Boats and planes 7 Intellectual property 8 Securities — Publicly traded 69 3,469,181 Χ NYSE 9 Securities — Closely held stock 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 55 32,243 FMV Χ 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 Other **u**(VARIOUS 189,832 Χ 194 FMV 25 26 Other **u**(27 Other **u**(_______ Other **u**(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. 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.

Schedule M	(Form 9	990) 2019	PEOE	PLE F	OR TI	HE E	THIC <i>I</i>	AL TRE	ATME	INT	52-12	18336	5		Page 2
Part II	Sı	uppleme	ental	Informa	ation. F	Provide	the inf	ormation	requir	ed by F	art I, line	es 30b,	32b, a	nd 33, ar	nd whether
	th	e organi	izatior	is repo	orting in	Part I	, colum	ın (b), the	e numb	per of c	ontributio	ons, the	numbe	er of item	s received,
	or	a comb	oinatio	n of bot	h. Also	compl	ete this	s part for	any a	dditiona	l informa	ation.			
PART	I.,	LINE	32E	3 – T	HIRD	PART	ry US	SED TO	PRC	CESS	NONC	ASH (CONTR	IBUTIC	ONS
EBAY	IS	USED	ТО	SELL	NONC	CASH	DONA	TIONS	(AR	T, C	ONCERT	г тіс	KETS) AND	CHARITY
BUZZ	IS	USED	TO	AUCT:	ION 1	NONCA	ASH D	ONATI	ONS	SUCH	AS C	ELEBR	RITY	EXPER	IENCES

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public

Inspection

Name of the organization PEOPLE FOR THE Employer identification number ETHICAL TREATMENT 52-1218336 ANIMALS INC FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT PUBLIC OUTREACH AND INFORMATION PETA CONDUCTS INFORMATIVE CAMPAIGNS AND PUBLISHES MATERIALS FOR CHILDREN, HIGH SCHOOL AND COLLEGE STUDENTS, AND EDUCATORS AS WELL AS FACTSHEETS, BOOKLETS, FLIERS, POSTERS, AND A MAGAZINE (PETA GLOBAL) FOR THE PUBLIC AND PETA SUPPORTERS. PETA'S CAMPAIGNS-WHICH REACH MILLIONS OF PEOPLE AND RECEIVE EXTENSIVE MEDIA COVERAGE-INVOLVE RENOWNED CELEBRITIES, INTERACTIVE SOCIAL NETWORKING, WEBSITE FEATURES, NEWS ARTICLES, AND PUBLIC SERVICE ANNOUNCEMENTS, WHICH ARE TYPICALLY PLACED FOR FREE IN HIGH-EXPOSURE OUTLETS. IN FISCAL YEAR 2020, PETA SECURED FREE ADVERTISING SPACE WORTH OVER \$2 MILLION AND LOGGED MORE THAN 3,620 INTERACTIONS WITH THE MEDIA, INCLUDING RADIO, TV, AND PRINT INTERVIEWS. PETA'S WEBSITE RECEIVED MORE THAN 95 MILLION PAGE VIEWS, ITS SOCIAL MEDIA POSTS RECEIVED OVER 1.9 BILLION IMPRESSIONS, AND ITS VIDEOS WERE VIEWED OVER 660 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 AS WELL AS ABOUT OTHER TYPES OF CRUELTY TO ANIMALS. IN 2020, PETA ORGANIZED AND LED MORE THAN 2,000 DEMONSTRATIONS AND SENT OUT MILLIONS OF LETTERS THROUGH ITS ONLINE ADVOCACY CAMPAIGNS TO URGE COMPANIES AND

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
INDIVIDUALS TO MAKE CHANGES THAT BENEFIT ANIM	
PETA LAUNCHED STUDENTS OPPOSING SPECIESISM (SO SCHOOL AND COLLEGE STUDENTS IN THE U.S. AND CHUMAN-SUPREMACIST NORMS.	
PETA LAUNCHED A "TOFU NEVER CAUSED A PANDEMIC MULTIPLE CITIES TO REMIND MEAT-EATERS THAT THE DISEASES. A NEW FACE MASK WITH THAT MESSAGE WEADING, "MEAT MARKETS BREED KILLER DISEASES." BESTSELLERS IN PETA'S ONLINE CATALOG, THE PETA	E MEAT INDUSTRY BREEDS KILLER AS CREATED ALONG WITH ANOTHER GO VEGAN. " BOTH ARE
	NS TO HEALTH AND CULINARY ARTS PERSON AND VIA WEBCAM) ON LDREN'S BOOKS TO SCHOOLS,
PETA LEVERAGED THE MASSIVELY POPULAR SOCIAL M	
PETA'S CAMPUS REP PROGRAM-THE LARGEST STUDENT ANIMAL PROTECTION ORGANIZATION-HAD A HUGE IMP CAMPAIGNS AT MORE THAN 100 COLLEGES FROM COAS'	ACT, HOLDING POWERFUL
MORE THAN 18,000 ELEMENTARY SCHOOL STUDENTS W PERSON AND ONLINE) BY PETA'S ANIMATRONIC AMBA	

PAGE 2 OF 25

PAGE 3 OF 25

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
TO SWIM FOR THEIR LIVES, SUPPOSEDLY TO GAUGE THE EFFE	ECTIVENESS OF DRUGS TO
TREAT DEPRESSION IN HUMANS.	
FOLLOWING DISCUSSIONS WITH PETA, THE W.K. KELLOGG FOU	UNDATION-THE EIGHTH-
LARGEST PHILANTHROPIC FOUNDATION IN THE U.SCONFIRME	D THAT AFTER DECADES
OF SUPPORTING INVASIVE AND DEADLY EXPERIMENTS ON ANIM	MALS, ITS CURRENT
GRANTMAKING FRAMEWORK DOES NOT INCLUDE FUNDING OR SUF	PPORT FOR PROGRAMS THA
INVOLVE ANIMAL TESTING, INGREDION INCORPORATED-A MULT	TIBILLION-DOLLAR GLOBA
INGREDIENTS PROVIDER-IMPLEMENTED A NEW POLICY BANNING	ALL EXPERIMENTS ON
ANIMALS FOR BASIC RESEARCH. TAKASAGO INTERNATIONAL CO	ORPORATION, JAPAN'S
LARGEST FLAVOR AND AROMA COMPANY, BANNED ALL ANIMAL T	TESTS TO ESTABLISH
HEALTH CLAIMS FOR MARKETING INGREDIENTS.	
PETA RELEASED NEVER-BEFORE-SEEN VIDEO FOOTAGE OBTAINE	D THROUGH THE FREEDOM
OF INFORMATION ACT SHOWING BRAIN-DAMAGED MONKEYS BEIN	NG TERRORIZED WITH
RUBBER SNAKES AND SPIDERS IN "PSYCHOLOGY" EXPERIMENTS	AT AN NIH LABORATORY
IN MARYLAND AND FILED COMPLAINTS; HELD TWO POWERFUL E	PROTESTS OUTSIDE THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES IN WASHINGTON	I, D.C.; PLACED
MULTIPLE TV, NEWSPAPER, AND ONLINE ADS; AND WORKED WI	ITH NUMEROUS SCIENTIST
TO OBJECT TO THE FLAWED SCIENCE.	
PETA PRESSURED TEXAS A&M UNIVERSITY TO CLOSE ITS HEIN	NOUS MUSCULAR DYSTROPI
BREEDING LABORATORY WITH A COMPELLING AD BLITZ IN THE	STATE OF TEXAS.
SEVERAL DOGS WERE REMOVED FROM THE LABORATORY AND PLA	ACED IN HOMES.
ANIMALS IN THE FOOD INDUSTRY	
	PAGE 5 OF 25

PAGE 6 OF 25

PAGE 8 OF 25

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
TEXAS A&M UNIVERSITY'S USE OF A WORD FILTER ON ITS PUR	BLIC FACEBOOK PAGE.
THE FILTER AUTOMATICALLY DELETED VISITOR POSTS AND COM	MMENTS IF THEY
CONTAINED WORDS SUCH AS "PETA," "CRUELTY," "LAB," OR '	'ABUSE" OR OTHER TERMS
ASSOCIATED WITH PETA'S HIGH-PROFILE CAMPAIGN AGAINST	THE SCHOOL'S MUSCULAR
DYSTROPHY EXPERIMENTS ON DOGS. TEXAS A&M AGREED TO REM	MOVE THE WORD FILTER
ON ITS FACEBOOK PAGE AND TO PAY PETA'S ATTORNEYS' FEES	S IN AN AGREED-TO
AMOUNT OF \$75,000.	
PETA WON A PUBLIC RECORDS LAWSUIT AGAINST OREGON HEALT	TH & SCIENCE
UNIVERSITY, WHICH WAS ORDERED TO PROVIDE 74 VIDEOS OF	TAXPAYER-FUNDED
EXPERIMENTS ON MONKEYS THAT TOOK PLACE AT THE UNIVERSE	ITY'S PRIMATE RESEARCH
CENTER. THESE EXPERIMENTS INVOLVED IMPREGNATING MACAQU	JE MONKEYS, FEEDING
THE MOTHERS VARIOUS EXPERIMENTAL DIETS, SEPARATING THE	EM FROM THEIR
OFFSPRING, AND DELIBERATELY FRIGHTENING THE YOUNG MONE	KEYS.
PETA WON A PUBLIC RECORDS LAWSUIT AGAINST THE U.S. DEF	PARTMENT OF HEALTH AND
HUMAN SERVICES AFTER THE AGENCY REFUSED TO RELEASE IN	FORMATION RELATED TO
CRUEL MATERNAL DEPRIVATION STUDIES ON PRIMATES. THE CO	OURT AGREED THAT THE
INFORMATION WAS IMPROPERLY WITHHELD AND ORDERED ITS RI	ELEASE.
ANIMALS IN THE FOOD INDUSTRY	
IN A STILL-PENDING LAWSUIT CHALLENGING IOWA'S SECOND A	AG-GAG LAW, DESIGNED
TO SILENCE WHISTLEBLOWERS AND UNDERCOVER ACTIVISTS BY	PUNISHING THEM FOR
RECORDING VIDEO FOOTAGE OR TAKING PHOTOS INSIDE FACTOR	RY FARMS,
SLAUGHTERHOUSES, AND PUPPY MILLS, A U.S. DISTRICT COUF	RT ISSUED A
PRELIMINARY INJUNCTION PREVENTING THE STATE FROM ENFOR	CING THE NEW LAW

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
AND CANADA. BECAUSE OF THE COMPANY'S TIES WITH THE FILE ALSO RAN IN THE HOLLYWOOD REPORTER'S SUNDANCE FILM FES	LM INDUSTRY, AN AD
MAINTAINED A PRESENCE THROUGHOUT THE TORONTO INTERNAT	IONAL FILM FESTIVAL
(TIFF) TO URGE INDUSTRY LEADERS TO CUT TIES WITH THE	CRUEL COMPANY. PAMELA
ANDERSON SIGNED A PUBLIC APPEAL TO TIFF CO-HEAD CAMERO	ON BAILEY, URGING HIM
TO DO JUST THAT. PETA HELD A "FUR CRAWL" PROTEST OUTS:	IDE CANADA GOOSE'S NEW
YORK CITY FLAGSHIP STORE DURING THE COMPANY'S VIRTUAL	ANNUAL MEETING. UNDER
PRESSURE, CANADA GOOSE ANNOUNCED THAT IT WOULD BE SWIT	TCHING TO "RECLAIMED"
FUR BY 2022 AND TO "RESPONSIBLE" DOWN. PETA BLASTED OU	JT A RESPONSE THAT
THESE MATERIALS ARE STILL A PRODUCT OF CRUELTY, AS CO	OTES CAN STILL BE
CAUGHT IN PAINFUL STEEL TRAPS-NO MATTER WHEN THE FUR I	WAS STOLEN-AND THE
DOWN STANDARDS ARE ESSENTIALLY MEANINGLESS, AS ALL DOW	NN USED BY CANADA
GOOSE COMES FROM BIRDS WHO DIED VIOLENTLY.	
ANIMALS IN THE ENTERTAINMENT INDUSTRY	
JOSEPH MALDONADO-PASSAGE ("JOE EXOTIC" OF TIGER KING)-	-FORMERLY THE OPERATOR
OF THE NOTORIOUS GREATER WYNNEWOOD EXOTIC ANIMAL PARK	AND THE PRIMARY
SUPPLIER OF BIG-CAT CUBS FOR THE CUB-PETTING INDUSTRY-	-WAS SENTENCED TO 22
YEARS IN PRISON ON TWO COUNTS OF MURDER FOR HIRE AND 3	17 COUNTS OF

WILDLIFE-RELATED FEDERAL CRIMES, INCLUDING FOR KILLING FIVE TIGERS JUST TO MAKE MORE CAGE SPACE AT HIS ROADSIDE ZOO AND TRAFFICKING IN ENDANGERED ANIMALS. A PETA FOUNDATION ATTORNEY TESTIFIED AT THE TRIAL.

PETA WAS AWARDED A DEFAULT JUDGMENT AND PERMANENT INJUNCTION IN ITS ENDANGERED SPECIES ACT (ESA) LAWSUIT AGAINST DADE CITY'S WILD THINGS, WHICH IS NOW PERMANENTLY BANNED FROM OWNING OR POSSESSING ENDANGERED TIGERS AND

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FOLLOWING A VIGOROUS, MONTHS-LONG PETA CAMPAIGN, DILLAN, A MORBIDLY OBESE ASIATIC BLACK BEAR SUFFERING FROM PAINFUL AND LIFE-THREATENING DENTAL DISEASE, WAS RESCUED. HE HAD BEEN HELD IN A CRAMPED, CONCRETE CAGE AT A PENNSYLVANIA ROADSIDE ZOO, WHERE HE WAS DENIED VETERINARY CARE FOR HIS ADVANCED DENTAL DISEASE. HE WAS TRANSFERRED TO THE WILD ANIMAL SANCTUARY.

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FOLLOWING A SIX-DAY BENCH TRIAL IN PETA'S ESA LAWSUIT AGAINST THE TRI-STATE ZOOLOGICAL PARK IN MARYLAND, A FEDERAL COURT RULED THAT TRI-STATE HAD VIOLATED THE ESA BY FAILING TO PROVIDE TIGERS, LIONS, AND LEMURS-INCLUDING FIVE ANIMALS WHO DIED-WITH ADEQUATE VETERINARY CARE. THE FACILITY IS NOW PROHIBITED FROM OWNING OR POSSESSING ENDANGERED OR THREATENED SPECIES IN THE FUTURE, AND THE TWO SURVIVING TIGERS AND A LION WERE TRANSFERRED TO THE WILD ANIMAL SANCTUARY.

THE USDA ISSUED AN ORDER TO REVOKE THE AWA LICENSE OF NOTORIOUS ANIMAL EXHIBITOR TIM STARK PERMANENTLY AND ORDERED HIM AND HIS FACILITY, WILDLIFE IN NEED, TO PAY A TOTAL OF \$340,000 IN CIVIL PENALTIES. THE ORDER FOUND NUMEROUS VIOLATIONS OF THE AWA AT THE INDIANA FACILITY, INCLUDING WHEN PATRONS WERE INSTRUCTED TO HIT BIG-CAT CUBS DURING SO-CALLED "TIGER BABY PLAYTIME" EVENTS, MONKEYS WERE SWUNG AND TOSSED BY THEIR TAILS DURING PUBLIC ENCOUNTERS, AND A LEOPARD WAS BLUDGEONED TO DEATH WITH A BASEBALL BAT. PETA ALSO HAD A PENDING ESA LAWSUIT AGAINST THE FACILITY, AND THE INDIANA ATTORNEY GENERAL'S OFFICE FILED A CIVIL COMPLAINT AGAINST STARK, FOR WHICH PETA PROVIDED EVIDENCE.

COMPANION-ANIMAL ISSUES

PETA'S MOBILE SPAY/NEUTER CLINICS STERILIZED 12,742 ANIMALS DURING THE FISCAL YEAR 2020. THE CLINICS COMPLETED 2,589 FREE SURGERIES, 711 OF THEM FOR PIT BULLS. VETERINARY STAFF ALSO PERFORMED 1,491 SURGERIES AT LOW COST. IN ADDITION TO GIVING OUT HUNDREDS OF BAGS OF DOG AND CAT FOOD TO CLIENTS DIRECTLY, PETA DONATED MORE THAN 100 BAGS TO THE FOODBANK OF SOUTHEASTERN

PAGE 15 OF 25

IN SIMILAR CASES, AFTER PETA PROVIDED POLICE IN PLAINFIELD, NEW JERSEY,
WITH EVIDENCE, A CHRONICALLY ABUSED COCKER SPANIEL WAS CONFISCATED AND HIS
YOUNG ABUSER UNDERWENT PSYCHOLOGICAL TREATMENT-AND IN STEVENS POINT,
WISCONSIN, CHARGES WERE FILED AGAINST A JUVENILE POSTING ANIMAL TORTURE
VIDEOS THAT PETA TOOK TO LOCAL AUTHORITIES, WHO PROMPTLY SEIZED THE ANIMAL

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PETA'S INVESTIGATION INTO THE TAIWAN PIGEON-RACING INDUSTRY FOUND ILLEGAL GAMBLING AND THE USE OF PERFORMANCE-ENHANCING DRUGS ON THE BIRDS. TWO MORE

GET THE WORD OUT.

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Name of the organization	Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
CLUB OFFICIALS WERE SENTENCED TO JAIL AND 16 OTHER	RS WERE FINED, BRINGING
THE NUMBER OF PEOPLE CONVICTED TO 239 (THE MOST CH	ARGED AS A RESULT OF AN
PETA INVESTIGATION).	
A SIMILAR INVESTIGATION EXPOSED THE MASS SUFFERING	AND DEATH OF BIRDS USE
IN THE GRUELING SOUTH AFRICAN MILLION DOLLAR PIGEO	N RACE. PETA AND ITS
AFFILIATES URGED QUEEN ELIZABETH II TO SEVER TIES	WITH THE RACE, END HER
INVOLVEMENT IN PIGEON RACING, AND CONVERT HER BREE	DING LOFT INTO A
SANCTUARY. INVESTIGATORS FOUND THAT FOR THE 2020 R	ACE, FEWER THAN 800 BIR
OF APPROXIMATELY 5,000 ENTERED IN THE COMPETITION	SURVIVED TO THE END; OV
1,000 PIGEONS, INCLUDING ALL EIGHT OF THE BIRDS SE	NT BY THE QUEEN, DIED
DURING QUARANTINE; AND THOUSANDS MORE DIED DURING	LONG TRAINING FLIGHTS A
PRELIMINARY RACES UNDER THE BLAZING SOUTH AFRICAN	SUN.
IN RESPONSE TO PETA'S VIDEO OF SHOCKING ABUSE AND	THE KILLING OF HORSES A
A LARGE SLAUGHTERHOUSE IN JEJU, SOUTH KOREA, NORTH	H AMERICAN CONGLOMERATE
THE STRONACH GROUP ANNOUNCED A POLICY PROHIBITING	ANY OF ITS RACEHORSES
FROM BEING EXPORTED TO SOUTH KOREA. THE KOREA RACI	NG AUTHORITY (KRA) ISSU
A NEW RETIREMENT PLAN THAT WILL PROVIDE FINANCIAL	SUPPORT FOR HUNDREDS OF
RETIRED HORSES. AT PETA'S REQUEST, THE KRA ALSO IS	SSUED A DIRECTIVE
INSTRUCTING WORKERS NOT TO BREED HORSES WHO ARE EX	KPERIENCING HEALTH
CONDITIONS AND TO MINIMIZE THE USE OF "PHYSICAL CO	DRRECTION TOOLS" SUCH AS
LIP TWITCHES TO HOLD MARES IN PLACE.	
A FIRST-OF-ITS-KIND PETA UNDERCOVER INVESTIGATION	INTO MALLKINI-THE WORLD
LARGEST PRIVATELY OWNED ALPACA FARM, IN PERU-REVEA	LS THAT WORKERS HELD

STRUGGLING, CRYING ALPACAS BY THE EARS AS THEY WERE ROUGHLY SHORN WITH

PETA EXPOSED THE FOLLOWING: A WISCONSIN SLAUGHTERHOUSE WHERE WORKERS
REPEATEDLY ELECTROSHOCKED A CRYING PIG, HUNG HER UPSIDE DOWN, AND CUT HER
THROAT WHILE SHE WAS CONSCIOUS; AN IDAHO SLAUGHTERHOUSE WHERE WORKERS
REPEATEDLY SHOT A COW IN THE HEAD, HUNG HER UPSIDE DOWN, AND CUT HER THROAT
TWICE AS SHE CRIED OUT IN PAIN; A PENNSYLVANIA SLAUGHTERHOUSE WORKER WHO
BEAT A FRAIL, ELDERLY COW WHO'D BEEN USED FOR MILK; ANOTHER PENNSYLVANIA
KILL FLOOR WHERE WORKERS SHOT A PIG AS SHE CRIED OUT AND CUT A CONSCIOUS

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schedule O (Form 990 or 990-EZ) (2019) lame of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
EDINBURG, PENNSYLVANIA, AUTHORITIES WERE PRESSURED 1	INTO INVESTIGATING A
NOTORIOUS BREEDER OF BOXERS BEING KEPT IN HORRIFIC (CONDITIONS. ALL THE DOGS
WERE SEIZED, AND THE BREEDER WAS CHARGED WITH MULTIF	PLE COUNTS OF CRUELTY TO
ANIMALS.	
THE ORGANIZERS OF VIRGINIA BEACH'S NEPTUNE FESTIVAL	AGREED TO BAN THE
SELLING OF SUGAR GLIDERS, WHICH MEANT THAT POCKET PI	ETS COULDN'T SELL THESE
TINY MARSUPIALS AT THE EVENT.	
THE CEO OF WEIS SUPERMARKETS, WITH LOCATIONS IN PEND	NSYLVANIA AND SIX OTHER
STATES, ASSURED PETA THAT THE CHAIN IS REDUCING THE	NUMBER OF LOBSTERS IN
TANKS IN ALL 198 STORES.	
A LAKEWOOD, COLORADO, SUPERMARKET AGREED TO STOP SEI	LLING LIVE FROGS FOR
HUMAN CONSUMPTION.	
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHME	ENTS
CRUELTY-FREE MERCHANDISE PROGRAM	
PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVING	BY PROVIDING
COMPASSIONATE PEOPLE AROUND THE WORLD WITH CONSUMER	PRODUCTS SUCH AS
COSMETICS AND HOUSEHOLD CLEANERS THAT AREN'T TESTED	ON ANIMALS, ANIMAL-CARE
PRODUCTS, ANIMAL RIGHTS T-SHIRTS, INFORMATIVE VIDEOS	S AND BOOKS, ANIMAL-
RESCUE EQUIPMENT, AND CAMPAIGN MATERIALS. THESE ITEM	MS ARE AVAILABLE ONLINE
THROUGH THE PETA MALL AND THE PETA SHOP.	
THIS FISCAL YEAR, PETA ADDED 706 BRANDS AND COMPANIE	ES TO ITS GLOBAL BEAUTY
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Schedule O (Form 990 or 990-EZ) (2019)			· · · · · · · · · · · · · · · · · · ·	Page 2
Name of the organization			Employer identif	
PEOPLE FOR THE ETHICAL TREATMENT			52-12103	550
FORM 990, PART IX, LINE 11G - OT	HER FEES	FOR SERVICES	S	
DESCRIPTION				
TOT/PROG SERVICE	MGT	& GENERAL	F	UNDRAISING
CONSULTANTS				
\$ 14,196,851	\$	233,711	\$	2,503,338
FORM 990, PART XI, LINE 9 - OTHE	R CHANGES	S IN NET ASS	ETS EXPLAN	
COST OF GOODS SOLD			\$	35,058
RENTAL EXPENSES			\$	11,509
SPECIAL EVENT EXPENSES			\$	140,234
ROUNDING			\$	1
COST OF GOODS SOLD			.\$	-35,058
RENTAL EXPENSES			\$	-11,509
SPECIAL EVENTS EXPENSES			\$	-140,234
ROUNDING			\$	-1
•				
·				
			PAGE 25	OF 25

(1)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

(b)

Primary activity

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

u Attach to Form 990.

Legal domicile (state or foreign country)

Department of the Treasury Internal Revenue Service **u Go to** *www.irs.gov/Form990* **for instructions and the latest information.**Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT

Name, address, and EIN (if applicable) of disregarded entity

Open to Public Inspection

Direct controlling

OMB No. 1545-0047

Employer identification number 52-1218336

(e)

End-of-year assets

(d)

Total income

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

()								
(2)								
(3)								
(4)								
(5)								
Part II Identification one or more re	of Related Tax-Exempt Organization elated tax-exempt organizations during	s. Complete if the tax year.	e organization a	answered "Yes" o	on Form 990, P	art IV, line 34, be	ecause	it had
	(a) ress, 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	Section controlle	(g) 512(b)(13) ed entity?
(1) FOUNDATION TO SU	JPPORT ANIMAL PROTEC		or foreign country)		(II Section 501(c)(3))	entity	Yes	No
501 FRONT STREET								
NORFOLK	VA 23510	SUPPORT	DE	501C3		12 TYPE I		Х
(2) ANIMAL RAHAT								
PO BOX NO 3								
SANGLI	IN 416 415	PROTECTION	IN	NA		N/A		X
(3) PETA ASIA								
ROOM 706 FEDMAN MAKATI	BLDG,199 SALCEDO ST RP 1229	 PROTECTION	RP	NA		N/A		Х
4) PETA DEUTSCHLAND		PROTECTION	RP	IVA		IN/A		
FRIOLZHEIMER STR								
STUTTGART	GM 70499	PROTECTION	GM	NA		N/A		X
(5) PETA FOUNDATION								
P.O BOX 70315]						
LONDON	UK N1P 2RG	PROTECTION	UK	NA		N/A		X

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

(c)

Legal domicile (state

(d)

Total income

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

(b)

Primary activity

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

Inspection
Employer identification number

OMB No. 1545-0047

Open to Public

(f)

Direct controlling

Department of the Treasury Internal Revenue Service Name of the organization

Part I

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Name, address, and EIN (if applicable) of disregarded entity

52-1218336

(e)

End-of-year assets

		or foreign co	ountry)			entit	у
(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during to	s. Complete if the he tax year.	e organization a	nswered "Yes" (on Form 990,	, Part IV, line 34,	because	it had
(a)	(b)	(c)	(d)	(e)	(f)	((a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity state (if section 501(c)(3	tus Direct controlling entity		512(b)(13) ed entity?
(1) PETA FRANCE	Primary activity	Legal domicile (state	Exempt Code section	Public charity state (if section 501(c)(3	tus Direct controlling entity	Yes	512(b)(13) ed entity?
	Primary activity PROTECTION	Legal domicile (state	Exempt Code section NA	Public charity state (if section 501(c)(3	tus Direct controlling entity N/A		
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260	PROTECTION	Legal domicile (state or foreign country)	·	Public charity stati (if section 501(c)(3	Direct controlling entity N/A		No
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049	, ,	Legal domicile (state or foreign country)	·	Public charity stati (if section 501(c)(3	tus Direct controlling (3)) entity		No
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049 (3) STITCHING PETA NEDERLAND	PROTECTION	Legal domicile (state or foreign country)	NA	Public charity stati (if section 501(c)(3	Direct controlling entity N/A		X
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049 (3) STITCHING PETA NEDERLAND PO BOX 2570 AMSTERDAM NL 1000 CN	PROTECTION	Legal domicile (state or foreign country)	NA	Public charity stati (if section 501(c)(3	Direct controlling entity N/A		X
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049 (3) STITCHING PETA NEDERLAND PO BOX 2570 AMSTERDAM NL 1000 CN (4) PETA SCHWEIZ	PROTECTION	Legal domicile (state or foreign country) F'R IN	NA NA	Public charity stati (if section 501(c)(3	N/A Direct controlling entity		X X
(1) PETA FRANCE BP 90316 CEDEX 10 PARIS FR 75464 (2) PETA INDIA P.O BOX NO. 28260 MUMBAI IN 400 049 (3) STITCHING PETA NEDERLAND PO BOX 2570 AMSTERDAM NL 1000 CN	PROTECTION	Legal domicile (state or foreign country) F'R IN	NA NA	Public charity stati (if section 501(c)(3	N/A Direct controlling entity		X X

PROTECTION

GM

NA

GM 70499

N/A

STUTTGART

Part III Identification of Related Organiza because it had one or more related	tions Taxable organizations to	as a Partners reated as a pa	hip. Complete rtnership during	if the organized the tax year	zation answered ır.	"Yes" (on Form 9	90, Part I	IV, li	ne 34	r,
(a) Name, address, and EIN of related organization	(b) (c Primary activity dom (state fore cour	gal Direct controlling icile entity e or ign	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- year assets	of- Dis porti allo	onate amou	(i) de V—UBI int in box 20 chedule K-1 orm 1065)	Genera manag partne	al or Pero ging Owr er?	(k) rcentage nership
(1)						163	NO		163 1	40	
(2)											
(3)											
(4)											
Part IV Identification of Related Organiza line 34, because it had one or more	tions Taxable a related organiz	as a Corporat cations treated	ion or Trust. (as a corporation	Complete if the On or trust du	he organization Iring the tax yea	answer	 ed "Yes" (on Form 9	<u> </u> 390,	 Part I	ĪV,
(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	S	(g) Share of -year assets	(h) Percenta ownersh		512(cont	(i) ection ?(b)(13) ntrolled ntity?
										Yes	No
(1)PETA EUROPE LIMITED PO BOX 36668 LONDON UK SE1 1WA											
(2)PETA AUSTRALIA PO BOX 20308, WORLD SQUARE SYDNEY AS NSW 2002	PROTECTION		N/A	С						+	X
(O)DIETA CANADA	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		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.		Ye	s No
1 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)	1b	Х	
c Gift, grant, or capital contribution from related organization(s)	1c	Х	
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)			Х
f Dividends from related organization(s)			Х
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	ı X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)	10		Х
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		Х
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)	1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tran	nsaction thresholds.		
(a) (b) (c)	(d)		
Name of related organization Transaction type (a–s) Amount involved	Method of determining amount invo	olved	

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PETA INTL SCIENCE CONSORTIUM	В	181,555	CASH
_(2)	ANIMAL RAHAT	В	561,654	CASH & FMV
(3)	PETA AUSTRALIA	В	174,881	CASH
_(4)	PETA ASIA	В	745,000	CASH
(5)	PETA INDIA	В	1,236,665	CASH & FMV
(6)	FOUNDATION TO SUPPORT ANIMAL PROTEC	K	1,176,210	CASH

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

uring the tax year, aid the organization engage in any of the following transactions with one of h	nore related organizations	listed in Parts II—IV?					
eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•				1a		X
ft, grant, or capital contribution to related organization(s)					1b	Х	
ft, grant, or capital contribution from related organization(s)					1c	Х	
pans or loan guarantees to or for related organization(s)					1d		X
pans or loan guarantees by related organization(s)					1e		X
vidends from related organization(s)					1f		X
ale of assets to related organization(s)					1g		Х
urchase of assets from related organization(s)					1h		Х
change of assets with related organization(s)					<u> 1i</u>		Х
ease of facilities, equipment, or other assets to related organization(s)					1 <u>j</u>		X
						37	
						X	X
erformance of services or membership or fundraising solicitations for related organization(s)						v	Λ_
enormance of services or membership or fundraising solicitations by related organization(s)					1m		Х
nating of racinities, equipment, mailing lists, or other assets with related organization(s)							X
laring of paid employees with related organization(s)					10		- 21
simbursement haid to related organization(s) for expenses					1n		X
simbursement paid by related organization(s) for expenses					10		X
Simbursoment paid by related organization(s) for expenses					19		
ther transfer of cash or property to related organization(s)					1r		Х
							X
					1		
(a)	(b)	(c)		(d)			
Name of related organization	Transaction	Amount involved	Method	d of determining amo	unt involv	/ed	
	type (a–s)						
FOUNDATION TO SUPPORT ANIMAL PROTEC	M	15,413,568	CASH				
FOUNDATION TO SUPPORT ANIMAL PROTEC	C	4,810,346	CASH				
	exceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity (ft, grant, or capital contribution to related organization(s) (ft, grant, or capital contribution from related organization(s) (grant, or capital contribution from related organization(s) (grant, or capital contribution from related organization(s) (grant or loan guarantees by related organization(s) (grant or loan guarantees by related organization(s) (grant or loan guarantees by related organization(s) (grant or loan guarantees of assets to related organization(s) (grant or loan guarantees of organization(s) (grant organization(s) (grant organization) (gr	eccipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity fit, grant, or capital contribution to related organization(s) fit, grant, or capital contribution from related organization(s) apars or loan guarantees to or for related organization(s) apars or loan guarantees by related organization(s) apars or loan guarantees by related organization(s) ale of assets to related organization(s) ale of assets from related organization(s) acchange of assets with related organization(s) containing of assets with related organization(s) asset of facilities, equipment, or other assets from related organization(s) asset of facilities, equipment, or other assets from related organization(s) arrormance of services or membership or fundraising solicitations for related organization(s) arring of facilities, equipment, mailing lists, or other assets with related organization(s) arring of paid employees with related organization(s) arring of cash or property to related organization(s) ther transfer of cash or property to related organization(s) ther transfer of cash or property from related organization(s) (a) Name of related organization FOUNDATION TO SUPPORT ANIMAL PROTEC M	fit, grant, or capital contribution to related organization(s) fit, grant, or capital contribution from related organization(s) sans or loan guarantees by related organization(s) vidends from rela	sceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity fit, grant, or capital contribution to related organization(s) fit, grant, or capital contribution from related organization(s) sans or loan guarantees to or for related organization(s) sans or loan guarantees by related organization(s) vidends from related organization(s) sale of assets to related organization(s) surchase of assets from related organization(s) sale of assets with related organization(s) sale of facilities, equipment, or other assets to related organization(s) sales of facilities, equipment, or other assets from related organization(s) sales of facilities, equipment, or other assets from related organization(s) sales of facilities, equipment, or other assets from related organization(s) sales of facilities, equipment, and in the sales of services or membership or fundraising solicitations for related organization(s) saring of facilities, equipment, mailing lists, or other assets with related organization(s) salimbursement paid to related organization(s) for expenses simbursement paid to related organization(s) for expenses simbursement paid to related organization(s) for expenses simbursement paid by related organization(s) for expenses simbursement paid by related organization(s) for expenses simbursement paid to related organization(s) for expenses simbursement paid by related organization(s) for expenses simbursement paid by related organization(s) for expenses simbursement paid to related organization(s) sher transfer of cash or property to related organization(s) sher transfer of cash or property from related organization(s) sher transfer of cash or property from related organization(s) sher transfer of cash or property from related organization for information on who must complete this line, including covered relationships and transaction three sharps of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ft, grant, or capital contribution from related organization(s) ft, grant, or capital contribution from related organization(s) sans or loan guarantees to or for related organization(s) widends from related organization(s) widends from related organization(s) sele of assets to related organization(s) sele of assets to related organization(s) change of assets with related organization(s) change of assets with related organization(s) change of assets with related organization(s) reformance of services or membership or fundraising solicitations by related organization(s) ariformance of services or membership or fundraising solicitations by related organization(s) aring of facilities, equipment, mailing lists, or other assets with related organization(s) aring of paid employees with related organization(s) simbursement paid to related organization(s) for expenses elimbursement paid to related organization(s) for expenses ther transfer of cash or property to related organization(s) there transfer of cash or property to related organization(s) (a) Name of related organization FOUNDATION TO SUPPORT ANIMAL PROTEC M 15,413,568 CASH	sceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ft, grant, or capital contribution to related organization(s) ft, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ft, grant, or capital contribution from related organization(s) ans or loan guarantees by related organization(s) ft days or loan guarantees by related organization ft restance organizati	sceipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity th, grant, or capital contribution to related organization(s) th, grant, or capital contribution from related organization(s) tans or loan guarantees to or for related organization(s) tans or loan guarantees by related organization(s) tans or loan guarantees by related organization(s) tale of assests to related organization(s) tale of assests to related organization(s) tale of assests to related organization(s) tale of assests from related organization(s) tale of assest since related organization(s) tale o

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	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets		h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (Form 990) 201	9 PEOPI	LE FOR	R THE	ETHICAL	TREATME	ENT	<u>52-1218336 </u>	Page 5
Part VII	Suppleme Provide ad	e ntal Info dditional ir	rmation. nformation	n for res	sponses to qu	uestions on S	Schedule	52-1218336 R. See Instruction	ns.
• • • • • • • • • • • • • • • • • • • •									

						_	_	.	ON	MB No. 1545-0047
Forr	_n 990-T		Exempt Orga (an	anization Busine d proxy tax under :	ess II sectio	ncome 1 <i>a</i> on 6033(e))	IX RE	eturn		2019
_		For cale	endar year 2019 or other ta	ax year beginning $0.8/01/$	19,	and ending 0.7 /	31/2		,	
	artment of the Treasury nal Revenue Service	11 Do n		s.gov/Form990T for instruction this form as it may be					Open to	Public Inspection for
Δ	Check box if address changed	a bo ii	Name of organization				garnzan	D Employer iden		
В	Exempt under section	-	•	R THE ETHICA	-		i	(Employees' trus		
_	X 501(C)(3)	Print	OF ANIMAL							
Ī	408(e) 220(e)	or	Number, street, and room of	52-12	1833	36				
	408A 530(a)	Туре	501 FRONT	STREET				E Unrelated bus	iness ac	tivity code
	529(a)		City or town, state or prov	vince, country, and ZIP or foreign	postal cod	de		(See instruction	ns.)	
С	Book value of all assets		NORFOLK			<u> 23510 </u>		54180	0	454110
	at end of year			ber (See instructions.) u						
				e u X 501(c) corpo		501(c)		401(a) trust		Other trust
		-		des or businesses. <u>u</u>				•		
				RTISING, REN						
		•		blank space at the end of		evious sentend	e, comp	plete Parts I and	II, com	iplete a
				nen complete Parts III-V.		ant authoidiem co	م المسلم	d array of		Yes X No
	If "Yes," enter the name			y in an affiliated group or ne parent corporation.	a pare	ent-subsidiary c	ontrolled	a group?	u	Yes X No
	u		3							
J	The books are in care	of u K	ELLY FIDLE	R			Telep	hone number u	757	7-962-8364
P	art I Unrelated	d Trad	le or Business I	ncome		(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sale	es								
b	Less returns and allo			c Balance u	1c					
2	Cost of goods sold (S	Schedule	e A, line 7)		2					
3	Gross profit. Subtract	line 2 fr	rom line 1c		3					
4a	Capital gain net incor	ne (atta	ch Schedule D)		4a					
b	Net gain (loss) (Form 47	97, Part II	I, line 17) (attach Form 4	797)	4b					
c	Capital loss deduction	n for trus	sts		4c					
5	Income (loss) from pastatement)			•	_					
6					5 6					
7	Unrelated debt-finance	ed incom	me (Schedule F)		7					
8	Interest annuities royalti	ies and r	rents from controlled ora:	anization (Schedule F)	8					
9	Investment income of a	section 50	01(c)(7) (9) or (17) orga	nization (Schedule G)	9					
10	Exploited exempt act	ivity inco	ome (Schedule I)		10					
11	Advertising income (S	Schedule	e J)		11	139,	844	114,5	34	25,310
12	Other income (See in	nstruction	ns; attach schedule)		12					
13	Total. Combine lines	3 through	gh 12		13		844	114,5		25,310
P	art II Deductio	ns No	t Taken Elsewh	ere (See instructions	s for li	imitations or	n dedu	ıctions.) (Ded	uctior	ns must be directly
44			the unrelated bu					Ι.	14	
14 15	Salarios and wages	cers, dire	ectors, and trustees ((Schedule K)					15	
16	Renairs and mainten	ance							16	
17									17	
18		dule) (se	ee instructions)						18	
19	Taxes and licenses								19	
20	•	Form 45	562)			20	l			
21	Less depreciation cla	imed on	Schedule A and else	ewhere on return		21a		2	1b	0
22	Depletion								22	
23	Contributions to defe	rred con	npensation plans						23	
24	Employee benefit pro	ograms .							24	
	_							1		

Unrelated business taxable income. Subtract line 30 from line 29

31

31

14,205

Form	990-T (2019) PEOPLE FOR THE ETHICAL TREATMENT	52-1	1218336			Page 2
	rt III Total Unrelated Business Taxable income					<u>_</u> _
32	Total of unrelated business taxable income computed from all unrelated trades or	businesses	(see			
	instructions)				32	19,054
33	Amounts paid for disallowed fringes			- 1	33	
34	Charitable contributions (see instructions for limitation rules)			··· [34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	ctions. Sub	tract line	··· [
	34 from the sum of lines 32 and 33				35	19,054
36	Deductions for net operating loss arising in tax years beginning before January 1, 2			··· [
	instructions)				36	19,054
37	Total of unrelated business taxable income before specific deduction. Subtract line	36 from lin	e 35	··· [37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)				38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is gr			· [
	enter the smaller of zero or line 37				39	0
Pa	rt IV Tax Computation					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			ightharpoons	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	on				
	the amount on line 39 from: Tax rate schedule or Schedule D (Form				41	
42	Proxy tax. See instructions				42	
43	Alternative minimum tax (trusts only)				43	
44	Tax on Noncompliant Facility Income. See instructions				44	
<u>45_</u>	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies				45	0
_ Pa	irt V Tax and Payments					
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		_		
b	Other credits (see instructions)			_		
С	General business credit. Attach Form 3800 (see instructions)	46c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			_		
е	Total credits. Add lines 46a through 46d				46e	
47	Subtract line 46e from line 45				47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (alt.	sch.)			48	
49	Total tax. Add lines 47 and 48 (see instructions)				49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) I	ine 3			50	
51a	Payments: A 2018 overpayment credited to 2019			_		
b	2019 estimated tax payments	51b		_		
С	Tax deposited with Form 8868	51c		_		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		4		
е	Backup withholding (see instructions)	51e	9	85		
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		_		
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total u	51g		_		
52	Total payments. Add lines 51a through 51g				52	989
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		u	∐¦	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount	nt overpaid		u	55	989
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u		Refunded		56	989
Pa	art VI Statements Regarding Certain Activities and Other Info		•			
57	At any time during the 2019 calendar year, did the organization have an interest in	or a signat	ure or other auth	ority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," t FinCEN Form 114. Report of Foreign Bank and Financial Accounts. If "YES." enter	ne organiza the name	ation may nave to	o file		
	here u CANADA		9			Х
58	During the tax year, did the organization receive a distribution from, or was it the g			foreic	n trust	
	If "YES," see instructions for other forms the organization may have to file.				,	
<u>59</u>	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 sta	atomonto and to	153	odao on	d boliof i	
Sig	noder penalities of perjury, I declare that I have examined this return, including accompanying schedules and statute, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	reparer has any	ה נוופ שפגו טו וווץ גרוטשופ knowledge.	euge an	iu bellet, f	May the IRS discuss this return with the preparer shown below (see instructions)?
Hei			•			
	Signature of officer Date FRESIDENT/S Title		71.7 T			X Yes No
	Print/Type preparer's name Preparer's signature		Date		Check	if PTIN
Paid	SUSAN J ROSENBERG SUSAN J ROSENBERG		03/01		self-empl	 loyed P00059813
_	parer Firm's name } SAGGAR & ROSENBERG, P.C.		, i	Firm's E		52-2190100
•	Only 1 CHURCH ST STE 700		<u> </u>		,	
	Firm's address } ROCKVILLE, MD 20850-4163		,	Phone	no.	301-738-9040

Forn	n 990-T (2019) PEOPLE FO	OR TH	E ETH	IICAL	TF	REATMENT	52-1	218336	Page 3
Scł	nedule A - Cost of Goods	Sold. Er	nter met			ntory valuation u	ICOST	METHOD	
1	Inventory at beginning of year	1		4,978	6	Inventory at end of	year		6 7,541
2	Purchases	2		7,471		Cost of goods sol			
3	Cost of labor	3				line 6 from line 5. E	nter he	re and	
4a	Additional sec. 263A costs					in Part I, line 2		L	7 4,908
	(attach schedule)	4a			8	Do the rules of sec			Yes No
b	Other costs (attach schedule)	4b				property produced	or acqui	red for resale) apply	
5	Total. Add lines 1 through 4b	5	1	2,449		to the organization	?		X
Scł	nedule C – Rent Income (F	rom Re	al Prop	erty and	d Pe	ersonal Property	y Leas	sed With Real Pro	operty)
(s	ee instructions)								
1. De	scription of property								
(1)	N/A								
(2)									
(3)									
(4)									
		2. Rent rece	ived or accr	ued					
	(a) From personal property (if the percentage	e of rent		(b) From re	eal and	d personal property (if the		3(a) Deductions dire	ctly connected with the income
	for personal property is more than 10% be	ut not	р	ercentage of	rent fo	or personal property exceed	ls	in columns 2(a)	and 2(b) (attach schedule)
	more than 50%)			50% or if the	rent is	s based on profit or income)	1		
(1)									
(2)									
(3)									
(4)									
Tota	l		Total					(b) Total deductions	
	Total income. Add totals of column		l 2(b). En	ter				Enter here and on pag	
	and on page 1, Part I, line 6, colu					u		Part I, line 6, column (I	3) u
Sch	<u>nedule E – Unrelated Debt</u>	-Finance	<u>ed Inco</u>	me (see	inst	tructions)			
				2	Gross	s income from or		3. Deductions directly con	
	1. Description of debt-financed p	roperty				to debt-financed		debt-finance	ed property
						property	(a) S	traight line depreciation	(b) Other deductions
	/-							(attach schedule)	(attach schedule)
(1)	N/A								
(2)									
(3)									
(4)									
		erage adjuste of or allocable				i. Column	7. G	ross income reportable	8. Allocable deductions
		t-financed pro				4 divided / column 5	1	column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
	property (attach schedule) (attach schedu	iie)						(/ (//
(1)						%			
(2)						%			
(3)						%			
(4)						%			
								here and on page 1, I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
-	•						'	i, mic 7, coluinii (A).	1 art 1, mic 7, column (D).
Tota	IIS	ا دادیاهما				u			

Form **990-T** (2019)

Schedule F - Interest, Ann	nuities, Ro	yaltie	es, and R						i ons (see i	nstructio	ons)
				Exen	npt Controlle	d Org	anizat	ions			T
Name of controlled organization	id		mployer ion number		unrelated income see instructions)	1	otal of spo yments m	nade	5. Part of column included in the organization's groundstate.	controlling	Deductions directly connected with income in column 5
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7. Taxable Income			inrelated income see instructions)		9. Total of speci payments made		ind	cluded in th	lumn 9 that is ne controlling gross income	1	Deductions directly nected with income in column 10
(1)											
(2)											
(3)											
(4)							 			ļ .	
							En Pa	ter here an art I, line 8,	s 5 and 10. Id on page 1, column (A).	Ente Par	dd columns 6 and 11. er here and on page 1, t I, line 8, column (B).
Schedule G – Investment	lnoomo of		otion FO1	(0)(7)	(0) or (17	u	l Ioniza	tion (oo inatruati	000)	
Schedule G – investment	income or	a se	cuon 501	(C)(1)	, (9), Or (17	ductions	janiza	luon (s	see instructi	ons)	F Total deductions
1. Description of income			2. Amount of in	ncome	directly	ductions connecte schedule			4. Set-asides tach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A											
(2)		- 1									
(3)		_									
(4)											
Totalo		Pa	ter here and o art I, line 9, col	n page 1 umn (A).	1,					En Pa	ter here and on page 1, art I, line 9, column (B).
Totals Schedule I – Exploited Exc	emnt Activ	itv Ir	ncome O	ther 1	Than Adve	rtisina	n Inco	nme (s	ee instruction	ne)	
Contodulo i Exprenda Ex		<u>y</u>					go) (0		5110)	
1. Description of exploited activity	2. Gross unrelated business inco from trade of business		3. Expens directly connected productior unrelate business in	v with n of ed	4. Net income from unrelated or business (cc 2 minus colum If a gain, com cols. 5 throug	trade olumn n 3). pute	from is no	oss income activity that t unrelated ess income	attribu	penses table to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A											
(2)											
(3)											
(4)											
Totals u	Enter here and page 1, Part line 10, col. (A	l,	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 25.
Schedule J - Advertising	Income (se	e ins	tructions)		•						
Part I Income From I	Periodicals	Rep	orted on	a Co	nsolidated	Basi	s				
1. Name of periodical	2. Gross advertising income		3. Direct advertising		4. Advertisir gain or (loss) 2 minus col. 3 a gain, comp cols. 5 throug	(col. 3). If ute		irculation ncome	I	adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ADVERTISING INCOME	139,	844	114	,534							
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5)) . u	139,	844	114	,534	25,	310					- 000 T

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.)

Z tillough / On	a ili le-by-ili le ba	1313.)				
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)						
Totals from Part I u	139,844	114,534				
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B). 114,534				Enter here and on page 1, Part II, line 26.

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

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

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning 98/01/19 , and ending 98/31/20

2019

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

uGo to www.irs.gov/Form990T for instructions and the latest information.
 u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number 52-1218336

Unrelated Business Activity Code (see instructions) $u_{\underline{}}531120$

Describe the unrelated trade or business ${\bf u}$ RENTAL

Pa	Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance u	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 1	5	4,849		4,849
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	4,849		4,849

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages			
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20				
21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	0
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	
29	Unrelated business taxable income before net operating loss deduction. Subtract	ct line 28 from line 13	29	4,849
30	Deduction for net operating loss arising in tax years beginning on or after Janua			
	instructions)		30	
31	Unrelated business taxable income. Subtract line 30 from line 29			4,849

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning 98/01/19 , and ending 98/31/20

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

Employer identification number 52-1218336

PEOPLE FOR THE ETHICAL TREATMENT

Unrelated Business Activity Code (see instructions) u 454110

Describe the unrelated trade or business **u** SALE OF MERCHANDISE

Pa	art I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 8,142				
b	Less returns and allowances c Balance u	1c	8,142		
2	Cost of goods sold (Schedule A, line 7)	2	4,908		
3	Gross profit. Subtract line 2 from line 1c	3	3,234		3,234
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	3,234		3,234

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

14	Compensation of officers, directors, and trustees (Schedule K)	. L	14	
15	Salaries and wages		15	1,463
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	300
20	Depreciation (attach Form 4562)	34		
21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 20 21a		21b	34
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Excess readership costs (Schedule J) Other deductions (attach schedule) SEE STATEMENT 2		27	56,407
28	Total deductions. Add lines 14 through 27	Ĺ	28	58,204
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-54,970
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)	. L	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	- 1	31	-54,970

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T	Bu Description AI				Sc	hedules V	Vorks	heet		Τ_		2019
Name PEOPLE FOR THE	דתטדטקק	י סידי	ᆸᄭᅲᄺᇎ᠈	ידיו						Taxpaye 52-1		ntification Number
Unincorporated Business Income Tax Coc			tivity: ADV		SI	NG AND	RELA	TED	SER	VICES	C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			1									
Schedule A - Cost of Go												
1 Inventory at beginning of ye						ntory at end of						
2 Purchases and Other Costs						t of goods sol						
3 Sec 263A Costs4 Total. Add lines 1 through 3					Line	4; show the an	nount he	re and o	on Line	2 of Sch I	vi or 9	1901
Schedule C – Rent Incom 1. Description of property (1)		al Pr	operty a	ind Pei		nal Property 2a. Income 10% to			th Recome over	•	erty)	3. Expense
(2)									_			
(3) Total of Schedule C items for this activity	; Enter Col 2 on Line	e 6A and	Col 3 on Line	6B		u					u	
Schedule E – Unrelated I	Deht-Financ	ed In	come (s	oo inetri	uctio	nne)						
1. Description of debt-financed property			ome/Expense		uctic	3. Debt Rati	in	4. Gr	oss incon	ne reportable		5. Allocable deductions (column 3 x Ratio)
(1)			отно/ Ехропос	amounto		O. Dobt Hair	%	(JOIGITHIT Z	x read)		(column 5 x reallo)
	inco	ense										
(2)	inco						%					
	expe	ense										
(3) Total of Schedule E items for this activity	; Enter Col 4 on Line	7A and	Col 5 on Line	7B				<u>u</u>			u	
Schedule F - Interest, Ar	nuities, Ro	yaltie	s, and F	Rents F	Froi	m Controlle	d Orga	nizati	ons (see instru	ıction	s)
1. Name of Controlled Organization	2. 1	EIN		3.Exemp	pt/Nor	nexempt Controlled	Organizatio	n		4. Income		5. Expenses
<u>(1)</u>											_	
(2)											u	
(3) Total of Schedule F items for this activity Schedule G – Investment			ction 50	1(c)(7),		, or (17) Or		tion (s	ee ins	•	•	
Description of property (1)			2. Income	!		3. Deductions			4. Set-As	ides	5. De	duction & Set-Aside Total
(2)												
(3) Total for Schedule G activities- use on lin	e 9 column (A) and	(B)										
Schedule I – Exploited E	xemnt Activ	ity In	come C	Other T	har	n Advertisin	a Inco	me (s	ee ins	tructions)		
1. Description	2. Gross Inco		3. Related E			4. Net Income		BIT incom		Non-UBIT ex	pense	7. Excess expense
(1)												•
(2)												
Totals for Schedule I - use on line 10 col (A)	and (B)								So	ch I amount o	n line 26	
Cabadula I Advantiaina	. .											
Schedule J – Advertising Consolidated Basis (Part		e inst	ructions)				- 0:					7
1.Name of periodical	2. Gross Adv Ir	come	3. Direct	costs		Advertising gain or If a gain, compute next 3 columns		rculation come	- 1	6.Readershi costs	p 	7. Excess readership costs (col 6 - col 5) but not more than col 4
(1) ADVERTISING INCOME	139,	844	114	1,534		next 3 columns						but not more than col 4
(2)		<u> </u>		2,002								
(3)												
Totals (for Part I) u	139,	844	114	1,534		25,310		·				
Separate Basis (Part II)												
<u>(1)</u>									-			
(2)	120	011	11.	1 [2]								
Totals from Part I u	139 , Enter here an		Enter here	4 , 534 and on								Enter here and
	page 1, Part	Ι,	page 1, F	Part I,								on page 1,
Totals, Part II (lines 1-5) u	line 11, col. (line 11, co 114	1,534								Part II, line 27.

Form 990-T	Bus Description SAI			chedules V	Nork :	sheet			2019
Name	ד תייד ד מיים	עידו אי היא עידי א. איידו איידי	זידי						ntification Number
PEOPLE FOR THE I		Activity: ELI		IC SHOPP	TNG	AND M	<u> 52-1</u> AIL-ORD		330
Schedule A - Cost of Goo									
1 Inventory at beginning of year				entory at end of					7,541
2 Purchases and Other Costs		7,47		st of goods sol				.4 0	4,908
3 Sec 263A Costs4 Total. Add lines 1 through 3	<u>3</u>	12,44		e 4; show the ar	nount no	ere and on L	ine 2 of Sch i	vi or 9	1901
Schedule C – Rent Income 1. Description of property				onal Property 2a. Income 10% to		sed With		erty)	3. Expense
(1)									
(2) (3) Total of Schedule C items for this activity;	Enter Col 2 on Line 6	A and Col 3 on Line	6B	u					
Coy rotal of contradic c nome for the dearny,		, t and 501 5 511 21115	0.0	<u> </u>					
Schedule E - Unrelated D	<u>ebt-Finance</u>	d Income (s	ee instruct	ions)					.
1. Description of debt-financed property	2. Gro	ss Income/Expense	amounts	3. Debt Rat			ncome reportable nn 2 x Ratio)		5. Allocable deductions (column 3 x Ratio)
(1)	incom	e			%				
	expens	se			%				
(2)	incom				%)			
(3) Total of Schedule E items for this activity; I	Lexpens Enter Col 4 on Line 7		7B	I		u		u	
12,									
Schedule F - Interest, Ani	nuities, Roya	alties, and F	Rents Fro	om Controlle	d Org	anization	s (see instru	<u>ıction</u>	s)
1. Name of Controlled Organization	2. EIN	N	3.Exempt/N	onexempt Controlled	Organizati	ion	4. Income		5. Expenses
(1)								_	
(2) (3) Total of Schedule F items for this activity (111 5 0 5 (0.14	04 1015 1:	0.0	u		u	
to recar of constant ritions for this activity (Sometiming Exempt ar	ia Wonexompty, Ente	T GOT 4 OFF EIRO	or and core on Eme	, 02	ĮQ.			•
Schedule G - Investment	Income of a	Section 50	1(c)(7), (9), or (17) Or	ganiza	ation (see	instructions)		
1. Description of property		2. Income		3. Deductions	J		et-Asides	5 . De	duction & Set-Aside Total
(1)									
(2)									
$\underline{\mbox{(3)}}$ Total for Schedule G activities- use on line	9 column (A) and (B))							
Schedule I – Exploited Ex	empt Activit	v Income. (Other Tha	ın Advertisin	na Inc	ome (see	instructions)		
1. Description	2. Gross Income			4. Net Income		UBIT income	6. Non-UBIT exp	pense	7. Excess expense
(1)									
(2)									
Totals for Schedule I - use on line 10 col (A) a	d (B)						Sch I amount or	n line 26	
Cabadula I Advantiaina	lnoomo (ssa	:t							
Schedule J – Advertising Consolidated Basis (Part		instructions)		Advertising gain or		Nine delle	C Dandanhi		7. Excess readership
1.Name of periodical	2. Gross Adv Inco	ome 3. Direct		s) If a gain, compute next 3 columns		Circulation ncome	6.Readershij costs	р 	costs (col 6 - col 5) but not more than col 4
<u>(1)</u>				TIOXE O GOIGITITIO					but not more than cor 4
(2)									
(3)									
Totals (for Part I) u									
Separate Basis (Part II)									
(1)									
Totals from Part I u									
Take nominanti,	Enter here and o								Enter here and
	page 1, Part I, line 11, col. (A)								on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u]								

20203 People for the Ethical Treatment

52-1218336 Federal Statements

FYE: 7/31/2020

Rental

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

Name of Partnership or S-Corp	 Gross Income	Dire Deductions (Net Income
PARTNERSHIP INCOME	\$ 4,849	\$	\$	4,849
TOTAL	\$ 4,849	\$	0 \$	4,849

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2020

Sale of Merchandise

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

	Descr	iption	 Amount
OTHER	EXPENSES		\$ 56,407
7	COTAL		\$ 56,407

Form 990-T	Business	Income Activity S	ummary	1	2019
me PEOPLE FOR	THE ETHICAL TREATMEN	JT		Taxpayer Ide	entification Number 8336
	Income (and allocation of Prior				
. Total Pre-2018 Net	Operating Loss used by 2019 income (Se	ee NOL Worksheet)		A. _	1,184,412
Unrelated Bu	siness Income Activity with Income	Code	•	-2018 NOL ed to Income)	Net Income before Loss
_ADVERTISI	ING		1	14,205	14,205
RENTAL		<u>531120</u>	2.		4,849
			10		
Total taxable inc	ome		16.	19,054	19,05
ısiness Activity	Losses				
Unrelated Bus	siness Income Activity with Losses	Code		c	Current Year Loss
	MERCHANDISE	454110			-54,97
ΔII other activities		 		4	

 5. All other activities
 5.

 6. Totals
 6.

Form 990-T - Cumulative Income Review Worksheet

Form **990-T**

For calendar year 2019, or tax year beginning

08/01/19 , and ending 07/31/20

2019

Name

Employer Identification Number

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

_0	OF ANIMALS, INC.					52-1218336		
Pa	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	.	(C) Net		
1a	Gross receipts or sales 8,142							
b	Less returns and allowances c Balance u	1c	8,142					
2	Cost of goods sold (Schedule A, line 7)	2	4,908					
3	Gross profit. Subtract line 2 from line 1c	3	3,234			3,234		
4a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT	5	4,849			4,849		
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11	139,844	114,	534	25,310		
12	Other income (See instructions; attach schedule)	12		<i>,</i>				
13	Total. Combine lines 3 through 12	13	147,927	114,	534	33,393		
	art II Deductions Not Taken Elsewhere (See instructions		-					
	deductions must be directly connected with the unre	ated	business income.)	101101101) (=)	toopt it	, , , , , , , , , , , , , , , , , , , ,		
14	Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages				15	1,463		
16	Repairs and maintenance				16	_		
17	Bad debts				17			
18	Interest (attach schedule) (see instructions)				18	_		
19	Taxes and licenses				19	300		
20	Depreciation (attach Form 4562)		20	34				
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	34		
22	Depletion				22			
23	Contributions to deferred compensation plans				23			
24	Employee benefit programs				24			
25	Excess exempt expenses (Schedule I)				25			
26	Excess readership costs (Schedule J)				26			
27	Other deductions (attach schedule)		SEE STATEM	ENT	27	56,407		
28	Total deductions. Add lines 14 through 28				28	58,204		
29	Unrelated business taxable income before net operating loss deduction. Sul	otract I	ine 29 from line 13		29	-24,811		
30	Deduction for net operating loss arising in tax years beginning on or after Ja	anuarv	1. 2018 (see instruction	ns)	30	•		
31	Unrelated business taxable income. Subtract line 31 from line 30	,	, == (=========		31a	-24,811		
•								
D	art III Deductions For Loss Arising offer January 1, 201	0						
Г	Deductions For Loss Arising after January 1, 201 deductions must be directly connected with the unrel	o ated	business income					
32	Losses carried over to this year (do not include amounts prior to 2018)				32	41,195		
33	E + 000/ (d)				33			
34	Take the lesser of Line 32 or Line 33. Enter here and on Line 30 above				34			
35	Remaining losses to be carried forward to 2020 (Subtract Line 34 from line				35	41,195		
36	If line 29 is less than zero, enter that amount here as a positive number				36	24,811		
37	Total loss carried forward to 2020 (Add lines 35 and 36)				37	66,006		
<u>.,</u>	Total 1000 Surfice formate to 2020 (ride lifted 60 and 60)				<u> </u>	<u> </u>		

Form 990-T Schedule M Loss Carryover Calculation Description ADVERTISING		2019
Name	Taxpayer I	dentification Number
PEOPLE FOR THE ETHICAL TREATMENT	52-123	18336
Unincorporated Business Income Tax Code: 541800 Activity: ADVERTISING AND RELATED SER	VICES	
1 Activity income	1	25,310
2 Activity deductions	. 2	
3 Activities income or loss, after deductions	. 3	25,310
4 Losses carried over to this year (do not include amounts prior to 2018)	4	11,105
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.		25,310
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	11,105
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)		
8 If line 3 is less than zero, enter that amount here as a positive number	8	0
9 Total loss carried forward to 2020 (Add lines 7 and 8)	1 . 1	0

Form 990-T Schedule M Loss Carryover Calculation Description SALE OF MERCHANDISE		2019
Name	Taxpayer I	dentification Number
PEOPLE FOR THE ETHICAL TREATMENT	52-12	18336
Unincorporated Business Income Tax Code: 454110 Activity: ELECTRONIC SHOPPING AND MAI	L-ORD	
1 Activity income 2 Activity deductions 3 Activities income or loss, after deductions	3	3,234 58,204 -54,970
4 Losses carried over to this year (do not include amounts prior to 2018)		30,090
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	. 5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)		30,090
8 If line 3 is less than zero, enter that amount here as a positive number	8	54,970
9 Total loss carried forward to 2020 (Add lines 7 and 8)	1 - 1	85,060

9 Other expenses

	CHEDULE G	F	undraising Other Ev	ents		2019
	990-EZ)	For calendar year 2019, or tax ye	ear beginning 08/01/1	9 , and ending 07	/31/20	
_		THE ETHICAL TREAT INC.	MENT		Employer 52-121	Identification Number
		(a) Other event	(b) Other event	(c) Other event		(d) Total other events (add col. (a) through
Ф		(event type)	(event type)	(event type)		col. (c))
Revenue	1 Gross receipts	165,488				165,488
	2 Less: Charitable contributions	148,298				148,298
	3 Gross income (line 1 minus line 2)	17,190				17,190
	4 Cash prizes					
	5 Noncash prizes	28,645				28,645
ses	6 Rent/facility costs	9,401				9,401
Expenses	7 Food/beverages	33,058				33,058
Direct	8 Entertainment	2,710				2,710
Ē	8 Entertainment	2,710				2,

48,421

48,421

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

For calendar year 2019, or tax year beginning 08/01/19

, ending 07/31/20

2019

Name

Form **990-T**

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Employer Identification Number 52-1218336

		Prior Year		Current Year	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	Next Year Carryover
19th 07/31/99	-59,324		59,324	19,054	
18th 07/31/00	-54,142		54,142		54,142
17th 07/31/01	-69,763		69,763		69,763
16th 07/31/02	-47,889		47,889		47,889
15th 07/31/03	-70,298		70,298		70,298
14th 07/31/04	-97,323		97,323		97,323
13th 07/31/05	-62,463		62,463		62,463
12th 07/31/06	-89,148		89,148		89,148
11th 07/31/07	-120,514		120,514		120,514
10th 07/31/08	-96,868		96,868		96,868
9th 07/31/09	-79,065		79,065		79,065
8th 07/31/10	-52,307		52,307		52,307
7th 07/31/11	-27,658		27,658		27,658
6th 07/31/12	-53,247		53,247		53,247
5th 07/31/13	-76,740		76,740		76,740
4th 07/31/14	-75,646		75,646		75,646
3rd 07/31/15	-32,907		32,907		32,907
2nd 07/31/16	10,669	-10,669			
	-19,110		19,110		19,110
NOL carryover available	e to current year		1,184,412		
Current year	19,054			18,054	
NOL carryover available	e to next year				1,125,088

Two Year Comparison Report 2018 & 2019 Form **990** For calendar year 2019, or tax year beginning 08/01/19endina 07/31/20 Taxpayer Identification Number Name PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 OF ANIMALS, INC. 2018 Differences 2019 1. 46,778,316 59,140,068 12,361,752 1. Contributions, gifts, grants 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 509,898 524,751 14,853 4. Program service revenue 4. 5. Investment income 5. 408,176 355,661 -52.5156. Proceeds from tax exempt bonds _____ 6. 119,769 117,541 2,228 7. 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from fundraising events -177.577-151,463 26,114 8. 9. Net income or (loss) from gaming 9. 21,39447,683 -26,28910. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 566,459 632,926 66,467 48,135,183 12. Total revenue. Add lines 1 through 11 12. 60, 643,106 507,923 13. Grants and similar amounts paid 2,806,190 3,091,193 285,003 13. 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 138,344 153,846 15,502 15. 12,981,999 16. Salaries, other compensation, and employee benefits 16. 12,322,455 659,544 17. Professional fundraising fees 17. 536,097 402.931 -133.16618. Other professional fees 18,352,533 19,661,373 1,308,840 18. 1,401,206 19. Occupancy, rent, utilities, and maintenance 19. 1,494,699 -93,493 20. Depreciation and Depletion -18,210 651,859 20. 633,649 -740<u>,</u>364 16,423,355 21. Other expenses 21. 17,163,719 22. Total expenses. Add lines 13 through 21 22. 53,465,896 54,749,552 1,283,656 -5,330,7135,893,554 11,224,267 23. Excess or (Deficit). Subtract line 22 from line 12 23. 48,135,183 60,643,106 12,507,923 24. Total exempt revenue 24. 25. Total unrelated revenue 98,068 147,927 49,859 25. 26. Total excludable revenue 1,258,799 1,355,111 96,312 26. 8,823,864 27. Total assets <u>15,646,325</u> 24,470,189 27.

28.

29.

30.

31.

32.

7,213,406

8,432,919

<u>3</u> 2

556

303

9,350,680

15,119,509

2

268

279

2,137,274

6,686,590

28. Total liabilities

31. Number of independent voting members of governing body

32. Number of employees

29. Retained earnings

30. Number of voting members of governing body

33. Number of volunteers

Form **990T** For calendar year 2019, or tax year beginning 08/01/19

Two Year Comparison Report

07/31/20 , ending

2018 & 2019

Name

Taxpayer Identification Number

I	PEOPLE FOR THE ETHICAL TREATMENT				
(OF ANIMALS, INC.			52-12	18336
			2018	2019	Differences
	1. Gross profit/loss on business activities	1.			
_	2. Capital gains/losses	2.			
n E	3. Income/loss from partnerships and S corporations	3.			
_	4. Rent income (net of expense)				_
>	5. Unrelated debt-financed income (net of expense)	5.			_
R e	6. Income from controlled organizations (net of expense)				
	7. Section 501(c)(7)(9)(17) organization income (net of expense)				
	8. Exploited exempt activity income (net of expense)				
	9. Advertising income (net of expense)		-11,105	25,310	36,415
	10. Other income	10.	,	,	,
	11. Total trade or business income. Combine lines 1 through 10	11.	-11,105	25,310	36,415
	12. Compensation of officers, directors, and trustees		,	,	
	13. Other salaries and wages			1,463	1,463
	14. Repairs and maintenance	14.		,	,
	15. Bad debts				
S	16. Interest				
S	17. Taxes and licenses				
<u> </u>	18. Charitable contributions	18.			
b e		19.			
×	20. Contributions to deferred compensation plans	20.			
ш	21. Employee benefit programs				
	22 Other deductions				
	22. Other deductions23. Total deductions. Add lines 12 through 22	23.		1,463	1,463
	24. Net income (990T/first activity); Subtract line 23 from 11		-11,105	23,847	34,952
	25. Number of unrelated business activities for this return		2	23,047	34,934
	26. Unrelated business taxable income from all trades	26.	4,236	19,054	14,818
	27. Disallowed employee fringe benefits		7,230	19,034	14,010
	29 Charitable contributions	28.			
	28. Charitable contributions		4,236	19,054	14,818
	29. Taxable income before NOL loss 30. Net operating loss (pre-2018)	30.	4,236	19,054	14,818
	31 Specific deduction	31.	1,000	1,000	14,010
	31. Specific deduction32. Unrelated business taxable income.	32.	1,000	1,000	
_		33.			
t s	33. Income tax (corporate or trust)				
ط ت	34. Proxy tax	35.			
re	35. Other taxes	20			
ပ	36. Total taxes				
∞	37. Other credits	37.			
_	38. General business credit				
-	39. Credit for prior year minimum tax				
	40. Total credits				
	41. Net tax after credits	41.			
	42. Recapture taxes and 965 tax	42.			
	43. Total Taxes	43.			
n d	44. Prior year overpayment and estimated tax payments	44.			
Ξ	45. Payment made with extension	45.		222	
e	46. Backup withholding and foreign withholding	46.		989	989
/R	47. Other payments	47.			
n E	48. Total payments	48.		989	989
۵	49. Balance due/(Overpayment)	49.		-989	-989
	50. Overpayment applied to next year	50.			
	51. Penalties	51.			
	52. Total due/(Refund)	52.		-989	<u>–989</u>

Form **SchM**

Two Year Comparison for Unrelated Business ActivityFor calendar year 2019, or tax year beginning 08/01/19, ending 07/31

, ending 07/31/20

2018 & 2019

Organization Name

Taxpayer Identification Number 52-1218336

Unincorporated Business Income Tax Code: 541800 Activity: ADVERTISING

PEOPLE FOR THE ETHICAL TREATMENT

01111	Corporated Dusiness Income Tax Code. 341000 Activity. ADVER		2018	2019	Differences
	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
n	3. Income/loss from partnerships and S corporations	3.			
D D	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
R e	6. Interest, and other income from controlled organizations (net of expense	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	-11,105	25,310	36,415
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	-11,105	25,310	36,415
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
S	17. Taxes and licenses	17.			
D D	18. Depreciation and Depletion	18.			
٩	19. Contributions to deferred compensation plans	19.			
Ж	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 1	23.	-11,105	25,310	36,415
	24. Deductible losses	24.		11,105	11,105
	25. Unrelated business taxable income (loss)	25.	-11,105	14,205	25,310

Form **SchM**

Two Year Comparison for Unrelated Business ActivityFor calendar year 2019, or tax year beginning 08/01/19, ending 07/31

, ending 07/31/20

2018 & 2019

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

Unincorporated Business Income Tax Code: 531120 Activity: RENTAL

			2018	2019	Differences
	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
n	3. Income/loss from partnerships and S corporations	3.	4,236	4,849	613
□	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	4,236	4,849	613
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
Ś	17. Taxes and licenses	17.			
В	18. Depreciation and Depletion	18.			
٩	19. Contributions to deferred compensation plans	19.			
ũ	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 1	23.	4,236	4,849	613
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	4,236	4,849	613

Form **SchM**

Two Year Comparison for Unrelated Business Activity For calendar year 2019, or tax year beginning 08/01/19, ending 07/31

, ending 07/31/20

2018 & 2019

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

Unin	corporated Business Income Tax Code: 454110 Activity: SALE	OF	MERCHANDISE		
			2018	2019	Differences
	1. Gross profit/loss on business activities	1.	4,151	3,234	-917
_	2. Capital gains/losses	2.			
n	3. Income/loss from partnerships and S corporations	3.			
e n	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	4,151	3,234	-917
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	1,917	1,463	-454
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
S	17. Taxes and licenses	17.	2,260		-1,960
en	18. Depreciation and Depletion	18.	39	34	<u>-5</u>
g	19. Contributions to deferred compensation plans	19.			
û	20. Employee benefit programs	20.			
	21. Other deductions	21.	30,025	56,407	26,382
	22. Total deductions. Add lines 12 through 22	22.	34,241	58,204	23,963
	23. Taxable income before deductions. Subtract line 23 from 1	23.	-30,090		-24,880
	24. Deductible losses	24.		30,090	30,090
	25. Unrelated business taxable income (loss)	25.	-30,090	-85,060	<u>-54,970</u>

Form 990	Tax Return History	2019
Name	PEOPLE FOR THE ETHICAL TREATMENT	Employer Identification Number
	OF ANIMALS, INC.	52-1218336

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	63,070,410	43,332,789	51,580,176	46,778,316	59,140,068	
Membership dues						
Program service revenue	479,492	603,814	475,366	509,898	524,751	
Capital gain or loss	-298,615	183,058	350,067	2,228	119,769	
Investment income	356,404	421,113	346,224	408,176	355,661	
Fundraising revenue (income/loss)	-1,584,796	-236,018	-195,809	-177,577	-151,463	
Gaming revenue (income/loss)						
Other revenue	424,106	304,783	392,449	614,142	654,320	
Total revenue	62,447,001	44,609,539	52,948,473	48,135,183	60,643,106	
Grants and similar amounts paid	2,096,751	17,360,107	2,742,106	2,806,190	3,091,193	
Benefits paid to or for members						
Compensation of officers, etc.	138.040	148,720	147,581	138,344	153,846	
Other compensation	10,538,286	11,792,797	12,728,604	12,322,455	12,981,999	
Professional fees	18,040,446	17,397,666	18,826,104	18,888,630	20,064,304	
Occupancy costs		1,438,208	1,445,946	1,494,699	1,401,206	
Depreciation and depletion	266,358	444,529	535,085	651,859	633,649	
Other expenses	13,757,118	15,630,526	16,601,674	17,163,719	16,423,355	
Total expenses	46,114,330	64,212,553	53,027,100	53,465,896	54,749,552	
Excess or (Deficit)		-19,603,014	-78,627	-5,330,713	5,893,554	
_						
Total exempt revenue	62,447,001	44,609,539	52,948,473	48,135,183	60,643,106	
Total unrelated revenue	74,849	122,206	85,172	98,068	147,927	
Total excludable revenue	886,538	1,154,544	1,283,125	1,258,799	1,355,111	
Total Assets		19,838,054	19,120,565	15,646,325	24,470,189	
Total Liabilities	6,646,085	6,103,532	5,584,013	7,213,406	9,350,680	
Net Fund Balances	32,939,823	13,734,522	13,536,552	8,432,919	15,119,509	

Form 990T			Tax Re	eturn History			2019
Name	PEOPLE FOR OF ANIMALS,	THE ETHICAL INC.	TREATMENT				er Identification Number
* Income shown	net of expenses	2015	2016	2017	2018	2019	2020

" income snown net of expenses						
	2015	2016	2017	2018	2019	2020
Business activity profit/loss	12,075	11,027	8,571			
Capital gains/losses						
Partner and S Corp gain/loss	5,290	3,504	4,434			
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	-36,842	20,930	-9,725	-11,105	25,310	
Total trade or business income.	-19,477	35,461	3,280	-11,105	25,310	
Compensation of officers, ect						
Other salaries and wages		989	798			
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses	850	800	430			
Charitable contributions						
Depreciation and Depletion			20			
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History		2019
Name	PEOPLE FOR THE ETHICAL TREATMENT	Employer lo	dentification Number
	OF ANIMALS, INC.	52-12	18336

	2015	2016	2017	2018	2019	2020
Other deductions	12,580	23,003	21,142			
Net income (990T/first activity)	-32,907	10,669	-19,110	-11,105	25,310	
UBTI from all trades	0	10,669	0	4,236	19,054	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction		10,669		4,236	19,054	
Specific deduction		1,000		1,000	1,000	
ncome after expense and deductions						
ncome tax (corporate or trust)						
Other taxes					985	
「otal taxes					985	
General business credit						
Other credits						
Net tax after credits					985	
Estimated tax payments						
Other payments	77,028				993	
Balance due/Overpayment	-77,028				-8	

Form 99T Return Summary

For calendar year 2019, or tax year beginnin 98/01/19 , and ending 07/31/20

PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 OF ANIMALS, INC.

Taxable Income		
Unrelated trade or business taxable income	35,916	
Additions related to Arizona credits claimed		
Apportionment ratio	0.000180	_
Taxable income attributable to Arizona		
Arizona Tax Liability Computation		
Tax	50	
Tax from recapture of tax credits		
Nonrefundable tax credits		
Tax liability		50
Tax Payments		
Refundable tax credits		
Paid with extension		
Estimated tax payments	50	
Payment made with original return		
Overpayments of tax from original return		
Total payments		50
Computation of Total Due or Overpayment		
Balance of tax due		
Overpayment of tax		
Penalty and interest		
Estimated tax underpayment penalty		
Total amount due		
Overpayment		
Amount applied to next year's estimated tax		
Amount to be refunded		
Next Year's Estimates	Miscellaneous Information	
1st quarter	Amended return	
2nd quarter	Return / extended due dat	@16/15/21
3rd quarter		
4th quarter		
Total		