Form **990**

Return of Organization Exempt From Income Tax

_		=	Do not enter s		numbers on this				iluutions,	Open to Public
Depa	artment of nal Reven	the Treasury nue Service			90 for instruction					Inspection
A	For the	e 2020 calend	ar year, or tax year beginning	8/01/2	0 , and ending	07/3	1/2	1,		14 144
	Check if a				THICAL TR				D Employe	r identification number
	Address c		OF ANIMA	LS, INC.	,					
=		Doin	g business as		-1				52-13	218336
닏'	Name cha	inge Num	ber and street (or P.O. box if mail is not de	ivered to street a	ddress)			Room/suite	E Telephone	e number
\sqcup	Initial retur		1 FRONT ST						<u> 757-9</u>	962-8364
	Final retur terminated		or town, state or province, country, and ZIP	or foreign postal	code					
$\overline{}$		NC	RFOLK	VA 2351	10				G Gross rec	eipts\$ 71,009,140
\square	Amended	return F Nam	e and address of principal officer.							D
Ш	Application	n pending IN	NGRID NEWKIRK					H(a) Is this a gr	oup return for	subordinates Yes X No
		50	1 FRONT STREET					H(b) Are all sub	ordinates inc	luded? Yes No
			ORFOLK	VA	23510			If "No,"	' attach a list.	See instructions
	Tay even			(insert no.)	4947(a)(1) or	527		İ		
	Website:		PETA.ORG	(Inderend.)	4047(d)(1) GI	1 027		H(c) Group exe	motion numb	er •
			Corporation Trust Association	Other	,		T. v	ear of formation: 1		M State of legal domicile: VA
-0.000000000000000000000000000000000000	art I			Oulei P			L 10	gal of lottiation. 1	<u> </u>	W State of legal domicile. V A
					4 41 - 44					
ø	• 1 =		the organization's mission or m		it activities:					
Š		PROTECTI	ON OF ANIMAL RIGHT	5						
Governance										
Š										
တိ			if the organization disconti							
•ర	3 1	Number of voti	ng members of the governing bo	dy (Part VI, li	ine 1a)				. 3	3
es	4 1	Number of inde	ependent voting members of the	governing bo	dy (Part VI, line	1b)			. 4	2
Ϋ́	5 7	Total number o	of individuals employed in calendary	ar year 2020	(Part V, line 2a)				5	302
Activities	6 7	Total number of	of volunteers (estimate if necessa	ary)					6	25
•	7a1	Total unrelated	business revenue from Part VIII	. column (C).	line 12				7a	345,806
	bN	Net unrelated b	ousiness taxable income from Fo	rm 990-T. Pa	art I. line 11				7b	0
	1 -	101 011100						Prior Yea	• • • •	Current Year
d)	8 (Contributions a	and grants (Part VIII, line 1h)					59,140	0,068	58,389,976
Revenue		Program service revenue (Part VIII, line 2g)								686,263
Ş	1	•	ome (Part VIII, column (A), lines		1,751 5,430	1,167,068				
æ	11 (Other revenue	(Part VIII, column (A), lines 5, 60		2,857	396,371				
			- add lines 8 through 11 (must e					60,643		60,639,678
			nilar amounts paid (Part IX, colur					3,091		3,225,678
			o or for members (Part IX, colum				··· ├	J, 0 J 1	_,	3,223,070
	1	•	•			 5 10\	⋯ ├	13,135	0/5	14,299,011
ses	15 3		compensation, employee benefit			3–10)	├			
Expenses	16a	Protessional tu	ndraising fees (Part IX, column (A), line 11e)			402	2 , 931	438,977	
쫎	מ		ng expenses (Part IX, column (D			20 110		20 505 607		
	"	•	s (Part IX, column (A), lines 11a				├	38,119		30,585,627
		•	s. Add lines 13–17 (must equal F		in (A), line 25)		-	54,749		48,549,293
	19 F	Revenue less	expenses. Subtract line 18 from	line 12				5,893		12,090,385
S 0	§							Beginning of Cu		End of Year
\ssets Ralan	20	Total assets (F	* * * * * * * * * * * * * * * * * * * *				⊦	24,470		38,563,989
돭	3 21						├		680	9,839,410
ᅽ		2704	fund balances. Subtract line 21 fr	om line 20			<u> l</u>	15,119	509	28,724,579
	Part II		ure Block							
			y, I declare that I have examined this							of my knowledge and belief, it
tr	ue, com	ect, and comple	te. Declaration of preparer (other that	an officer) is ba	ased on all informa	tion of whic	n prep	parer has any kr	lowledge.	1 1
			ma >2 >						$\perp 1$	1/22/22
Sig	gn	Secure	of officer						Date	
He	ere	IN	GRID NEWKIRK			PRI	ESI	DENT/SE	CRETA	RY
		Type or p	print name and title							
_		Print/Type prepa	rer's name	Preparer's s	ignature			Date	. Check	if PTIN
Pai	id	SUSAN J RO	OSENBERG	SUSAN J	ROSENBERG			02/18	/22 self-er	mployed P00059813
Pre	eparer	Firm's name		ENBERG,					imi's EIN	52-2190100
Us	e Only		1 CHURCH ST		 					
	•		→ ROCKVILLE, M		50-4163			. ,	Phone no.	301-738-9040
Ma	v the I	Firm's address	s return with the preparer shown						none no.	X Yes No
_			Act Notice, see the separate ins	~~~~						Form 990 (2020)
DAA		MOIN MEGUCUOI	i Act Notice, see the separate ins	u ucuons.						rom 330 (2020)

	20) PEOPLE FOR			52-1218336		Page 2
Part III	Statement of Prog		complishments onse or note to any l	ine in this Part III		X
1 Briefly d	lescribe the organization's		onse or note to any	mie in uno rait III		
	CTION OF ANI					
2 Did tho	organization undortako ar	ny significant program (services during the year v	hich word not listed a	n tho	
						Yes X No
	describe these new serv					190 110
			ant changes in how it con	ducts, any program		
services						Yes X No
	describe these changes		manta far anah af ita thra		i	
			ments for each of its thre are required to report th			
	expenses, and revenue,			c amount of grants an	d dilocations to othe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			•			
4a (Code:		16,480,184	including grants of\$	395,260) (Revenue \$	367,215)
SEE S	CHEDULE O					
• • • • • • • • • • • • • • • • • • • •						
*						
4b (Code:) (Expenses \$	13,521,846	including grants of\$	7,000) (Revenue \$	319,048)
	CITEDITE O					
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
4c (Code:) (Expenses \$	11,029,203	including grants of\$	2,823,418) (Revenue \$)
	CHEDULE O					
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
•						
4d Other or	rogram services (Describe	e on Schedule (C.)				
(Expens		280 including grants	s of\$) (Revenue \$)
	ogram service expenses		<u>51</u> 3	, (ποτοπαο ψ		/

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	_V	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	X	
5	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	-		Λ_
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voo." complete Schodule D. Port I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			- 25
•	complete Schoolule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41-	\ ₃₇	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5	\ 	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16	v	
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
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		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	- 22	
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Dild : () () () () () () () () () (20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	• • • • • • • • • • • • • • • • • • • •			

_ F	art iv Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes " complete Schedule 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 any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		\
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 21
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		,,	
25-	or IV, and Part V, line 1	34	X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
00	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 organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 216 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
				1

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 302 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 (2020) 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 ${f u}$

KELLY FIDLER 501 FRONT ST

NORFOLK VA 23510 757-962-8364

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em	
	loyees, and
form 990 (2020) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336	Page i

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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	
(A) Name and title	(B) Average hours per week (list any hours for	box	c, unle	ss pe	ition more rson is	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	(W 2 1000 MIGG)	(1.00005)	related organizations
(1) INGRID NEWKIRK									
	40.00						26.100		1 004
PRESIDENT/SECRETARY	0.00	X		X			36,108	0	1,034
(2) JEANNE ROUSH	1.00								
TREASURER	0.00	X		Х			0	0	0
(3) MICHAEL RODMAN	0.00	1		Δ.				0	<u> </u>
(9,111-011111111 11:0211111)	1.00								
CHAIRPERSON	0.00	X					0	0	0
(4) TRACY REIMAN									
	40.00								
VICE PRESIDENT	0.00	_		X			107,505	0	6,228
(5) JEFFREY KERR	0.00								
ASST. SECRETARY	0.00			Х			0	162,536	10,493
(6) ROSALIND ZAYAS									
VETERINARIAN	40.00					Х	150,676	0	2,886
(7) KATHLEEN GUILLE									
SR. VICE PRESIDENT	40.00					X	133,486	0	15,166
(8) LISA LANGE								, and the second	== / = = =
	40.00								
SR. VICE PRESIDENT	0.00					X	108,234	0	7,908
(9) DANIEL MATTHEWS									
SR. VICE PRESIDENT	40.00					Х	103,600	0	6,764
(10) JOEL BARTLETT									
VICE-PRESIDENT	40.00					Х	103,447	0	6,643
(11)									

Part VII

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

(A) Name and title		(B) Average hours per week (list any	box	, unle	Position ot check more than on unless person is both a r and a director/truster				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and			t
		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)	orgar related			ns
	Subtotal							u u	743,056	162,536			57,	122
	Fotal (add lines 1b and 1c)							u u	743,056	162,536		5	57,	122
	Total number of individuals (eportable compensation fron				to th	ose	liste	d at	bove) who received more	than \$100,000 of			Yes	No
4 i	Did the organization list any permployee on line 1a? If "Yes For any individual listed on line organization and related organization and related organization."	<i>," complete Sch</i> ne 1a, is the su	e <i>dul</i> m of	e J i	<i>for s</i> ortab	uch ole c	<i>indiv</i> omp	<i>idu</i> a ens	al sation and other compensa	tion from the		3	v	Х
5 [individual Did any person listed on line											4	X	v
	or services rendered to the n B. Independent Contrac		Yes	s, c	ompi	ete .	Scne	auie	ie J for such person			5		X
1 (Complete this table for your compensation from the organ	five highest com							lendar year ending with or	within the organization's	tax year.			
	Name and	(A) d business address							Descrip	(B) tion of services		Со	(C) mpensa	ition
	PRODUCTION		_			562	4		LLINGTON AVE.					
	RINGFIELD DGLE, INC.	VA	2	21		DEP	·т·		<u>MAILING & POS</u> 654, PO BOX 3900			5	,108	,831
	N FRANCISCO	CA	9	41		JEP	Ί.		ONLINE ADVERT				982	,560
	WARWICK DONORDI					255	0 1		NTH STREET, SUIT				,,,	, 500
BERKELEY CA 94710							MAIL MANAGEME				757	,465		
	DAVIS WRIGHT TREMAINE LLP 1201 SEATTLE WA 98101					1 :		D AVENUE, STE 22	200					
	ATTLE MUNICATION CORP			<u>8</u> ⊥		121	.29		<u>ATTORNEY</u> IRPARK DRIVE, SU	TTTR 120	-+		516	,009
	KWOOD	VA		27		- J 1	ر ہے.		PRINTING & PO				442	,808
2	Total number of independent	contractors (inc	ludir	ng b	ut no			to	those listed above) who					
r	received more than \$100,000	of compensation	on fr	om	the o	orga	nizat	ion	u	21		Form	990	(2020)

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 352,922 1a **b** Membership dues 1b **c** Fundraising events 959,762 1c d Related organizations 1d Contributions, and Other Sim **e** Government grants (contributions) 1,905,373 1e **f** All other contributions, gifts, grants. and similar amounts not included above 55,171,919 1f 1g \$ 1,385,434 **g** Noncash contributions included in lines 1a-1f . . h Total. Add lines 1a-1f 58,389,976 u Business Code 900099 367,215 367,215 Program Service Revenue 2a SPAY/NEUTER PROGRAM 900004 319,048 b ADVERTISING INCOME 319,048 f All other program service revenue g Total. Add lines 2a-2f 686,263 3 Investment income (including dividends, interest, and 369,004 369,004 other similar amounts) u Income from investment of tax-exempt bond proceeds Royalties 111,126 111,126 (i) Real (ii) Personal 6a Gross rents 17,940 6a 15,128 6b **b** Less: rental expenses 2,812 c Rental inc. or (loss) 6c 2,812 2,812 d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 10,599,867 22,000 other than inventory Revenue **b** Less: cost or other 9,820,333 7b 3,470 basis and sales exps. 779,534 18,530 c Gain or (loss) 7с Other 798,064 d Net gain or (loss) 798,064 **8a** Gross income from fundraising events (not including \$ 959,762 of contributions reported on line 1c). See Part IV, line 18 8a 13,813 **b** Less: direct expenses 455,857 8b c Net income or (loss) from fundraising events -442,044 -442,044 **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 129,381 10a 74,674 **b** Less: cost of goods sold 10b 54,707 32,277 22,430 c Net income or (loss) from sales of inventory u Business Code scellaneous Revenue 900099 665,442 665,442 11a MISCELLANEOUS INCOME 531120 4,328 4,328 b PARTNERSHIP INCOME d All other revenue e Total. Add lines 11a-11d 669,770 u 12 Total revenue. See instructions 60,639,678 1,197,556 345,806 706,340

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res			complete column (A).	X
	not include amounts reported on lines 6b, 8b, 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	133,052	133,052		
2	Grants and other assistance to domestic				
	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	3,092,626	3,092,626		
4	Benefits paid to or for members	,	, ,		
5	Compensation of current officers, directors,				
	trustees, and key employees	161,224	160,419	526	279
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	13,095,927	13,030,521	42,689	22,717
8	Pension plan accruals and contributions (include			,000	
-	section 401(k) and 403(b) employer contributions)	143,688	142,970	468	250
9	Other employee benefits	31,944	31,784	104	250 56
10	Payroll taxes	866,228	861,902	2,824	1,502
11	Fees for services (nonemployees):	000,220	551,552	2,021	1,302
	Management				
b	Legal	1,407,156	1,144,910	28,183	234,063
c	Accounting	75,000	61,836	1,415	11,749
	Lobbying	737000	01/030	17113	
	Professional fundraising services. See Part IV, line	7 438,977			438,977
f	Investment management fees	100/01/			130 / 5 / 7
3	(A) amount, list line 11g expenses on Schedule O.)	10,322,303	9,839,234	223,367	259,702
12	Advertising and promotion		7,007,202		
13	Office expenses	1,439,869	1,174,062	2,564	263,243
14	Information technology	,,	, , , , , , ,	,	
15	Royalties				
16	Occupancy	1,344,715	1,318,323	5,135	21,257
17	Travel	431,654	424,925	1,805	4,924
18	Payments of travel or entertainment expense	· · ·	·		<u>, </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	161,100	126,676	404	34,020
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	312,901	246,039	786	66,076
23	Insurance	376,143	295,768	944	79,431
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.	6,117,612	3,387,481	151	2,729,980
b	POSTAGE AND SHIPPING	3,672,358	2,489,778	289,396	893,184
С	MEDIA & PRESS SUPPORT	2,698,962	1,834,274	30	864,658
d	GENERAL OPERATING EXPENSE	, ,	1,251,215	4,112	346,002
е	All other expenses	624,525	398,718	283	225,524
25	Total functional expenses. Add lines 1 through 24e	48,549,293	41,446,513	605,186	6,497,594
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	10 000 000	U 200 200	50.060	4 604 01-
DAA	following SOP 98-2 (ASC 958-720)	12,073,900	7,399,022	50,063	4,624,815
DAA					Form 990 (2020)

Form 990 (2020) PEOPLE FOR THE ETHICAL TREATMENT

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,389,824 2,540,297 Cash—non-interest-bearing 1 Savings and temporary cash investments 4,922,164 2,607,377 2 871,284 87,498 Pledges and grants receivable, net 3 117,343 Accounts receivable, net 7,866,397 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 **Assets** Notes and loans receivable, net 7 Inventories for sale or use 52,282 80,132 8 9 Prepaid expenses and deferred charges ______ 751,080 9 688,724 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,995,643 **b** Less: accumulated depreciation 10b 2,179,009 883,630 816,634 10c Investments—publicly traded securities 21,064,855 10,669,059 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 1,813,523 15 1,812,075 15 38,563,989 24,470,189 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 6,385,642 6,561,292 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,789,388 of Schedule D 25 3,453,768 9,350,680 9,839,410 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 9,444,503 27 22,193,781 27 6,530,798 5,675,006 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 15,119,509 32 28,724,579 38,563,989 24,470,189 Total liabilities and net assets/fund balances 33

Form **990** (2020)

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orm	990 (2020) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336			Pa	ge 12				
Pa	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				_X_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,6	39,	6 <u>78</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,5	49,	<u> 293</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	12,0	2,090,385					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,1	5,119,50					
5	Net unrealized gains (losses) on investments	5	1,5	14,	<u>583</u>				
6									
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			102				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	28,7	24,	<u>579</u>				
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲				
				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?		2a	1	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?		2k	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?		. 20	: 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?		3a	1	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		3k	<u> </u>					
			F	orm 99	0 (2020)				

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

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 52-1218336

			OF ANIMALS,	INC.			52-121	8336					
Pa	art	l Reas	on for Public Charity	Status. (All organization)	ns mus	st comp	lete this part.) See inst	ructions.					
The	orga	anization is no	t a private foundation becar	use it is: (For lines 1 through 1	2, check	only one	box.)						
1		A church, co	onvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).						
2	П	A school des	scribed in section 170(b)(1	I)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)						
3	П	A hospital or	r a cooperative hospital ser	vice organization described in	section	170(b)(1)(A)(iii).						
4	П	A medical re	esearch organization operate	ed in conjunction with a hospit	al describ	oed in s e	ection 170(b)(1)(A)(iii). Enter	the hospital's name,					
	_	city, and stat	te:					•					
5		-	•	t of a college or university own	ed or op	erated by	a governmental unit describe	ed in					
			0(b)(1)(A)(iv). (Complete Pa		_								
6	Н		_	governmental unit described i									
7	X		nization that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	Ш	An agricultur	al research organization de	escribed in section 170(b)(1)(A)(ix) op	erated in	conjunction with a land-grant	college					
		or university university:	or a non-land-grant college	e of agriculture (see instruction	s). Enter	the name	e, city, and state of the colleg	e or					
10		An organizat	ion that normally receives:	(1) more than 33 1/3% of its s	support fr	om contr	butions, membership fees, ar	nd gross					
	_	•	•	empt functions, subject to certa			•	•					
			0	and unrelated business taxable 30, 1975. See section 509(a)		`	,	S					
11			•	d exclusively to test for public		•	,						
12	П	An organizat	ion organized and operated	d exclusively for the benefit of,	to perfor	m the fur	nctions of, or to carry out the	purposes					
		of one or mo	ore publicly supported organ	nizations described in section	509(a)(1) or secti	on 509(a)(2). See section 5	09(a)(3).					
		Check the bo	ox in lines 12a through 12d	that describes the type of sup	porting o	rganizatio	on and complete lines 12e, 12	2f, and 12g.					
	а	Type I. A	A supporting organization o	perated, supervised, or control	lled by its	support	ed organization(s), typically b	y giving					
				ower to regularly appoint or ele	-	ority of th	e directors or trustees of the						
			0 0	complete Part IV, Sections A									
	b	<u> </u>		supervised or controlled in con				•					
			•	orting organization vested in the	ie same į	persons t	hat control or manage the su	pported					
	_			te Part IV, Sections A and C.	من اممد		with and functionally into are	طفانين لمما					
	C	its suppo	orted organization(s) (see in	supporting organization operanstructions). You must complete	ete Part I	V, Section	ons A, D, and E.	tea with,					
	d	Type III	non-functionally integrate	ed. A supporting organization	operated	in conne	ction with its supported organ	nization(s)					
				he organization generally must				tiveness					
		_ ·	,	must complete Part IV, Sect									
	е	Check th	is box if the organization re	eceived a written determination	from the	IRS that	it is a Type I, Type II, Type I	II					
	£		mber of supported organization	non-functionally integrated supportions	borting of	ganizado	п.						
	f g			the supported organization(s)									
		ne of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of					
(1)		ganization	(11) = 114	(described on lines 1–10		ur governing	support (see	other support (see					
				above (see instructions))	docur	ment?	instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(E)													

Schedule A (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336

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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.)

	edon A. Public Support	(-) 0040	(I-) 0047	(-) 0040	(-I) 0040	(-) cooo	(D. T. : 1
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,332,789	51,580,176	46,778,316	59,140,068	58,389,976	259,221,325
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	43,332,789	51,580,176	46,778,316	59,140,068	58,389,976	259,221,325
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,192,010
6	Public support. Subtract line 5 from line 4.						253,029,315
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	43,332,789	51,580,176	46,778,316	59,140,068	58,389,976	259,221,325
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	485,890	428,096	502,601	456,168	498,070	2,370,825
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,669			19,054	231,534	261,257
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,191	104,817	478,154	539,079	665,442	1,813,683 263,667,090
12	Gross receipts from related activities, etc	c. (see instructions	s)			12	3,202,570
13	First 5 years. If the Form 990 is for the	organization's first					<u> </u>
	organization, check this box and stop he	ere					▶ □
Sec	tion C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2020 (line	6, column (f) divid	led by line 11, co	lumn (f))		14	95.97%
15	Public support percentage from 2019 Sc		lina 11			45	89.22%
16a	33 1/3% support test—2020. If the orga	anization did not ch					
	box and stop here. The organization qu	alifies as a publicl	y supported orga	nization			▶ 🗓
b	33 1/3% support test—2019. If the orga	anization did not ch	neck a box on line	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check	
	this box and stop here. The organization	n qualifies as a pu	ublicly supported	organization			▶ □
17a	10%-facts-and-circumstances test—2	020. If the organiz	ation did not ched	ck a box on line 13	3, 16a, or 16b, an	d line 14 is	
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the organization						▶ 🗆
b	10%-facts-and-circumstances test—2	019. If the organiz	ation did not ched	ck a box on line 13	3, 16a, 16b, or 17	a, and line	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain							
	in Part VI how the organization meets the	ne "facts-and-circu	mstances" test. T	he organization qu	ualifies as a public	cly supported	
	organization						▶ ∐
18	Private foundation. If the organization of instructions	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	, check this box a	nd see	▶ □

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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	dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
	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 Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
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 5 years. If the Form 990 is for the organization, check this box and stop he		st, second, third, fo	•		. , , ,	▶ □
Sec	tion C. Computation of Public						
15	Public support percentage for 2020 (line			olumn (f))		15	%
16	Public support percentage from 2019 Sc						%
	tion D. Computation of Investm						
17	Investment income percentage for 2020			e 13, column (f))		17	%
	vestment income percentage from 2019		III. E 47			40	%
	33 1/3% support tests—2020. If the org						·
	17 is not more than 33 1/3%, check this	=					▶ □
b	33 1/3% support tests—2019. If the org line 18 is not more than 33 1/3%, check	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	ore than 33 1/3%,	1 1
20	Private foundation. If the organization of	-	_	•		_	

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 5b and 5c 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 line 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
(For	rm 990	or 990-	EZ) 2020

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	ule A (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ETHICAL TREATMENT 52-121833 of IV Supporting Organizations (continued)	<u> </u>		Page 5
. u	CIT Capporting Ciganizations (Continuou)		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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
2	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		V	N -
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	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			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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	3		
Sect	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
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 governmental entity (see	instruc		
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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	OL.		
2	these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 3a and 3h helow	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b		
AA	Schedule A (For	m 990	or 990-	EZ) 2020

	ule A (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ETHICAL TRE			336 Page 6
<u>Par</u>				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on		• •	,
	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A through	
Sect	ion 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		
Sect	ion 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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 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 integra	ted Ty	pe III supporting organiza	ation

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Schedu Par t	le A (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ET			
		Supporting Organ	iizations (continueu)	
Secu	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	•		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets	dataile in Dont VA		
5	Qualified set-aside amounts (prior IRS approval required—provide of Other distributions (describe in Part VI). See instructions	details in Part VI)		
<u>6</u> 7	Other distributions (describe in Part VI). See instructions.			
8	Total annual distributions. Add lines 1 through 6.	pization is responsive		
0	Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions.	lization is responsive		
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
-10	Line o amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
<u>_</u> ;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
7	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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, 2l 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.)
PART]	II, LINE 10 - OTHER INCOME DETAIL
MISCEL	LLANEOUS INCOME \$ 1,813,683
SUPPLE	EMENTAL INFORMATION
MISCEL	LANEOUS INCOME INCLUDES NOT REGULARLY CARRIED ON INCOME FROM
OPERAT	TIONS AND INCOME FROM ANNUITIES.
*	
•	
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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

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

	e organization answered "Yes," on Form 990, Part IV,	line 5 (Proxy Tax) (See sep	parate instruction	ns) or Form 990-EZ, F	Part V, line 35c (Pro
	(See separate instructions), then	4 111			
	Section 501(c)(4), (5), or (6) organizations: Complete Par			Employer iden	tification number
Naiii	e of organization PEOPLE FOR THE ETH	ICAL IRLAIMENI			
Dai	OF ANIMALS, INC. It I-A Complete if the organization is exe	mpt under section 50	1(c) or is a s	52-12183	
	<u> </u>	•			Zation.
1	Provide a description of the organization's direct and inc	direct political campaign activ	ities in Part IV. (S	see instructions for	
•	definition of "political campaign activities")			¢	
	Political campaign activity expenditures (See instruction				
	Volunteer hours for political campaign activities (See in text I-B Complete if the organization is executed to the complete in the organization of the complete in the organization is executed to the complete in the complete in the organization is executed to the complete in the complet				
1	Enter the amount of any excise tax incurred by the orga	anization under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organiza	ation managers under section	1 4955	u \$	
3	If the organization incurred a section 4955 tax, did it file				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV. To I-C Complete if the organization is exe	ampt under section FO	11(a) avaant	coction F01/o\/2\	
			· /·	section 301(c)(3).	
1	Enter the amount directly expended by the filing organiz	·		¢	
•	activities			u \$	
2	Enter the amount of the filing organization's funds contr	-		¢	
•	527 exempt function activities	Enter have and an Form 140		u \$	
3	Total exempt function expenditures. Add lines 1 and 2.			(
	line 17b	 		u\$	Yes No
4	Did the filing organization file Form 1120-POL for this y Enter the names, addresses and employer identification	rumber (FIN) of all section	E27 political organ	oizationa ta which the	Yes No
5					
	organization made payments. For each organization list				
	the amount of political contributions received that were			-	
	as a separate segregated fund or a political action com-	1			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
41					ii none, enter v .
(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) 2020

reporting section 4911 tax for this year?

Sch	edule C. (F	orm	990 or 990-EZ) 2020 PEOPLE	FOR THE	ЕТНТСАТ.	TREATMEN	ጥ 52-121833	б Раде 2	
	art II-A		Complete if the organiz section 501(h)).						
	Check u if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check u if the filing organization checked box A and "limited control" provisions apply.								
		(Т	Limits on Lobb			d.)	(a) Filing organization's totals	(b) Affiliated group totals	
((The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.			er \$500,000.	62,507 122,773 185,280 48,364,013 48,549,293 1,000,000				
	Over \$	17,00	,	\$1,000,000.			250,000		
I	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form						250,000		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	150,677	146,027	110,261	185,280	592,245				
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	13,668	45,596	19,239	62,507	141,010				

Schedule C (Form 990 or 990-EZ) 2020

Yes

No

Schedule C (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ETHICAL TREATMENT Part II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	52-1218 as NOT fi		rm 5768
	(a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
 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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing expenization incurred a postion 4012 tax did it file Form 4720 for this year? 			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(F) 0"	aastian
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)((5), or	section
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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		2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
One of the least and the control of		4	
		5	
Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.			1 and

Schedule	e C (Forn	n 990 or 990-EZ) 2020	PEOPLE	FOR	$_{ m THE}$	ETHICAL	TREATMENT	52-1218336	Page 4
Part	t IV	Supplemental	Information	(con	ntinued)		TREATMENT		
		• •							

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

	of the organization		Employer identification number
Ρ	EOPLE FOR THE ETHICAL TREATMENT		
0	F ANIMALS, INC.		52-1218336
Pa	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		
	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
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or e	education Preservation of a historicall	y important land area
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified col	nservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/2		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	tax year u		
4	Number of states where property subject to conservation easement	is located \mathbf{u}_{\dots}	
5	Does the organization have a written policy regarding the periodic r	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds'	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
	u		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
	u \$		
8	Does each conservation easement reported on line 2(d) above satisfied	sfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Ar		ner Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 958, not	·	
	of art, historical treasures, or other similar assets held for public exh		rance of public
_	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, to re-		
	art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		u \$
2	If the organization received or held works of art, historical treasures	•	n, provide the
	following amounts required to be reported under FASB ASC 958 rel		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		u \$

Sch	edule D (Form 990) 2020 PEOPLE F	OR THE ETH	IICAL TREAT	MENT	52-12	218336	<u>-</u>		Pa	ige 2
Pa	art III Organizations Maintainir	ng Collections of	of Art, Historical	Treasure	s, or Ot	her Sin	nilar Ass	ets (c	ontin	ued
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rds, check any of the	following that	at make si	ignificant ι	ise of its			
а	Public exhibition	d 🗌	Loan or exchange pro	ogram						
b	H	_	Other							
С	H_{\perp} 1									
4	Provide a description of the organization's	collections and expl	ain how they further t	the organizat	ion's exer	not purpos	se in Part			
·	XIII.		and the transfer to	o.ga <u>-</u> a		р. ра.ро.				
5	During the year, did the organization solid	it or receive donation	ns of art historical tre	asures or of	her simila	r				
·	assets to be sold to raise funds rather that							☐ Ye	s [No
P	art IV Escrow and Custodial A		o part of the organize	20110 0011001						
	Complete if the organizati 990, Part X, line 21.		es" on Form 990,	Part IV, lii	ne 9, or	reported	d an amo	unt on	For	m
1-	Is the organization an agent, trustee, cust	adian or other interm	adian, for contribution	on or other o	ecote not					
16	included on Form 000 Port V2							☐ Ye		No
h	If "Yes," explain the arrangement in Part 3		following table:					□ .6	• ∟	, 140
U	I Tes, explain the analigement in Falt A	tili aliu complete tile	following table.					Amount		
_	Doginning balance					-	_	Amount		
	Beginning balance					—	C			
a	Additions during the year					····· 1	d			
e	Distributions during the year						e			
1	Ending balance					· · · · · · · · · · · · · · · · · · ·	f			T
	a Did the organization include an amount or							Ye	^s	No
	of If "Yes," explain the arrangement in Part	till. Check here if the	e explanation has bee	n provided d	n Part XII	<u> </u>			.	ļ
F	art V Endowment Funds.	on answered "Ve	or" on Form 000	Dort I\/ li	20.10					
	Complete if the organizati					(D. T.		(.) =		
	<u> </u>	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y		(e) Four		
	Beginning of year balance	5,675,006	5,353,926		6,197		13,914	4,4		
	• Contributions	5,743,275	2,448,426	5,8/	9,546	1,3	60,481	1,4	52,	564
C	Net investment earnings, gains, and	60 500	6 205		0 200		05 504		00	1
	losses	69,583	6,305	2	0,390		25,784		22,	56 <u>T</u>
	Grants or scholarships									
е	e Other expenditures for facilities and	4 055 066	0 100 151					_		
	programs	4,957,066	2,133,651	5,57	2,207	⊥,7	73,982	5	52,	529
	Administrative expenses				2 225		0.6.100			
	End of year balance	6,530,798	5,675,006		3,926	5,0	26,197	5,4	⊥3,	914
	Provide the estimated percentage of the o		nce (line 1g, column	(a)) held as:						
	Board designated or quasi-endowment u	77.00%								
	Permanent endowment u 13.00 %									
С	Term endowment u 10.00 %									
	The percentages on lines 2a, 2b, and 2c	•								
3a	A Are there endowment funds not in the pos	ssession of the orgar	nization that are held a	and administ	ered for th	ne		Г		
	organization by:							-	Yes	No
								3a(i)		X
								3a(ii)		X
b	o If "Yes" on line 3a(ii), are the related orga	nizations listed as re	quired on Schedule R	l?				3b		
	Describe in Part XIII the intended uses of		ndowment funds.							
Pa	art VI Land, Buildings, and Ed									
	Complete if the organizati	<u>on answered "Ye</u>	<u>s" on Form 990,</u>	Part IV, lir	<u>ne 11a.</u>	See For	<u>m 990, F</u>	Part X,	line	10.
	Description of property	(a) Cost or other I	1 ''		٠,,	ccumulated		(d) Book	/alue	
		(investment)	(othe	er)	dep	reciation				
1a	a Land		,170						<u>1,1</u>	
	Buildings	1 1 2 C	,608 4	48,826		106,7	93	7	8,6	41
c	Leasehold improvements									
	I Equipment		2,71	L9,039	2,	072,2	16	64	6,8	323
	Other									
	al. Add lines 1a through 1e. (Column (d) mu		Part X, column (B), lin	e 10c.)			u	81	6,6	34

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (9) Broan value (9) Broan value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments – Other Securities.		line 11h See Form 00	O Dort V line 12
Cost or end-depend market value (2) Clossely helid equity interests. (3) Other (4) (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<u> </u>			
(9) Florancial derivatives (2) Closely held equity interests (3) Other (3) Other (4) (4) (6) (7) (6) (7) (7) (7) (8) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18			(b) Book value	` '	
(2) Closely held equity interests	<u> </u>			Cost of end-of-year	market value
(3) Other (b) (c) (c) (c) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		eld equity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(C) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
Column (b) must equal Form 990, Part X, col. (b) line 12.) U					
(G) (H) (Foltal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (B) (B) (Column (b) must equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (B) (Column (b) must equal Form 990, Part X, col. (B) line 15.) (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (A) (Column (b) must equal Form 990, Part X, col. (B) line 15.) (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (A) (Column (b) must equal Form 990, Part X, col. (B) line 25. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (Column (b) must equal Form 990, Part X, col. (B) line 25. (Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15d. See Form 990, Part X, line 15d. See Form 990, Part X, line 15d. See Form 990, Part X, col. (B) line 15d. See Form 990, Part X, col. See Form 990, Part X,					
Cotata Cotatan (b) must equal Form 990, Part X, col. (B) line 12.) U					
Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Busk value (b) Busk value (c) Method of valuations. Cost or end-of-year method value (c) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuations.					
(a) Description of investment (b) Book value (c) Method of valuation: Coat or end-d-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII				
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					· · · · · · · · · · · · · · · · · · ·
(f) (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Description of investment	(b) Book value	` '	
[2] [3] [4] [5] [6] [7] [8] [9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) [2] [3] [4] [5] [6] [7] [8] [9] Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) ANNUTITES PAYABLE (3) DEFERRED REINT (4) Signature (3) DESCRIPT (5) Signature (4) Signature (5) Signature (6) Signature (7)				Cost or end-of-year	market value
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(3)				
Go C7 G8 G8 G9 G9 G9 Fort X Column (b) must equal Form 990, Part X, col. (B) line 13.)	(4)				
Go C7 G8 G8 G9 G9 G9 Fort X Column (b) must equal Form 990, Part X, col. (B) line 13.)					
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(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Line 25. (a) Description of liability (b) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) ANNUITIES PAYABLE (g) ANDURDING (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			n Form 990. Part IV.	line 11d. See Form 99	0. Part X. line 15.
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Second Column (b) must equal Form 990, Part X, col. (B) line 25.) Second Column (b) must equal Form 990, Part X, col. (B) line 25.) Second Column (b) must equal statements that reports the column is positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the column is positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the column is positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the column is positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the column is positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the column is position.	Part X		5 000 5 107		222 5 . 1/
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(1) Federal income taxes (2) ANNUITIES PAYABLE (3) DEFERRED RENT (4) ROUNDING (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		line 25.			
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(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3) DEFER	RRED RENT			3,750
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		nn (h) must equal Form 990 Part X col. (R) line 25.)		11	3 453 768
			ontnote to the organization		
	•	·			

	dule D (Form 990) 2020 PEOPLE FOR THE ETHICAL TREAT				Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990,				70 600 040			
	Total revenue, gains, and other support per audited financial statements			1	72,688,240			
	Net unrealized gains (losses) on investments	2a	1,514,583					
b	Donated services and use of facilities	2b	10,002,643					
С	Recoveries of prior year grants	2c	_0,00_,02					
d	Other (Describe in Part XIII.)	2d	531,336					
е	Add lines 2a through 2d			2e	12,048,562			
3	Subtract line 2e from line 1			3	60,639,678			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b						
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	60,639,678			
	rt XII Reconciliation of Expenses per Audited Financial State			er Re				
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.					
				1	59,083,170			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	10 000 640					
	Donated services and use of facilities	2a	10,002,643					
D C	Prior year adjustments Other losses	2b 2c						
	Other (Describe in Part XIII.)	2d	531,234					
e	Add lines 2a through 2d			2e	10,533,877			
3	Subtract line 2e from line 1			3	48,549,293			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIII.)	4b						
				4c	48,549,293			
	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information.			<u> </u>	40,349,293			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lin	es 1b and 2b; Part V, line	e 4; Par	t X, line			
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			•	·			
P	ART V, LINE 4 - INTENDED USES FOR ENDOWMEN	NT	FUNDS					
. P.	JRPOSE RESTRICTED FUNDS OF \$2,818,595 ARE	AV.	AILABLE FOR (CAMP	AIGNS AGAINST			
7\ 1	ATINA TERRETARIO ENCENCIA VIOLENZA EN ANTINA		אים דידי					
. A.	NIMAL TESTING, FACTORY FARMING, AND ANIMA	<u>ب</u> رب	KUELLY.					
E	NDOWMENTS ARE COMPRISED OF FIVE SEPARATE I	ENDO	NULLA LINDS	שרדי	н а тотат.			
:	NOWHENTO THE CONTRIBUTE OF THE DEFINITION OF			. ! ! : - : - : :				
V	ALUE OF \$3,712,203 AS OF JULY 31, 2021. T	JNDI	ER TERMS OF T	ГНЕ	FIRST			
E	NDOWMENT FUND, 20% OF THE ORDINARY EARNING	GS	FROM INVESTME	ENTS	ARE			
P.	ERMANENTLY RESTRICTED WHILE 35% ARE AVAILA	ABLI	E FOR UNRESTR	RICTI	ED USE AND THE			
.R.	EMAINING 45% ARE DONATED TO OTHER ORGANIZ.	ÄΤΤ	JNS. UNDER	. 1 1111	TERMS OF THE			
S	ECOND ENDOWMENT FUND, ORDINARY EARNINGS FF	KÖM	ONE HALF OF	THE	ENDOWMENT			
S	HALL BE USED FOR CAPITAL EXPENDITURES. UI	NDEI	R THE TERMS (OF T	HE THIRD			
E	NDOWMENT, 10% OF THE EARNINGS IS RETAINED	ТО	GROW THE FUI	ND.,	THE REMAINING			
.9.	0% IS AVAILABLE FOR UNRESTRICTED USE. EAR	RNII	NGS ON THE RI	EMAI.	NING TWO			

Schedule D (Form 990) 2020 PEOPLE FOR THE ETHICAL TREAT Part XIII Supplemental Information (continued)	<u> </u>	Page 5
ENDOWMENT FUNDS ARE UNRESTRICTED.		
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDE	ED IN FINANCIALS - O	THER
COST OF GOODS SOLD	\$	74,674
RENTAL EXPENSES	\$	15,128
	\$	
	\$	
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUI	OPD IN PINANCIAIS _	
	\$	
RENTAL EXPENSES		
SPECIAL EVENTS EXPENSES	\$	441,432

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

 PEOPLE FOR THE ETHICAL TREATMENT

Employer identification number

OF ANIMALS, INC.

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

1	other assistan	kers. Does the organiace, the grantees' eligants or assistance?	ibility for the grants o	r assistance	, and	the selection crit	teria used to		X Yes No
2								s and other assistance	
2	outside the U		i v ille organizations	procedures	101 11	ionitoring the use	or its grant	s and other assistance	
3	Activities per	Region. (The following	g Part I, line 3 table o	an be dupli	cated	if additional space	e is needed	.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region fundraisir investmen	(by typ ig, prog ts, grar	nducted in the e) (such as, gram services, nts to recipients ne region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region		(f) Total expenditures for and investments in the region
A:	SIA								
(1)				GRANTS	TO	RECIPIENTS	ANIMAL	PROTECTION	2,771,908
Αī	USTRALIA								
(2)				GRANTS	TO	RECIPIENTS	ANIMAL	PROTECTION	49,390
Εī	UROPE								
(3)				GRANTS	TO	RECIPIENTS	ANIMAL	PROTECTION	256,590
N	ORTH AMER	ICA							
(4)				GRANTS	TO	RECIPIENTS	ANIMAL	PROTECTION	10,738
	OUTH AMER	ICA							
(5)				GRANTS	ТО	RECIPIENTS	SANIMAL	PROTECTION	4,000
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
13)									
16)									
17)									
a S	Subtotal								3,092,626
	otal from continuation	1							
сТ	otals (add nes 3a and 3b)								3,092,626
- 11	nos sa anu SD)	1	I						J,UJZ,UZU

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,	line 15, for any re	cipient who red	ceived more than \$5,000. Par	t II can be duplica	ated if addition	al space is need	ded.	
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	2,757,399	WIRE			
(1)			ASIA						
				ANIMAL PROTECTION	49,390	WIRE			
(2)			AUSTRALIA						
(3)			EUROPE	ANIMAL PROTECTION	247,824	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax			
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	u	7	
2	Enter total number of other organizations or entities		1	

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 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. (d) Amount of (a) Type of grant or assistance (b) Region (e) Manner of (h) Method of (c) Number of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) ASIA 2 9,009 (1) ANIMAL HELP - RENT EXP WIRE (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) _(17)

(18)

Sche	edule F (Form 990) 2020 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) 2020

Part V Supplemental Information Provide the information required by Part I, line 2 (monitor amounts of investments vs. expenditures per region); Part III, column (c) (estimated number of recipients), as information. See instructions.	oring of funds	(accounting method); Part III (ac	counting method); and
PART I, LINE 2 - PROCEDURES FOR MONIT	ORING 7	THE USE OF	GRANT F	UNDS
PETA MONITORS THE USE OF GRANT FUNDS	THROUGI	H AN INTERN	AL DONA	TION REQUEST
FORM SPECIFYING INFORMATION THAT ALLO	WS MANA	AGEMENT TO	EVALUAT	E THAT THE
RECIPIENT WILL USE THE FUNDS EXCLUSIV	ELY FOR	R EXEMPT PU	RPOSES.	
PART I, LINE 3 - ACTIVITIES PER REGIO	N			
REGION	EΣ	KPENDITURES	INVES	TMENTS
ASIA	\$	2,771,908	\$	0
AUSTRALIA	\$	49,390	\$	0
EUROPE	\$	256,590	\$	0
NORTH AMERICA	\$	10,738	\$	0
SOUTH AMERICA	\$	4,000	\$	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.

u Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

OF ANIMALS, INC.	HICAL IRE	'Y T ME'IV	11	52-12183	
Part I Fundraising Activities. Complete	if the organiza	tion ans	wered "Yes" on Fo		
Form 990-EZ filers are not required					
1 Indicate whether the organization raised funds throug	h any of the follov	ving activiti	ies. Check all that appl	y.	
a X Mail solicitations	e Solicitation	of non-go	vernment grants		
b X Internet and email solicitations	f Solicitation	of govern	ment grants		
c X Phone solicitations	g X Special fur	ndraising e	vents		
d X In-person solicitations					
2a Did the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or ent					X Yes No
b If "Yes," list the 10 highest paid individuals or entities	(fundraisers) purs	uant to ag	reements under which	the fundraiser is to b	e
compensated at least \$5,000 by the organization.		(iii) Did fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser have custody or control of contributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
SD&A		Yes No		551. (1)	
1 5757 WEST CENTURY BLVD		100 110			
LOS ANGELES CA 90045	TELEFUNDRA	. X	34,928	200,636	-165,708
2 TELEFUND, INC					
PO BOX 120557		,,	F0 240	170 504	101 100
BOSTON MA 02112 3 MAL WARWICK	TELEFUNDRA	. X	58,342	179,524	-121,182
1625 K ST NW #300					
WASHINGTON DC 20006	PROF FUNDE	x	0	45,400	-45,400
4 ROI				,	•
1 ALEWIFE CENTER #210					
CAMBRIDGE MA 02140	TELEFUNDRA	. X	0	12,127	-12,127
5					
6					
7					
8					
•					
9					
10					
Fotal		>	93,270	437,687	-344,417
3 List all states in which the organization is registered or	or licensed to solic	it contribut	ions or has been notific	ed 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) 2020 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336

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

		gross receipts	greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ər			40TH VIRTUAL FU (event type)	INGRID'S BIRTHD	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	820,831	114,833	37,911	973,575
		Less: Contributions	820,831	114,833	24,098	959,762
		Gross income (line 1 minus line 2)			13,813	13,813
	4	Cash prizes				
	5	Noncash prizes	98,597	877	24,341	123,815
Expenses	6	Rent/facility costs				
	7	Food and beverages .	375			375
Direct	8	Entertainment	220,080	400	559	221,039
	9	Other direct expenses	14,804	71	95,753	110,628
			. Add lines 4 through 9 in columnubtract line 10 from line 3, column	_ ` '		455,857 -442,044
P	art	III Gaming, Com	plete if the organization an	swered "Yes" on Form 990	D. Part IV. line 19. or r	
			orm 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , ,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary	. Add lines 2 through 5 in column	n (d)	>	
	8	Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)		
а	ls t	ter the state(s) in which the organization licensed to the incomplete the transfer to the tran	ne organization conducts gaming to conduct gaming activities in ea	activities: ch of these states?		Yes No
		ere any of the organization	n's gaming licenses revoked, susp	pended, or terminated during the		Yes No

Sche	edule G (Form 990 or 990-EZ) 2020 PEOPLE FOR THE ETHICAL TREATMENT 52-123	L8336		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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?		Yes	s 📙 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
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?	[Yes	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	ſ	¬ _{v-}	
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	l	Yes	S No
b	spent in the organization's own exempt activities during the tax year u \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) an	q (v).	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			u
	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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PEOPLE FOR THE ETH OF ANIMALS, INC.		Employer identification number 52-1218336					
Part I General Information on Grants ar	nd Assistance	<u> </u>					2 1210550
 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 n 	the amount of the tance?	e grants or	nds in the United Sta	tes.			
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that							
(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 or assistance
(1) FOUNDATION TO SUPPORT ANIMAL PROT 501 FRONT ST.		- 0.1 TIO					ANIMAL PROTECTION
NORFOLK VA 23510 (2) PAWS	52-1842274	501C3	50,000				
PO BOX 1037	91-6073154	501C3	47,824				ANIMAL PROTECTION
(3) THE WILD ANIMAL SACTUARY 1946 COUNTY RD 53	84-1351483		10,000				ANIMAL PROTECTION
(4) SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL ST			10,000	7,000	EMV	SOFTWARE	ANIMAL PROTECTION
(5)	73 0072731	30103		7,000	TTTV	BOI IMIKE	
(6)							
(7)							
(8)							
(9)							
 2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the 		sted in the	line 1 table				u 4

Schedule I (Form 990) (2020) PEOPLE FOR T	THE ETHICAL T	REATMENT 5	2-1218336		Page 2
Part III Grants and Other Assistance	to Domestic Individ	duals. Complete if t	he organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if addi					
(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	vide the information	required in Part I,	line 2; Part III, colun	nn (b); and any other add	itional information.
PART I, LINE 2 - PROCEDURE	S FOR MONITO	RING THE USE	OF GRANT FU	INDS	
PETA MONITORS THE USE OF G	RANT FUNDS I	N THE U.S. 7	THROUGH AN IN	ITERNAL	
DONATION REQUEST FORM SPEC	IFYING INFOR	MATION THAT	ALLOWS MANAG	EMENT TO	
EVALUATE THAT THE RECIPIEN	T WILL USE T	HE FUNDS EXC	CLUSIVELY FOR	EXEMPT	
PURPOSES.					

SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service

Name of the organization

Department of the Treasury

PEOPLE FOR THE ETHICAL TREATMENT

INC

OF ANIMALS

Employer identification number 52–1218336

Part I **Questions Regarding Compensation** 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 1b explain 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? 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. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? **b** Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Χ a The organization? 5a Χ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: Χ a The organization? 6a Χ **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Χ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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.

	(/ISC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)		
JEFFREY KERR	(i)	0	0	O	0	0	0	0	
1 ASST. SECRETARY	(ii)	162,536	0	C	2,587	7,906	173,029	0	
ROSALIND ZAYAS	(i)	150,676		C	2,271			0	
2 VETERINARIAN	(ii)	0	0	C	0	0		0	
	(i)								
3	(ii)								
	(i)								
4	(ii)								
<u>·</u>	(i)								
5	(ii)								
<u>-</u>	(i)								
6	(ii)								
	(i)								
7	(ii)								
<u>I</u>	(i)								
_	(ii)								
8	(i)								
	(ii)								
9	- 11								
	(i)								
10	(ii)								
	(i) .								
11	(ii)								
	(i) .								
12	(ii)								
	(i)								
13	(ii)								
	(i)		[l		[l	<u> </u>	
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								
10			l	1	1		I		

Schedu	ıle J (F	orm 99	0) 2020	PEC	PLE	FOR	TH	E E	THIC	CAL	TRE	ATME	INT	52-	-1218	3336									Page 3
Part Provide for an	de the	inforr	nation	ntal li , expla	nation	ation , or de	escrip	tions	requir	ed for	r Part	I, line	s 1a,	1b, 3,	4a, 4k	o, 4c, 5	5a, 5b,	6a, 6l	o, 7, aı	nd 8, a	nd for I	Part II.	Also c	omplete	this part
ioi aii	iy auc	illioria	1 1111011	nation	•																				

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Noncash Contributions

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

11 Attach to Form 990

INC.

OF ANIMALS,

Inspection

52-1218336

OMB No. 1545-0047

2020

Open To Public u Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number PEOPLE FOR THE ETHICAL TREATMENT

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 9 20,600 FMV 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications Χ 21,612 FMV 4 5 Clothing and household goods Cars and other vehicles 59,900 2 6 Χ FMV Boats and planes 7 Intellectual property 8 Securities — Publicly traded 79 876,079 Χ FMV 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 Χ 80,553 Real estate — Residential FMV 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 52 59,183 FMV Χ 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 Other **u**(VARIOUS 267,507 Χ 85 FMV 25 26 Other **u**(27 Other $\mathbf{u}($ 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 Χ **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	990) 2020	PEO	PLE FO	OR TI	IE ETI	HICAL	TRE	<u>ATMEI</u>	NT	<u>52-1</u>	<u> 21833</u>	6		Page 2
Part II	th	upplemente organ r a comb	izatior	n is repo	rting in	Part I, o	column	(b), the	numb	er of c	ontribut	ions, th	e numb	nd 33, ar er of item	nd whether is received,
PART	I.,.	LINE	32E	3 - TI	HIRD	PARTY	Z USE	D TO	PRO	CESS	NONC	CASH	CONTR	IBUTI	ONS
EBAY	IS	USED	ТО	SELL	NONC	CASH I	OONAT	IONS	(ART	Г, СС	ONCER	T TI	CKETS) AND	CHARITY
															IENCES.
	÷.Ņ.		+	.400.1.	I.O.I.	,OI,CH	,,,,,,	+,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20011.		بنبنت	+	. HYYL .HIV.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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 ETHICAL TREATMENT OF ANIMALS, INC.	Employer identification number 52-1218336
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT	·
RESEARCH, INVESTIGATIONS, AND RESCUES	
RECEIVING HUNDREDS OF COMPLAINTS RELATED TO ANIMAL	ABUSE AND NEGLECT EACH
WEEK, PETA WORKS TO RESCUE ABUSED, NEGLECTED, AND	
ORGANIZE CARE FOR THEM. PETA ALSO INVESTIGATES CRU	
INVESTIGATIONS, GATHERS EVIDENCE OF LEGAL VIOLATION	
INVESTIGATIVE JOURNALISM AND NEWSGATHERING. IT TAK	
ENFORCEMENT OF LAWS AND REGULATIONS.	
PETA INTERVENED IN MULTIPLE HOARDING CASES IN WHIC	H ANIMALS WERE LIVING IN
SQUALOR AND WERE IN DESPERATE NEED OF RESCUE, INCL	UDING MORE THAN 70 CATS
AND KITTENS IN CAMDEN, MICHIGAN; 48 ANIMALS OF VAR	LIOUS SPECIES IN EAST
LANSING, MICHIGAN; 38 DOGS AND PUPPIES IN HOLLIS,	OKLAHOMA; AND MORE THAN
20 ANIMALS IN TEMPLETON, PENNSYLVANIA (WHICH RESUL	TED IN NEARLY 200
CRUELTY-TO-ANIMALS CHARGES).	
PETA'S EMERGENCY PAGER CARRIER RECEIVED A CALL ALE	RTING THE GROUP TO
GRAPHIC AND DISTURBING FOOTAGE POSTED TO SNAPCHAT	OF A CAT BEING VICIOUSLY
BEATEN BY HIS JUVENILE OWNER. THROUGH PERSISTENT A	AND STEADFAST URGING,
PETA'S CASEWORKER PERSUADED THE UNDERSTAFFED PENNS	SYLVANIA LAW-ENFORCEMENT
AGENCY IN THE AREA TO SECURE THE CAT'S SURRENDER A	ND GET HIM IMMEDIATE
VETERINARY CARE. THE TEENAGER WAS CHARGED AND SENT	ENCED TO JUVENILE
PROBATION, ORDERED TO PAY RESTITUTION TO PETA, AND	BANNED FROM POSSESSING
ANIMALS DURING THE LENGTH OF HIS PROBATION. THE CA	T HAS RECOVERED AND IS
HAPPY IN HIS NEW HOME.	

PAGE 1 OF 37

PAGE 2 OF 37

PAGE 3 OF 37

IN RESPONSE TO PETA'S REQUEST, THE VIRGINIA DEPARTMENT OF TRANSPORTATION IS FARMS. A DAY LATER, AMID MEDIA COVERAGE OF THE ISSUE, SMITHFIELD ANNOUNCED THAT IT WOULD STOP SLAUGHTERING PIGS AT THIS SPECIFIC PLANT-MARKING THE END OF DECADES OF KILLING PIGS THERE, NO DOUBT IN PART THANKS TO PETA'S CONTINUED EXPOSURE OF THESE CRASHES.

PETA REVEALED THAT FULLY CONSCIOUS PIGS WHOSE THROATS HAD BEEN SLASHED WERE

PAGE 4 OF 37

LEFT TO WALK AROUND A NORTH CAROLINA SLAUGHTERHOUSE AND THAT IN IOWA, PIGS
WERE DRAGGED THROUGH A HAIR-REMOVAL MACHINE AND FOUR OTHERS WERE REPEATEDLY
SHOT IN THE HEAD ON THE KILL FLOOR. PETA CALLED FOR CHARGES AGAINST A
NEVADA SLAUGHTERHOUSE WHERE STAFF SHOT ANIMALS IN THE HEAD UP TO FIVE
TIMES, A COLORADO SLAUGHTERHOUSE WHERE WORKERS SHOT A COW IN THE HEAD TWICE
AND THEN LEFT HER TO SUFFER IN A TRAILER WHILE THEY GRABBED ANOTHER RIFLE
AND FINALLY ENDED HER PAIN, AND A PENNSYLVANIA SLAUGHTERHOUSE WHERE FIVE
ANIMALS WERE REPEATEDLY SHOT IN THE HEAD. PETA ALSO EXPOSED MANY OTHER ACTS
OF CRUELTY IN THE ANIMAL AGRICULTURE INDUSTRY, INCLUDING THAT MORE THAN
9000 "SPENT" HENS WERE LEFT TO FREEZE TO DEATH ON TRUCKS OUTSIDE A
MINNESOTA SLAUGHTERHOUSE.

A UTAH SHERIFF INVESTIGATED A FARM AFTER PETA SUBMITTED A CONCERNED

CITIZEN'S VIDEO FOOTAGE SHOWING WORKERS THERE BEATING PIGS WITH A WOODEN

BOARD, KICKING THEM IN THE FACE, AND MORE.

ON THE HEELS OF A WHISTLEBLOWER TIP AND A COMPLAINT FROM PETA, THE USDA FOUND THAT 91 PIGS DIED OUTSIDE A SMITHFIELD FOODS SLAUGHTERHOUSE IN NEBRASKA AFTER BEING LEFT ON TRUCKS FOR HOURS IN FEBRUARY AS THE TEMPERATURE PLUMMETED TO 27 BELOW. PETA'S CALL FOR A CRIMINAL INVESTIGATION NETTED NATIONAL ATTENTION.

AFTER A CONCERNED CITIZEN DOCUMENTED SEVERELY INJURED AND DEAD PIGS INSIDE
A TYSON SHED IN IOWA, PETA OBTAINED BODYCAM FOOTAGE FROM THE RESPONDING
DEPUTY, WHO FOUND THAT A FACTORY FARMER HAD HAULED THE SICK AND WOUNDED
ANIMALS FROM MINNESOTA TO THE SHED TO MAKE A FEW DOLLARS FROM SELLING THEM,
RATHER THAN PUTTING THEM OUT OF THEIR MISERY. EVEN WHEN CONFRONTED WITH

PAGE 5 OF 37

THE U.S. DEPARTMENT OF JUSTICE (DOJ) FILED A LAWSUIT AGAINST THE LOWES AND

TWO BUSINESSES ASSOCIATED WITH THE COUPLE FOR VIOLATIONS OF THE ESA AND THE AWA, INCLUDING ILLEGALLY TAKING, POSSESSING, AND TRANSPORTING PROTECTED ANIMALS AND PLACING THE HEALTH OF ANIMALS IN SERIOUS DANGER. THE SUIT HEAVILY RELIED ON PRECEDENT PETA WON IN ITS ESA SUIT AGAINST WILDLIFE IN NEED AND SEEKS, AMONG OTHER RELIEF, FOR THE COURT TO ENJOIN THE DEFENDANTS PERMANENTLY FROM VIOLATING THE AWA AND THE ESA AND TO ORDER THE LOWES TO RELINQUISH ALL ENDANGERED SPECIES IN THEIR POSSESSION. PETA HAS FILED A MOTION TO INTERVENE AS CO-PLAINTIFF IN THE LAWSUIT.

THE DOJ CONFISCATED 69 ESA-PROTECTED BIG CATS FROM TIGER KING PARK, NAMED AFTER THE NETFLIX DOCUSERIES THAT MADE THE LOWES (AND THEIR EXPLOITATION OF BIG CATS) INFAMOUS. THE DOJ'S SEARCH-AND-SEIZURE WARRANT WAS BASED IN PART ON EVIDENCE OBTAINED BY PETA-INCLUDING TESTIMONY REGARDING BIG-CAT BREEDING IN VIOLATION OF A COURT ORDER AND EVIDENCE REGARDING THE APPALLING CONDITION OF LIONS PETA RESCUED FROM THE LOWES IN 2020. THE DOJ HAS SINCE CONFISCATED ALL WILD AND EXOTIC ANIMALS FROM THE LOWES.

THE FOURTH CIRCUIT COURT OF APPEALS UPHELD PETA'S VICTORY IN ITS ESA

LAWSUIT AGAINST TRI-STATE ZOOLOGICAL PARK; ITS OWNER AND OPERATOR, ROBERT

CANDY; AND AN ASSOCIATED ENTITY, ANIMAL PARK, CARE & RESCUE, INC. THE JUDGE

RULED THAT PETA HAD STANDING TO BRING THE SUIT IN PART BECAUSE THE ROADSIDE

ZOO "CREATED THE MISIMPRESSION THAT THE CONDITIONS IN WHICH THE ANIMALS

WERE KEPT WERE LAWFUL AND CONSISTENT WITH ANIMAL WELFARE" AND BECAUSE

PETA'S MISSION DEMANDED THAT IT TAKE ACTION TO CORRECT THAT MISIMPRESSION.

AS A RESULT OF THE TRIAL COURT'S RULING, THREE BIG CATS WERE TRANSFERRED TO

THE WILD ANIMAL SANCTUARY AND THE ROADSIDE ZOO WAS PROHIBITED FROM EVER

AGAIN OWNING OR POSSESSING ENDANGERED OR THREATENED SPECIES.

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THE U.S. DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA ORDERED THE NOW-SHUTTERED DADE CITY'S WILD THINGS AND ITS OPERATORS, KATHY AND RANDY STEARNS, TO PAY NEARLY \$400,000 TO PETA IN ATTORNEYS' FEES AND EXPENSES RELATED TO PETA'S SUCCESSFUL ESA SUIT. PETA WAS PREVIOUSLY AWARDED A DEFAULT JUDGMENT AND PERMANENT INJUNCTION IN THE LAWSUIT BARRING THE ROADSIDE ZOO AND THE STEARNS FROM OWNING OR POSSESSING ENDANGERED TIGERS. FOLLOWING THE JUDGMENT, DADE CITY'S WILD THINGS SHUT DOWN AND THE LAST SIX TIGERS HELD THERE WERE TRANSFERRED TO THE WILD ANIMAL SANCTUARY.

IN A MAJOR VICTORY, SEAQUEST AGREED TO END ITS BID TO OPEN UP SHOP AT A MALL IN FORT LAUDERDALE, FLORIDA. THIS DECISION WAS MADE AS PART OF AN AGREEMENT TO SETTLE A LAWSUIT FILED IN 2019 BY PETA, THE ANIMAL RIGHTS FOUNDATION OF FLORIDA, AND A LOCAL RESIDENT. THE SUIT ALLEGED THAT THE CITY OF FORT LAUDERDALE UNLAWFULLY ISSUED SEAQUEST A DEVELOPMENT PERMIT TO OPEN IN THE MALL UNDER THE FALSE PRETENSE OF BEING A "MUSEUM" RATHER THAN AN AQUARIUM (WHICH IS NOT ALLOWED UNDER CITY ZONING LAWS).

AFTER YEARS OF VIOLATING THE AWA, PLEADING GUILTY TO CRUELTY TO ANIMALS,
FACING A LICENSE TERMINATION PROCEEDING BY THE USDA, AND SEEING ITS LICENSE
CHALLENGED IN A PETA LAWSUIT AGAINST THE USDA, ANIMAL EXHIBITOR LAUGHING
VALLEY RANCH FINALLY SURRENDERED ITS EXHIBITOR'S LICENSE.

THE U.S. COURT OF APPEALS FOR THE ELEVENTH CIRCUIT REVERSED A DISTRICT

COURT'S DISMISSAL OF PETA'S LAWSUIT AGAINST THE USDA CHALLENGING THE

AGENCY'S DECISION TO LICENSE THE MIAMI SEAQUARIUM AFTER IT WAS SOLD IN

2014. PETA WILL RETURN TO COURT TO ARGUE THAT THE USDA UNLAWFULLY LICENSED

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Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
ANIMALS.	
PETA PUSHED THE WORLD HEALTH ORGANIZATION (WHO) TO	CALL FOR THE CLOSURE OF
LIVE-ANIMAL MARKETS WORLDWIDE, INCLUDING PRESENTING	THE AGENCY WITH
PETITIONS CONTAINING HUNDREDS OF THOUSANDS OF SIGNA	TURES. WHO IS NOW URGIN
COUNTRIES TO SUSPEND THE SALE OF LIVE MAMMALIAN WIL	D ANIMALS IN FOOD
MARKETS AS AN EMERGENCY MEASURE, SAYING THAT WILD A	NIMALS ARE A LEADING
CAUSE OF EMERGING INFECTIOUS DISEASES LIKE COVID-19	£
PETA LAUNCHED ITS "TRASH FISHING" INITIATIVE BY COC	ORDINATING TRASH-FISHING
EVENTS AROUND THE COUNTRY AND SENDING TRASH-FISHING	KITS-WHICH INCLUDED A
PAIR OF ECO-FRIENDLY GLOVES, COMPOSTABLE TRASH BAGS	, A TRASH PICKER, AND
SWEDISH FISH-TO DOZENS OF REPORTERS ACROSS THE U.S.	TO ENCOURAGE PEOPLE TO
GO OUT AND FISH FOR TRASH INSTEAD OF FISH.	
CONTINUING TO PUSH PETCO TO STOP SELLING ALL ANIMAL	S, PETA SUBMITTED A
QUESTION AT THE COMPANY'S ANNUAL MEETING ASKING WHE	N IT WILL STOP SELLING
LIVE ANIMALS AND SIMULTANEOUSLY HELD A DEMO OUTSIDE	A PETCO STORE NEAR THE
COMPANY'S SAN DIEGO HEADQUARTERS.	
AHEAD OF CHRISTMAS, PETA'S 2020 "NAUGHTY" LIST CALL	ED OUT 10 COMPANIES-
KROGER, URBAN OUTFITTERS, SEAWORLD, WENDY'S, DOMINO	'S, KRISPY KREME,
HERMÈS, AIR FRANCE, STARBUCKS, AND PETCO-THAT ARE S	
PETA'S "LIAR, LIAR, PANTS ON FIRE" AWARDS WERE SENT	TO COMPANIES THAT ARE
GUILTY OF TRYING TO DECEIVE CUSTOMERS ABOUT THEIR U	SE AND ABUSE OF ANIMALS
INCLUDING ELI LILLY, FOR BOASTING OF A "COMMITMENT	TO RESPONSIBLE ANIMAL

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GRANTS TO THE INSTITUTE FOR IN VITRO SCIENCES SO THAT ITS SCIENTISTS COULD

TRAVEL TO CHINA TO OFFER THEIR EXPERTISE AND GUIDANCE ON REPLACING CRUEL,

PAGE 14 OF 37

SUPER SUPAU, TAIWAN'S BEST-SELLING BRAND OF SPORTS DRINK-BANNED ANIMAL

Schedule O (Form 990 or 990-EZ) 2020

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WHICH CARRIES OUT LARGE-SCALE TREE-PLANTING AND CONSERVATION OPERATIONS TO

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EXCEPT LEGITIMATE RESCUE. AHEAD OF THE SUMMER TOURISM SEASON, PETA LAUNCHED

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52–1218336
	CRUEL CIRCUSES ACROSS ITS
41 PROPERTIES NATIONWIDE.	
UPON LEARNING OF MAGICIAN JAY OWENHOUSE'S PLANS T	O CAGE THREE TIGERS IN A
PARKING LOT ON THE SOUTH LAS VEGAS STRIP FOR SIX	MONTHS, MORE THAN 100,000
PETA SUPPORTERS URGED TRIPLE FIVE NOT TO ALLOW TH	HE CRUEL ACTS ON ITS
PROPERTY AND CALLED ON OWENHOUSE TO MAKE TIGERS I	DISAPPEAR FROM HIS SHOW.
THE PROPERTY WHERE THE MAGIC SHOW WAS SLATED TO T	TAKE PLACE WAS SOLD, AND
OWENHOUSE NEVER FORCED THE TIGERS TO PERFORM THEF	RE.
FOLLOWING THE EVER-POPULAR TIGER KING EXPOSÉ, PET	TA LAUNCHED A BILLBOARD
CALLING ON CIRCUS WORLD TO END ITS CRUEL ANIMAL A	ACTS, WHICH HAVE BEEN
CONNECTED TO THE NOTORIOUS ROADSIDE ZOO AND THE O	CUB-PETTING INDUSTRY
EXPOSED IN THE SHOCKING DOCUSERIES.	
THE ANNUAL RUNNING OF THE BULLS IN PAMPLONA, SPAI	IN, WAS CANCELED AGAIN AS A
RESULT OF COVID-19, AND PETA CALLED FOR THE BULL	RUN AND SUBSEQUENT
BULLFIGHTS TO BE CANCELED FOR GOOD.	
JUST BEFORE THE HOLIDAYS, PETA EXPOSED THE IMMENS	SE SUFFERING THAT REINDEER
ENDURE FOR HOLIDAY DISPLAYS. JUST DAYS AFTER HEAR	RING FROM PETA AND
THOUSANDS OF ITS SUPPORTERS, COASTAL FARM & HOME	SUPPLY CANCELED SUCH
DISPLAYS EXPLOITING LIVE REINDEER AT MORE THAN A	DOZEN OF ITS STORES ACROSS
OREGON.	
LOS ANGELES IS CONSIDERING BANNING VILE TOOLS USE	TO THE DODEOG AND
CHARREADAS, INCLUDING ELECTRICAL PRODS, ELECTROSH	
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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
CARS.	
AFTER HEARING FROM PETA, KIMCO REALTY, WHICH OWNS MORE	THAN 400 SHOPPING
CENTERS NATIONWIDE, DESIGNED ITS OWN WARNING SIGNS ABO	UT THE DANGERS OF
LEAVING DOGS AND CHILDREN IN PARKED CARS AND INSTALLED	THEM AT ITS SHOPPING
OTHER CAMPAIGNS	
PETA CONTINUED INVESTIGATING THE KILLING OF RACEHORSES	IN SOUTH KOREA AND
DISCOVERED THAT 2006 KENTUCKY DERBY RUNNER PRIVATE VOW	WAS SLAUGHTERED IN
SOUTH KOREA. THE STRONACH GROUP, A GLOBAL RACE INDUSTR	RY LEADER, JOINED PETA
IN URGING ALL NORTH AMERICAN AUCTION COMPANIES, BREEDE	RS, AND OWNERS TO
DEVELOP POLICIES THAT PROHIBIT THE SALE OF THOROUGHBRE	D RACEHORSES AND
BROODMARES TO SOUTH KOREA WITHOUT MEANINGFUL AND BINDI	NG ASSURANCES THAT
THESE ANIMALS WILL BE PROTECTED.	
THIRD PROGRAM ACCOMPLISHMENTS CONTINUED BELOW IN ADDIT	FIONAL INFORMATION.
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT	<u>'S</u>
CRUELTY-FREE MERCHANDISE PROGRAM	
PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVING BY	PROVIDING
COMPASSIONATE PEOPLE AROUND THE WORLD WITH CONSUMER PE	RODUCTS-SUCH AS
COSMETICS AND HOUSEHOLD CLEANERS THAT AREN'T TESTED ON	I ANIMALS, ANIMAL-CARE
PRODUCTS, AND ANIMAL RIGHTS T-SHIRTS-INFORMATIONAL VID	EOS AND BOOKS,
ANIMAL-RESCUE EQUIPMENT, AND CAMPAIGN MATERIALS. THESE	ITEMS ARE AVAILABLE
ONLINE THROUGH THE PETA MALL AND THE PETA SHOP.	

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EXTENSIVE INVOLVEMENT. THIS EXCHANGE RESULTED IN ANOTHER MASSIVE ROUND OF

MEDIA COVERAGE.

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Page 2 Employer identification number 52-1218336
PROPER FOR THE EIHICAL INCAIMENT	
RENTAL EXPENSES	\$ 15,128
SPECIAL EVENT EXPENSES	\$ 441,432
MISC.	\$ 102
COST OF GOODS SOLD	\$ -74,674
RENTAL EXPENSES	\$ -15,128
SPECIAL EVENTS EXPENSES	\$ -441,432
TOTAL	\$ 102
•	
	PAGE 37 OF 37

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

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

PEOPLE FOR THE ETHICAL TREATMENT

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

Employer identification number 52-1218336

OMB No. 1545-0047

Open to Public

Inspection

(b) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (d) (e) Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Name, address, and EIN of related organization Direct controlling Primary activity Exempt Code section entity Yes No FOUNDATION TO SUPPORT ANIMAL PROTEC 501 FRONT STREET 52-1842274 NORFOLK SUPPORT DE 501C3 12 TYPE I VA 23510 Χ (2) ANIMAL RAHAT PO BOX NO 3 SANGLI 416 415 PROTECTION IN NA N/AX (3) PETA ASIA ROOM 706 FEDMAN BLDG, 199 SALCEDO ST 1229 PROTECTION RP NA N/AX (4) PETA DEUTSCHLAND, E.V FRIOLZHEIMER STR. 3A STUTTGART GM 70499 PROTECTION GM NA N/AX

PROTECTION

UK

NA

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

UK N1P 2RG

OF ANIMALS, INC.

Schedule R (Form 990) 2020

Χ

N/A

(5) PETA FOUNDATION UK P.O BOX 70315

LONDON

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

Employer identification number 52-1218336

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II

one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (d) (e) Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Name, address, and EIN of related organization Primary activity Direct controlling Exempt Code section Yes No PETA FRANCE BP 90316 CEDEX 10 PROTECTION FR PARIS FR 75464 NA N/AΧ (2) PETA INDIA P.O BOX NO. 28260 400 049 MUMBAI PROTECTION INNA N/A Χ (3) STITCHING PETA NEDERLAND PO BOX 2570 AMSTERDAM 1000 CN PROTECTION NLNA N/AX (4) PETA SCHWEIZ HAUPTSTRASSE 72 KREUZLINGEN SZ SZ CH-8280 PROTECTION NA N/AΧ (5) PETA SCIENCE CONSORTIUM INTERNAT EV FRIOLZHEIMERSTR. 3 GM 70499

GM

NA

PROTECTION

N/A

STUTTGART

Part III Identification of Related Organization because it had one or more related	tions Taxable	as a Partners	hip. Complete	if the organiz	ation answered r.	'Yes" on Form	990, Part IV,	line 34	4,
(a) Name, address, and EIN of related organization	(b) (c) Primary activity Leddom (stat fore	gal Direct controlling entity e or	(e)	(f) Share of total income	(g) Share of end-of- year assets	portionate amo	ode V—UBI Gene bunt in box 20 mana Schedule K-1 part Form 1065)	eral or Per aging ow ner?	(k) ercentage wnership
(1)			,			Tes No	Tes	INO	
(2)									
(3)									
(4)									
Part IV Identification of Related Organization 34, because it had one or more (a) Name, address, and EIN of related organization	related organiz	(c) Legal domicile (state or	as a corporatio	(e) Type of entity (C corp, S corp,	ne organization a ring the tax year (f) Share of total income	nswered "Yes" (g) Share of end-of-year assets	on Form 990 (h) Percentage ownership	Se 512	(i) Section 2(b)(13) entrolled
		foreign country)		or trust)			+	_	entity?
(1)PETA EUROPE LIMITED PO BOX 36668 LONDON UK SE1 1WA	PROTECTION	UK	N/A	C					
(2)PETA AUSTRALIA	INOTECTION	OIC	IV/ A				+	-	X
PO BOX 20308, WORLD SQUARE SYDNEY AS NSW 2002	PROTECTION	AS	N/A	C					X
(3)PETA CANADA	INOTECTION	Ab	IV/ A				+	-	+ 1
40 KING STREET WEST, SUITE 5800 TORONTO CA M5H 3S1			DT / 7						1,,
(4)PETA INT'L SCIENCE CONSORTIUM LTD	PROTECTION	CA	N/A	С			+	+	X
ALL SAINTS BLDG., 8 ALL SAINTS ST LONDON UK N1 9 RL	PROTECTION	UK	N/A	C					X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or mo			L					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			L	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)				1e		X		
f Dividends from related organization(s)				1f		Х		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)			L	1k	Х			
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х		
o Sharing of paid employees with related organization(s)				10		Х		
p Reimbursement paid to related organization(s) for expenses				1р		Х		
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)								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including cove	ered relationships and tr	ansaction thresholds.					
(a)	(b)	(c)	(d)					

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PETA SCIENCE CONSORTIUM INTERNAT EV	В	197,824	CASH
(2)	ANIMAL RAHAT	В	751,125	CASH
(3)	PETA AUSTRALIA PTY LTD	В	49,390	CASH
(4)	PETA ASIA	В	690,000	CASH
(5)	PETA INDIA	В	1,226,000	CASH
(6)	FOUNDATION TO SUPPORT ANIMAL PROTEC	K	1,176,210	CASH

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

NO	: Complete line i il any entity is listed in Parts II, III, or iv or this scriedule.						163	140
	During the tax year, did the organization engage in any of the following transactions with one or more							
а	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	X	
С	Gift, grant, or capital contribution from related organization(s)					1c		Х
d	Loans or loan guarantees to or for related organization(s)					1d		X
е	_oans or loan guarantees by related organization(s)					1e		Х
f	Dividends from related organization(s)					1f		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)					<u>1j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)					1k	X	
ı	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	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		Х
0	Sharing of paid employees with related organization(s)					10		Х
р	Reimbursement paid to related organization(s) for expenses					1p		Х
q	Reimbursement paid by related organization(s) for expenses					1q		X
r	Other transfer of cash or property to related organization(s)					1r		X
S	Other transfer of cash or property from related organization(s)					1s		Х
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including co	vered relationships and tr	ansaction thre	esholds.			
	(a)	(b)	(c)		(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Metho	od of determining amou	unt involv	/ed	
			15 655 401	~- ~				
(1)	FOUNDATION TO SUPPORT ANIMAL PROTEC	M	17,677,481	CASH				
رم،		_	50 000	~- ~				
(2)	FOUNDATION TO SUPPORT ANIMAL PROTEC	В	50,000	CASH				
(2)								
(3)								
/A\								
(4)								
/E\								
(5)								
(C)								
(6)								

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

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

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

Schedule R (Form 990) 202	O PEOP	LE FO	R THE	ETHICAL	TREATME	<u>:NT 5</u>	<u>2-1218336 </u>	Page 5
Part VII	Suppleme Provide ac	ental Info dditional i	ormation nformatio	on for re	sponses to qu	uestions on S	Schedule	2-1218336 R. See instruction	ns.
• • • • • • • • • • • • • • • • • • • •									
•									

Form **990-T**

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

For calendar year 2020 or other tax year beginning 0.8/0.1/2.0 , and ending 0.7/3.1/2.1

OMB No. 1545-0047

Open to Public Inspection

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

•	ernal Revenue Service	u Do n	ot enter SSN numbers on this form as it may be made public if your organization	is a s	501(c)(3).	Organizations Only						
A	Check box if		Name of organization (Check box if name changed and see instructions.)	D Em	ployer identi	fication number						
	address changed.	PEOPLE FOR THE EINICAL IREALMENT										
В	Exempt under section	Print	OF ANIMALS, INC.	2-1218	336							
	X 501(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gro	oup exemption	on number						
	408(e) 220(e)	Туре	501 FRONT ST	(se	e instructions)						
			City or town, state or province, country, and ZIP or foreign postal code									
			NORFOLK VA 23510	F	Check	box if						
	529(a) 529A		ook value of all assets at end of year u 38,563,989		an am	ended return.						
G	Check organization typ	e u	X 501(c) corporation 501(c) trust 401(a) trust Other tru			ble reinsurance entity						
<u>H_</u>	Check if filing only to u		Claim credit from Form 8941 Claim a refund shown on Form									
	Check if a 501(c)(3) or	ganizatio	n filing a consolidated return with a 501(c)(2) titleholding corporation			u						
J_			chedules A (Form 990-T)									
K	During the tax year, wa	as the co	rporation a subsidiary in an affiliated group or a parent-subsidiary controlled	group	?	u 🔛 Yes 🛚 X						
	If "Yes," enter the name	e and id	entifying number of the parent corporation									
	u											
<u>L</u>	The books are in care of			one r	umber u	<u>757-962-8364</u>						
F			Business Taxable income									
1	Total of unrelated but	siness ta	xable income computed from all unrelated trades or businesses (see									
	instructions)					231,534						
2												
3	Add lines 1 and 2				. 3	231,534						
4	Charitable contribution	ns (see	instructions for limitation rules)		. 4							
5	Total unrelated busine	ess taxa	ble income before net operating losses. Subtract line 4 from line 3		. 5	231,534						
6	Deduction for net ope	erating l	oss. See instructions		. 6	230,534						
7	Total of unrelated but	siness ta	exable income before specific deduction and section 199A deduction.									
	Subtract line 6 from li					1,000						
8			\$1,000, but see instructions for exceptions)			1,000						
9			ion. See instructions									
10					10	1,000						
11	Unrelated business	taxable	income. Subtract line 10 from line 7. If line 10 is greater than line 7,									
					11	0						
	Part II Tax Com											
1			orations. Multiply Part I, line 11 by 21% (0.21)	اا	1	0						
2			See instructions for tax computation. Income tax on the amount on			_						
			rate schedule or Schedule D (Form 1041)	J	2	0						
3	Proxy tax. See instru				3							
4	Other tax amounts. S	See instr	uctions		. 4							
5	Alternative minimum	tax (trus	ts only)		. 5							
6	Tax on noncompliar	nt facili	y income. See instructions		. 6							
7	Total. Add lines 3 thr	ough 6	o line 1 or 2, whichever applies		. 7	0						

Form	990-T (2020) PEOPLE FOR THE ETHICAL TREATMENT	52-12183	<u> 36</u> -		Page 2
Pa	rt III Tax and Payments	· · · · · · · · · · · · · · · · · · ·			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
C	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d		,	1e	
2				ź	
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	7 Form 8866			
	Other (attach statement)			3	
4	Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously	deferred under			
	section 1294. Enter tax amount here	>		4	0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	line 4		5	
6a	Payments: A 2010 avergayment gradited to 2020	6a			
b	2020 estimated tax payments. Check if section 643(g) election applies	6b			
C.	Total described with Form 2000	6c			
ď	Foreign organizations: Tax paid or withheld at source (see instructions)				
<u>ـ</u>	Backup withholding (see instructions)	6e	6,860		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0,000		
g g	Other credits adjustments and navments: T Form 2430	• • • • • • • • • • • • • • • • • • •			
9	Other credits, adjustments, and payments: Form 2439 Total ▶	60			
7	T-4-1 4- Add U O- 46 O-			7	6,860
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		······	8	0,000
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		. ' 🕌	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	 vernaid		10	6,860
11		Ref		11	6 , 860
	irt IV Statements Regarding Certain Activities and Other Inf			L.:	0,000
			, , , , , , , , , , , , , , , , , , , 	-	Yes No
1	At any time during the 2020 calendar year, did the organization have an interest in	or a signature or oth	er authority		1.00
-	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	•			
	here ► CANADA		J		X
2	During the tax year, did the organization receive a distribution from, or was it the g		r to, a		
	foreign trust?				l x
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year		▶ \$		
4a	Did the appropriation shows the method of a counting O (and instructions)				X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ,				
	explain in Part V				
Pa	rt V Supplemental Information				
Prov	de the explanation required by Part IV, line 4b. Also, provide any other additional i	nformation. See instru	uctions.		
Sia	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of	my knowledge a	ind belief, it is	May the IRS discuss this return
Sig				1	May the IRS discuss this return with the preparer shown below (see instructions)?
He	INDIDENT/E	SECRETARY		[`	X Yes No
	Signature of officer Date Title		Date		
Paid				Check	1 "
			02/18/22	self-employe	52-2190100
•	Only SAGGAR & ROSENBERG, P.C. 1 CHURCH ST STE 700		Hirm's	EIN >	77-7130100
U36	Firm's address ROCKVILLE, MD 20850-4163		Phone	3	01-738-9040
	Trans address , TOOTE THEE, THE ZOUGO HIDS		LLINK	, IV. J	Form 990-T (2020)
					(2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service uGo to www.irs.gov/Form9907 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

A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated Business Activity Code (see instructions) u541800 **D** Sequence: E Describe the unrelated trade or business u ADVERTISING **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I Gross receipts or sales 1a Less returns and allowances ____ c Balance u 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) b 4b Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organization (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 319,048 91,842 227,206 11 11 Other income (see instructions; attach statement) 12 319,048 91,842 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 Salaries and wages 2 2 Repairs and maintenance 3 3 4 4 Interest (attach statement) (see instructions) 5 6 Taxes and licenses Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 q Depletion Contributions to deferred compensation plans 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 13 Excess readership costs (Part IX) 13 Other deductions (attach statement) 14 14 **Total deductions.** Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) 227,206 16 Deduction for net operating loss (see instructions) 17 17 Unrelated business taxable income. Subtract line 17 from line 16 227,206 18

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Sche	dule A (Form 990-T) 202	20 PEOPLE	FOR THE	ETHICAL	TREATMENT	52-1218336	Page 2
Par	rt III Cost of Go	ods Sold	Ent	er method of in	nventory valuation u C	OST METHOD	
1	Inventory at beginning of	of year				<u>1</u>	
2	DI					١ ^	
3	Cost of labor					3	
4	Additional section 263A	costs (attach state	ement)			4	
5	Other costs (attach stat	ement)				5	
6	Total. Add lines 1 throu	gh 5				6	
7	Inventory at end of year	•				7	
8	Cost of goods sold. S	ubtract line 7 from	ine 6. Enter he	re and in Part I	, line 2	8	
9						the organization?	
Par						d with Real Proper	t y)
1	Description of property	(property street add	lress, city, state	e, ZIP code). Cl	heck if a dual-use (see	e instructions)	
	A						
	В						
	c						
	D 🔲		1			1 -	
•	D			\ <u> </u>	В	С	<u>D</u>
2	Rent received or accrue						
а	From personal property		I				
	rent for personal proper	-	[/] 0				
L	but not more than 50%)						
b	From real and personal pro percentage of rent for personal						
	50% or if the rent is based						
С	Total rents received or		,				
C	Add lines 2a and 2b, co						
		-	`	I			
3	Total rents received or a	accrued. Add line 2	c columns A th	rough D. Enter	here and on Part I, lin	e 6, column (A) u	
4	Deductions directly connect	ed with the income					
	in lines 2(a) and 2(b) (attac	h statement)					
5	Total deductions. Add	line 4 columns A t	hrough D. Ente	r here and on F	Part I. line 6. column (E	3) u	
						·/ <u> </u>	
Par		Debt-Financed	-				
1	Description of debt-finar	iced property (street	et address, city,	State, ZIP COO	ie). Check ii a duai-us	e (see instructions)	
	в H ———						
	c						
	D H						
	- LJ				В	С	D
2	Gross income from or alloc	able to debt-financed			-	-	
	property						
3	Deductions directly connect						
	to debt-financed property						
	Straight line depreciation						
b	Other deductions (attac	h statement)					
С	Total deductions (add li						
	columns A through D)						
4	Amount of average acquisit		e				
	to debt-financed property (a						
5	Average adjusted basis		I				
	financed property (attac						
6	Divide line 4 by line 5			%	%	Ó	% %
7	Gross income reportable. M	lultiply line 2 by line 6					
8	Total gross income (a	dd line 7, columns	A through D). E	Inter here and	on Part I, line 7, colum	n (A) u	
9	Allocable deductions. Multip						
					d D / ! !! =		
10	Total allocable deduc				re and on Part I, line 7	, column (B) u	
11	Total dividends-receive	red deductions inc	cluded in line 10)		u	

1. Name of controlled organization 1. Name of controlled organizations 2. English organizations 3. Total of specified payments made organizations 1. Description of income 1. Name of controlled organizations 1. Description of income 1. Name of controlled organizations 2. Amount of morne 3. Net unrelated income organizations 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of income Add amounts in column 2. Enter here and on Part 1, line 8, column (A) 1. Description of organization organization 2. Amount of morne 3. Deductions 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity:	Par	art VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)												
organization identification number (see instructions) payments made that is included in the controlling organizations gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Tavable income (see instructions) Nonexempt Controlled Organizations 7. Tavable income (see instructions) Nonexempt Controlled Organizations 7. Tavable income (sea) (see instructions) (see instructions) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Totals 1. Description of income 2. Amount of income (attach statement) Add amounts in column 2 Add amounts in column (A) Enter here and on Part I, line 9, column (A) Enter here and on Part I, line 9, column (A) Enter here and on Part I, line 9, column (B) Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:		<u> </u>												
(9) Nonexempt Controlled Organizations 7. Taxable income (loss) 8. Net unrelated income (loss) payments made payments made that is included in the controlling organizations gross income (9) (9) (1) (2) (3) (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column 10 Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column (B) Totals Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Arnount of income (attach statement) Add amounts in column 2. Enter here and on Part I, line 8, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B)			d	identification		incon	income (loss)		·		that is included in the controlling organization		connected with	•
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Nonexempt Controlled Organizations 7. Taxable income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made income (loss) (see instructions) (see instructions) 10. Part of column 9 that is included in the controlling organization's gross income 4. Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 1. Description of income Add amounts in column 2. Enter here and on Part I, line 9, column (A) 4. Set-asides (add columns 3 and 4) (1) (2) (3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (B) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity:														
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(3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(1)													
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Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(4)													
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:				Enter	here and	on Part I,							Enter here and on Part	
1 Description of exploited activity:	_				. 01	har Tha	no Adventi	lalı		<u> </u>	a inatruo	tiona)		
				ivity incon	ie, Ut	ner ma	ıı Adverti	ıSIÍ	ig incor	ile (Se	e msuuc	10115)		
2 Gross unrolated business income from trade or business. Enter here and on Part I, line 1(), column (/\)	2		· · · · · · · · · · · · · · · · · · ·	trado or busi	occ E	ntor horo	and on Part	l lir	no 10, colu	ımn (A)		2		
· · · · · · · · · · · · · · · · · · ·												-		
ling 10 column (P)	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (R)									3				
* * * * * * * * * * * * * * * * * * * *	4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete									 				
lines 5 through 7	-	, ,				-	•			4				
5 Gross income from activity that is not unrelated business income 5	5		unrelated bus	d business income					-					
6 Expenses attributable to income entered on line 5		Expenses attributable to	income entere									6		
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	Excess exempt expenses	s. Subtract line	5 from line 6	, but do	not enter	more than	the	amount or	n line		7		

Schedule A (Form 990-T) 2020

	TALL STATE OF THE PROPERTY OF				
	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting		licals on a consolidated I	oasis.	
	AADVERTISING INCOM	<u>lE</u>			
	В —				
	-				
_	D [
Ente	r amounts for each periodical listed above in t	the corresponding colu			_
		A 21.0.04	B	С	D
2	Gross advertising income	319,04	8		
а	Add columns A through D. Enter here and or	n Part I, line 11, colum	n (A)	u	319,048
_				·····	
3	Direct advertising costs by periodical	91,84	2		
а	Add columns A through D. Enter here and or	n Part I, line 11, colum	n (A)	u	91,842
		, ,		·····	
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	007.00			
_	lines 5 through 7, and enter zero on line 8	227,20	6		
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
_	than line 6, enter zero		0		
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7		0		
а	Add line 8, columns A through D. Enter the g				
	Pari II. line 13			u	
	Part II, line 13				
Pa	rt X Compensation of Officers,				
Pa					4. Compensation
Pa				3. Percentage of time devoted	attributable to
Pa	rt X Compensation of Officers,		rustees (see instru	ctions) 3. Percentage	
(1)	rt X Compensation of Officers,	Directors, and	rustees (see instru	3. Percentage of time devoted	attributable to
	rt X Compensation of Officers, 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted	attributable to unrelated business % %
(1)	rt X Compensation of Officers, 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted	attributable to unrelated business % % %
(1)	rt X Compensation of Officers, 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted	attributable to unrelated business % %
(1) (2) (3)	rt X Compensation of Officers, 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name 1. Name	Directors, and	rustees (see instru	3. Percentage of time devoted to business	attributable to unrelated business % % % %

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury

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

Open to Public Inspection for

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated Business Activity Code (see instructions) u531120 **D** Sequence: E Describe the unrelated trade or business u RENTAL **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I Gross receipts or sales 1a Less returns and allowances **c** Balance **u** 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach statement) SEE STMT 1 4,328 4,328 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) 9 organization (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 4,328 4,328 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 Salaries and wages 2 2 Repairs and maintenance 3 3 4 4 Interest (attach statement) (see instructions) 5 Taxes and licenses 6 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion q Contributions to deferred compensation plans 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 13 Excess readership costs (Part IX) 13 Other deductions (attach statement) 14 14 **Total deductions.** Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) 4,328

Deduction for net operating loss (see instructions)

Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

4,328

17

18

17

Sche	dule A (Form 990-T) 202	20 PEOPLE	FOR THE	ETHICAL	TREATMENT	52-1218336	Page 2
Par	rt III Cost of Go	ods Sold	Ent	er method of in	nventory valuation u C	OST METHOD	
1	Inventory at beginning of	of year				<u>1</u>	
2	DI					١ ^	
3	Cost of labor					3	
4	Additional section 263A	costs (attach state	ement)			4	
5	Other costs (attach stat	ement)				5	
6	Total. Add lines 1 throu	gh 5				6	
7	Inventory at end of year	•				7	
8	Cost of goods sold. S	ubtract line 7 from	ine 6. Enter he	re and in Part I	, line 2	8	
9						the organization?	
Par						d with Real Proper	t y)
1	Description of property	(property street add	lress, city, state	e, ZIP code). Cl	heck if a dual-use (see	e instructions)	
	A						
	В						
	c						
	D 🔲		1			1 -	
•	D			\ <u> </u>	В	С	<u>D</u>
2	Rent received or accrue						
а	From personal property		I				
	rent for personal proper	-	[/] 0				
L	but not more than 50%)						
b	From real and personal pro percentage of rent for personal						
	50% or if the rent is based						
С	Total rents received or		,				
C	Add lines 2a and 2b, co						
		-	`	I			
3	Total rents received or a	accrued. Add line 2	c columns A th	rough D. Enter	here and on Part I, lin	e 6, column (A) u	
4	Deductions directly connect	ed with the income					
	in lines 2(a) and 2(b) (attac	h statement)					
5	Total deductions. Add	line 4 columns A t	hrough D. Ente	r here and on F	Part I. line 6. column (E	3) u	
						·/ <u> </u>	
Par		Debt-Financed	-				
1	Description of debt-finar	iced property (street	et address, city,	State, ZIP COO	ie). Check ii a duai-us	e (see instructions)	
	в H ———						
	c						
	D H						
	- LJ				В	С	D
2	Gross income from or alloc	able to debt-financed			-	-	
	property						
3	Deductions directly connect						
	to debt-financed property						
	Straight line depreciation						
b	Other deductions (attac	h statement)					
С	Total deductions (add li						
	columns A through D)						
4	Amount of average acquisit		e				
	to debt-financed property (a						
5	Average adjusted basis		I				
	financed property (attac						
6	Divide line 4 by line 5			%	%	Ó	% %
7	Gross income reportable. M	lultiply line 2 by line 6					
8	Total gross income (a	dd line 7, columns	A through D). E	Inter here and	on Part I, line 7, colum	n (A) u	
9	Allocable deductions. Multip						
					d D / ! !! =		
10	Total allocable deduc				re and on Part I, line 7	, column (B) u	
11	Total dividends-receive	red deductions inc	cluded in line 10)		u	

1. Name of controlled organization 1. Name of controlled organizations 2. English organizations 3. Total of specified payments made organizations 1. Description of income 1. Name of controlled organizations 1. Description of income 1. Name of controlled organizations 2. Amount of morne 3. Net unrelated income organizations 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of income Add amounts in column 2. Enter here and on Part 1, line 8, column (A) 1. Description of organization organization 2. Amount of morne 3. Deductions 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity:	Par	Part VI Interest, Annuities, Royalties, and Rents from Controlled									s (see in	struct	ons)	
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Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:				Enter	here and	on Part I,					Enter here and on Part			
1 Description of exploited activity:	_				. 01	har Tha	no Adventi	lalı		<u> </u>	a inatruo	tiona)		
				ivity incon	ie, Ut	ner ma	ıı Adverti	ıSIÍ	ig incor	ile (Se	e msuuc	10115)		
2 Gross unrolated business income from trade or business. Enter here and on Part I, line 1(), column (/\)	2		· · · · · · · · · · · · · · · · · · ·	trado or busi	occ E	ntor horo	and on Part	l lir	no 10, colu	ımn (A)		2		
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 Expenses directly connected with production of unrelated business income. Enter here and on Part I,												-		
ling 10 column (P)	3	line 10 column (P)	·									3		
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	4		unrelated trade	or business	Subtrac	t line 3 fro	m line 2 If a	 a da	ain comple	ete		 		
lines 5 through 7	-	, ,						-	•			4		
5 Gross income from activity that is not unrelated business income 5	5		rity that is not u	unrelated bus	ness in	come						-		
6 Expenses attributable to income entered on line 5		Expenses attributable to	income entere									6		
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	Excess exempt expenses	5 from line 6	, but do	not enter	more than	the	amount or	n line		7			

Schedule A (Form 990-T) 2020

	edule A (Form 990-T) 2020PEOPLE FO	R THE E	THICAL	TREATMENT	52	-1218336	Page 4
1	Name(s) of periodical(s). Check box if report B C D	ting two or mor	re periodicals	s on a consolidated b	pasis.		
Ento	Der amounts for each periodical listed above in	the correspond	ding column				
Ente	er amounts for each periodical listed above in	A		В		С	
2	Gross advertising income		1				
а	Add columns A through D. Enter here and o	n Part I, line 11	1, column (A)		u	
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and o	n Part I, line 11	1, column (A)		u	
5	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero						
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the Part II, line 13	_				u	
						• • • • • • • • • • • • • • • • • • • •	
Pa	rt X Compensation of Officers						
Pa						3. Percentage of time devoted to business	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to
	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	4. Compensation attributable to unrelated business %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business %
(1) (2) (3) (4)	1. Name	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury

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

Open to Public Inspection for

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated Business Activity Code (see instructions) u454110 D Sequence: E Describe the unrelated trade or business u SALE OF MERCHANDISE **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I 53,046 Gross receipts or sales 1a Less returns and allowances ____ c Balance u 53,046 1c Cost of goods sold (Part III, line 8) 2 2 30,616 Gross profit. Subtract line 2 from line 1c 22,430 22,430 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) b 4b Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organization (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 22,430 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 5,297 Salaries and wages 2 2 Repairs and maintenance 3 3 4 4 Interest (attach statement) (see instructions) 5 730 6 Taxes and licenses 6 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 115 9 Depletion Contributions to deferred compensation plans 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) SEE STATEMENT 2 161,832 14 14 Total deductions. Add lines 1 through 14 15 167,974 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

column (C)

Deduction for net operating loss (see instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2020

16

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18

-145,544

-145,544

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	dule A (Form 990-T) 2020 PEOPLE FC			<u> 52-1218336</u>	Page 2
Pai	t III Cost of Goods Sold		f inventory valuation u C(
1	Inventory at beginning of year			<u>1</u>	7,541
2	Purchases			<u>2</u>	55,929
3	Cost of labor			3	
4	Additional section 263A costs (attach stateme	ent)		4	
5	Other costs (attach statement)			<u>5</u>	
6	Total. Add lines 1 through 5			<u>6</u>	63,470
7	Inventory at end of year			7	32,854
8	Cost of goods sold. Subtract line 7 from line				30,616
9	Do the rules of section 263A (with respect to				
Pai	t IV Rent Income (From Real P				<u>/) </u>
1	Description of property (property street address	ss, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B				
	<u>_</u>				
	D 🔲				
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
_	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c of	columns A through D. Ent	er here and on Part I, line	e 6, column (A) u	
4	Deductions directly connected with the income				
7	in lines 2(a) and 2(b) (attach statement)				
	-				
5	Total deductions. Add line 4 columns A thro	ough D. Enter here and or	n Part I, line 6, column (B)) u	
Pai	t V Unrelated Debt-Financed I	ncome (see instruct	ions)		
1	Description of debt-financed property (street a	address, city, state, ZIP o	ode). Check if a dual-use	e (see instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to del	t-			
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A t	hrough D). Enter here an	d on Part I line 7 column	n (A)	
	ſ	ough b). Liner here all		u (1) u	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colu	ımns A through D. Enter I	nere and on Part I, line 7,	$column\;(B)_{\dots\dots} \boldsymbol{u}$	
11	Total dividends-received deductions include	ded in line 10		11	

1. Name of controlled organization 1. Name of controlled organizations 2. English organizations 3. Total of specified payments made organizations 1. Description of income 1. Name of controlled organizations 1. Description of income 1. Name of controlled organizations 2. Amount of morne 3. Net unrelated income organizations 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of income Add amounts in column 2. Enter here and on Part 1, line 8, column (A) 1. Description of organization organization 2. Amount of morne 3. Deductions 4. Set assistes 5. Total deductions and set-assides (add columns 3 and 4) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity:	Par	Part VI Interest, Annuities, Royalties, and Rents from Controlled									s (see in	struct	ons)	
organization identification number (see instructions) payments made that is included in the controlling organizations gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Tavable income (see instructions) Nonexempt Controlled Organizations 7. Tavable income (see instructions) Nonexempt Controlled Organizations 7. Tavable income (sea) (see instructions) (see instructions) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Totals 1. Description of income 2. Amount of income (attach statement) Add amounts in column 2 Add amounts in column (A) Enter here and on Part I, line 9, column (A) Enter here and on Part I, line 9, column (A) Enter here and on Part I, line 9, column (B) Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:		<u> </u>			Exempt/Nonexempt Control									
(9) Nonexempt Controlled Organizations 7. Taxable income (loss) 8. Net unrelated income (loss) payments made payments made that is included in the controlling organizations gross income (9) (9) (1) (2) (3) (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column 10 Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column (B) Totals Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Arnount of income (attach statement) Add amounts in column 2. Enter here and on Part I, line 8, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B)			identificati	identification		income (loss)		•		that is included in the controlling organization's		connected with	•	
(9) Nonexempt Controlled Organizations 7. Taxable income (loss) 8. Net unrelated income (loss) payments made payments made that is included in the controlling organizations gross income (9) (9) (1) (2) (3) (4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column 10 Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Income in column (B) Totals Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Arnount of income (attach statement) Add amounts in column 2. Enter here and on Part I, line 8, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B) Enter here and on Part I, line 9, column (B)	(1)													
Nonexempt Controlled Organizations 11. Description of income 12. Add amounts in column 2 13. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 14. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 15. Description of exploited activity:														
Nonexempt Controlled Organizations 7. Taxable income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made income (loss) (see instructions) (see instructions) 10. Part of column 9 that is included in the controlling organization's gross income 4. Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 1. Description of income Add amounts in column 2. Enter here and on Part I, line 9, column (A) 4. Set-asides (add columns 3 and 4) (1) (2) (3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (B) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity:														
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income (loss) payments made that is included in the controlling organization's gross income (loss) (see instructions) (1)			ľ	lonexer	npt Contro	olled Organi	zati	ons						
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directly connected (attach statement) and set-asides (add columns 3 and 4) (1) (2) (3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	ı aı								0113)	E Total deductions				
(2) (3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Fotals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:		1. Description of its	icome	2.7	2. Amount of income			directly connected (at)	and set-asides)
(3) (4) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(1)													
Add amounts in column 2. Enter here and on Part I, line 9, column (A) Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(2)													
Add amounts in column 2. Enter here and on Part I, line 9, column (A) Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(3)													
Totals Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:	(4)													
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:				Enter	here and	on Part I,					Enter here and on Part			
1 Description of exploited activity:	_				. 01	har Tha	no Adventi	lalı		<u> </u>	a inatruo	tiona)		
				ivity incon	ie, Ut	ner ma	ıı Adverti	ıSIÍ	ig incor	ile (Se	e msuuc	10115)		
2 Gross unrolated business income from trade or business. Enter here and on Part I, line 1(), column (/\)	2		· · · · · · · · · · · · · · · · · · ·	trado or busi	occ E	ntor horo	and on Part	l lir	no 10, colu	ımn (A)		2		
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 Expenses directly connected with production of unrelated business income. Enter here and on Part I,												-		
ling 10 column (P)	3	line 10 column (P)	·									3		
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	4		 inrelated trade	or business	Subtrac	t line 3 fro	m line 2 If a	 a da	ain comple	ete		 		
lines 5 through 7	-	, ,						-	•			4		
5 Gross income from activity that is not unrelated business income 5	5		rity that is not u	unrelated bus	ness in	come						-		
6 Expenses attributable to income entered on line 5		Expenses attributable to	income entere									6		
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	Excess exempt expenses	5 from line 6	, but do	not enter	more than	the	amount or	n line		7			

Schedule A (Form 990-T) 2020

	edule A (Form 990-T) 2020PEOPLE FO	R THE E	THICAL	TREATMENT	52	-1218336	Page 4
1	Name(s) of periodical(s). Check box if report B C D	ting two or mor	re periodicals	s on a consolidated b	pasis.		
Ento	Der amounts for each periodical listed above in	the correspond	ding column				
Ente	er amounts for each periodical listed above in	A		В		С	
2	Gross advertising income		1				
а	Add columns A through D. Enter here and o	n Part I, line 11	1, column (A)		u	
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and o	n Part I, line 11	1, column (A)		u	
5	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero						
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the Part II, line 13	_				u	
						• • • • • • • • • • • • • • • • • • • •	
Pa	rt X Compensation of Officers						
Pa						3. Percentage of time devoted to business	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to
	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	Compensation attributable to unrelated business
(1)	rt X Compensation of Officers			stees (see instruc		3. Percentage of time devoted	4. Compensation attributable to unrelated business %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business %
(1) (2) (3) (4)	1. Name	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %
(1) (2) (3) (4)	1. Name tal. Enter here and on Part II, line 1	, Directors,	and Trus	stees (see instruc		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business % % % %

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2021

Rental

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

Name of Partnership or S-Corp	 Gross Income	Directions (Net Income
PARTNERSHIP INCOME	\$ 4,328	\$	\$	4,328
TOTAL	\$ 4,328	\$	0 \$	4,328

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2021

Sale of Merchandise

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	 Amount
OTHER EXPENSES	\$ 161,832
TOTAL	\$ 161,832

Form 990-T	Business I	ncome Activ	ity Sumn	nary		2020
l lame					Taxpayer Ide	ntification Number
PEOPLE FOR	THE ETHICAL TREATMEN	T			52-1218	3336
usiness Activity	Income (and allocation of Prior-	-2018 NOL)				
A. Total Pre-2018 Net	Operating Losses Carried Forward				A	1,125,08
3. Total Pre-2018 Net	Operating Loss allocated to Sch A activitie	es			В	
	Operating Loss allocated to Form 990-T, L					
	um of B and C)					
	(Line A minus Line D)					
Pre-2018 Net Opera 3. Pre-2018 Net Opera	ting Losses Expiring this Yearting Losses Carried Forward				F G	
	iness Income Activity with Income	Code		Net Income		ted Pre2018 NO
. ADVERTISI	-		1.	227,206	5	
RENTAL		531120	2.	4,328	 B	
3.						
l			4. <u> </u>			
5						
			<mark>6</mark>			
	• • • • • • • • • • • • • • • • • • • •					
						
3.			13.			
4						
5. All other revenue			15			
6. Total taxable inco	ome		16 .	231,534	<u>4</u>	
. SALE OF I	Losses iness Income Activity with Losses MERCHANDISE				1	urrent Year Loss -145,54
l						
5. All other activities						
6. Totals					6.	-145,54

Form 990-T - Cumulative Income Review Worksheet

Form **990-T**

For calendar year 2020, or tax year beginning

08/01/20 , and ending 07/31/21

2020

Name

Employer Identification Number

PEOPLE FOR THE ETHICAL TREATMENT

O	F ANIMALS, INC.			52-	1218	336
Pa	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	3	(C) Net
1a	Gross receipts or sales 53,046					
b	Less returns and allowances c Balance u	1c	53,046			
2	Cost of goods sold (Schedule A, line 7)	2	30,616			
3	Gross profit. Subtract line 2 from line 1c	3	22,430			22,430
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	4,328			4,328
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) \dots	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	319,048	91,	842	227,206
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	345,806	•	842	253,964
Pa	Deductions Not Taken Elsewhere (See instructions	for li	mitations on dedu	ctions.) (Ex	cept fo	or contributions,
11	deductions must be directly connected with the unre				14	
14 15	Compensation of officers, directors, and trustees (Schedule K)				15	5,297
	Salaries and wages				16	5,291
16	Repairs and maintenance				17	
17	Bad debts				18	
18	Interest (attach schedule) (see instructions)				19	730
19	Taxes and licenses			115	19	730
20 21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		20	113	21b	115
22					22	113
23	Depletion Contributions to deferred componentian plans				23	
24	Contributions to deferred compensation plans Employee benefit programs				24	
25					25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J) Other deductions (attach schedule)		CFF CTATEM	 האים	27	161,832
28	Total deductions Add lines 14 through 28		SEE STATEM	HIN I	28	167,974
29	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Sul	htract li	ne 20 from line 13		29	85,990
30	Deduction for net operating loss arising in tax years beginning on or after Ja	oliaci ii aniiani	1 2018 (see instruction		30	68,792
31	Unrelated business taxable income. Subtract line 31 from line 30	ariuary	1, 2010 (366 1131146110		31a	17,198
31	Officialed business taxable income. Subtract fine 31 from line 30				Jia	17,100
Pa	Deductions For Loss Arising after January 1, 201 deductions must be directly connected with the unre	8 lated	husiness income			
32	Losses carried over to this year (do not include amounts prior to 2018)				32	85,060
33	E (000/ f ()				33	68,792
34	Take the lesser of Line 32 or Line 33. Enter here and on Line 30 above				34	68,792
35	Remaining losses to be carried forward to 2021 (Subtract Line 34 from line				35	16,268
36	If line 29 is less than zero, enter that amount here as a positive number				36	0
30 37	Total loss carried forward to 2021 (Add lines 35 and 36)				37	16,268
<u>51</u>	Total 1000 callied forward to 2021 (Add IIIIes 30 alid 30)				31	<u> </u>

Form	n 990-T (2019) PEOPLE F	OR THE	ETHIC	AL T	REATMENT	52-1	218336		Р	age 3
Sch	nedule A - Cost of Goods	Sold. En	ter method	of inv	entory valuation ι	ıCOST	T METHOD			
1	Inventory at beginning of year	. 1	7,5	41 6	Inventory at end of	year		6	32,	,854
2	Purchases	2	55,9	29 7	Cost of goods so	ld. Subti	ract			
3	Cost of labor	3			line 6 from line 5. E	nter her	re and			
4a	Additional sec. 263A costs				in Part I, line 2			7	30	,616
	(attach schedule)	4a		8		tion 263	A (with respect to		Yes	
b	Other costs	46			property produced	,	100	1,,,		
5	(attach schedule) Total. Add lines 1 through 4b		63,4	70	to the organization		red for resale, apply	′		X
5 Sch	nedule C - Rent Income (ed With Real P	ron	orty)	Λ
	ee instructions)	i i Oili i Nea	ii i iopeity	and i	ersonar i ropert	y Leas	ea willi Keai i	юр	erty)	
	scription of property									
(1)	N/A									
	IV/ A									
(2)										
(3)										
(4)		2 Dont roosi	and or oppried							
			ed or accrued							
	(a) From personal property (if the percentage	1		and personal property (if the	4-	1 1	-	connected with the income	Э	
	for personal property is more than 10% I more than 50%)	1	•	t for personal property exceed		in columns 2(a) and	2(b) (attach schedule)		
	more train 50%)	30 % 01	50% or if the rent is based on profit or income)							
(1)										
(2)				·						
(3)										
(4)										
Tota			Total				(b) Total deduction	٦S.		
	otal income. Add totals of colum						Enter here and on pa			
	and on page 1, Part I, line 6, colu				<u>u</u>		Part I, line 6, column	(B) U	1	
Sch	nedule E - Unrelated Deb	<u>t-Finance</u>	d Income	see in	structions)					
				2 Gro	oss income from or		3. Deductions directly of			
	1. Description of debt-financed	property			ole to debt-financed		debt-finar	nced p	property	
	·				property	(a) S	traight line depreciation		(b) Other deductions	
							(attach schedule)		(attach schedule)	
(1)	N/A									
(2)										
(3)										
(4)										
		verage adjusted			6. Column				8. Allocable deductions	s
	acquisition debt on or allocable to debt-financed de	of or allocable to bt-financed prop			4 divided		ross income reportable		(column 6 x total of column	nns
	property (attach schedule)	(attach schedule			by column 5	(0	olumn 2 x column 6)		3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
· <i>·</i> /	ı				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	here and on page 1	. F	inter here and on pa	age 1
							I, line 7, column (A)		Part I, line 7, columi	
Tota	le				u		,		•	
	l dividends received deduction				u			+		

Form **990-T** (2019)

Schedule F - Interest, Ann	uities, Roya	alties, and R					<u>ations</u>	(see in	structio	ns)
			Exem	pt Controlle	d Org	anizations				
Name of controlled organization	iden	2. Employer tification number		nrelated income see instructions)	l	otal of specified yments made	include	of column ed in the ca ation's gros	ontrolling	6. Deductions directly connected with income in column 5
(1) N/A										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	ations									
7. Taxable Income	-	Net unrelated income ss) (see instructions)		9. Total of speci		included	f column 9 t in the contro	olling		Deductions directly nected with income in column 10
(1)										
(0)										
(3)										
(4)										
	<u>'</u>					Enter here Part I, lin	umns 5 and e and on pa e 8, column	ge 1, (A).	Ente Part	d columns 6 and 11. r here and on page 1, l l, line 8, column (B).
Totals					u	ı				
Totals Schedule G – Investment II	ncome of a	Section 501	(c)(7),	(9), or (17	') Org	<u>ganization</u>	(see in	structio	ns)	
1. Description of income		2. Amount of in		3. De directly	ductions connecte schedule	ed	4. Set-as (attach sc	sides		5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A										
(2)										
(3)										
(4)										
Totals	,,	Enter here and or Part I, line 9, col	n page 1, lumn (A).	,						er here and on page 1, rt I, line 9, column (B).
Totals Schedule I – Exploited Exe		v Income O	ther T	han ∆dve	rtisin	n Income	(see in	structio	ns)	
Concadic 1 Exploited Exc	mpt Activit			Hall Adve	i tioni	g income	(300 111	Structio	113)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	/ with n of ed	4. Net income from unrelated or business (cc 2 minus colum If a gain, com cols. 5 through	trade olumn n 3). oute	5. Gross inco from activity is not unrelabusiness inco	that ited	6. Expe attributa colun	able to	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 o page 1, Part I, line 10, col. (A).	n Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 25.
Schedule J - Advertising li	ncome (see	instructions)								
Part I Income From P			a Co	nsolidated	Basi	s				
1. Name of periodical	2. Gross advertising income	3. Direct advertising		4. Advertisin gain or (loss) 2 minus col. 3 a gain, comp cols. 5 throug	(col. 3). If ute	5. Circulatic income	on	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ADVERTISING INCOME	319,0	48 91	,842							
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) . u	319,0	48 91	,842	227,	206					200 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 trilough / on	a ili le-by-ili le ba	1515. <i>)</i>				
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	319,048	91,842				
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A). 319,048	Enter here and on page 1, Part I, line 11, col. (B). 91,842				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			

Form **990-T** (2019)

2020 Form **990-T** Schedule A Loss Carryover Calculation Description SALE OF MERCHANDISE Taxpayer Identification Number Name PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Unincorporated Business Income Tax Code: 454110 Activity: ELECTRONIC SHOPPING AND MAIL-ORD Each activity may carryforward losses after 2018 Activity income 22,430 1 2 167,974 2 Activity deductions Activities income or loss, after deductions -145,544 3 3 Losses carried over to this year (do not include amounts prior to 2018) 4 85,060 5 5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. 6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II 6 Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4) 7 85,060 7 If line 3 is less than zero, enter that amount here as a positive number 8 145,544 8 Total loss carried forward to 2021 (Add lines 7 and 8) 9 230,604 Electronic Filing includes the report of additional amounts for this activity 85,060 E1 **E1** Activity loss amounts from 2019

E2

E2 Prior year activity losses included on Schedule A, Llne 17

	CHEDULE G	F	undraising Other Ev	ents		2020
	Form 990 or 990-EZ)	/31/21	2020			
Nan		For calendar year 2020, or tax ye		20 , and ending 07		dentification Number
	EOPLE FOR F ANIMALS,		MENT		52-121	8336
		(a) Other event	(b) Other event	(c) Other event	32 121	0330
		3				(d) Total other events (add col. (a) through
ø)		(event type)	(event type)	(event type)		col. (c))
Revenue	4 0	27 011				27 011
Re	 Gross receipts Less: Charitable 	37,911 e				37,911
	contributions	24,098				24,098
	3 Gross income (line 1 minus line	2) 13,813				13,813
	4 Cash prizes					
	5 Noncash prizes	24,341				24,341
Se	C Dont/forcility on					
ense	6 Rent/facility co	SIS				
Exp	7 Food/beverage:	S				
Direct Expenses	8 Entertainment	559				559
	9 Other expense	s 95,753				95,753

Form 990-T Net Operating Loss Carryover Worksheet for Pre-2018 Losses

For calendar year 2020, or tax year beginning 08/01/20 , ending 07/31/21

Name
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
18th 07/31/01	-54,142		54,142	54,142	
17th 07/31/02	-69,763		69,763	69,763	
16th 07/31/03	-47,889		47,889	47,889	
15th 07/31/04	-70,298		70,298	58,740	11,558
14th 07/31/05	-97,323		97,323		97,323
13th 07/31/06	-62,463		62,463		62,463
12th 07/31/07	-89,148		89,148		89,148
11th 07/31/08	-120,514		120,514		120,514
10th 07/31/09	-96,868		96,868		96,868
9th 07/31/10	-79,065		79,065		79,065
8th 07/31/11	-52,307		52,307		52,307
7th 07/31/12	-27,658		27,658		27,658
6th 07/31/13	-53,247		53,247		53,247
	-76,740		76,740		76,740
4th 07/31/15	-75,646		75,646		75,646
3rd 07/31/16	-32,907		32,907		32,907
2nd 07/31/17	10,669	-10,669			
1st 07/31/18	-19,110		19,110		19,110
NOL carryover available	e to current year		1,125,088		
Current year	230,534			230,534	
NOL carryover available	e to next year				894,554

29. Retained earnings

30. Number of voting members of governing body

33. Number of volunteers

31. Number of independent voting members of governing body

32. Number of employees

Two Year Comparison Report 2019 & 2020 Form **990** For calendar year 2020, or tax year beginning 08/01/20. endina 07/31/21 Taxpayer Identification Number Name PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 OF ANIMALS, INC. 2019 Differences 2020 1. 59,140,068 56,484,603 -2,655,465 1. Contributions, gifts, grants 2. Membership dues and assessments 2. 3. Government contributions and grants 1,905,373 905,373 3. 524,751 161,512 4. Program service revenue 4. 686,263 5. Investment income 5. 355,661 369,004 13,343 6. Proceeds from tax exempt bonds _____ 6. 119,769 798,064 678,295 7. 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from fundraising events -151,463 -442,044 -290,581 8. 9. Net income or (loss) from gaming 9. 21,394 54,707 33,313 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 632,926 783,708 150,782 12. Total revenue. Add lines 1 through 11 12. 60,643,106 60,639,678 -3,42813. Grants and similar amounts paid 3,091,193 3,225,678 134,<u>4</u>85 13. 14. Benefits paid to or for members 14. 7,378 **15.** Compensation of officers, directors, trustees, etc. 153,846 15. 161,224 155,788 <u>12,9</u>81,999 14,137,787 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 402,931 438,977 36.046 18. Other professional fees 19,661,373 11,804,459 -7,856,914 18. 1,401,206 1,344,715 19. Occupancy, rent, utilities, and maintenance 19. -56,49120. Depreciation and Depletion 312,901 -320,748 20. <u>633,649</u> 17,123,552 21. Other expenses 21. 16,423,355 700,197 22. Total expenses. Add lines 13 through 21 22. 54,749,552 48,549,293 -6,200,2595,893,554 12,090,385 6,196,831 23. Excess or (Deficit). Subtract line 22 from line 12 23. -3,42860,643,106 60,639,678 24. Total exempt revenue 24. 25. Total unrelated revenue 147,927 345,806 197,879 25. 26. Total excludable revenue 1,355,111 548,785 26. 1,903,896 27. Total assets 24,470,189 38,563,989 093,800 27. 488,730 **28.** Total liabilities 9,350,680 9,839,410 28.

29.

30.

31.

32.

15,119,509

3

2

268

279

28,724,579

2

302

13,605,070

Form 990T | Two Year Comparison Report

For calendar year 2020, or tax year beginning 08/01/20

, ending 07/31/21

2019 & 2020

Name PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number

	LE FOR THE ETHICAL TREATMENT INIMALS, INC.			52-12	18336
Ī			2019	2020	Differences
1. Gr	oss profit/loss on business activities	1.			
2. Ca	apital gains/losses	-			
ອ 3. Inc	come/loss from partnerships and S corporations	3.			
	ent income (net of expense)				
> 5. Un	nrelated debt-financed income (net of expense)	5.			
	come from controlled organizations (net of expense)	6.			
_	ction 501(c)(7)(9)(17) organization income (net of expense)	7.			
	ploited exempt activity income (net of expense)	8.			
	livertising income (net of expense)	9.	25,310	227,206	201,896
10. Oth	her income	10.			
11. To	otal trade or business income. Combine lines 1 through 10	11.	25,310	227,206	201,896
_	ompensation of officers, directors, and trustees	12.			
	her salaries and wages	13.			
14. Re	epairs and maintenance	14.			
15. Ba	ad debts	15.			
φ 16. Inte	erest	16.			
0 17 Ta	ixes and licenses	17.			
= 18 Ch	naritable contributions	18.			
9 19. De	epreciation and Depletion	19.			
× 20 Co	ontributions to deferred compensation plans	20.			
	nployee benefit programs	21.			
22 ⊜#	her deductions	22.			
22. OII	her deductions otal deductions. Add lines 12 through 22	23.			
	et income (990T/first activity); Subtract line 23 from 11	24.	25,310	227,206	201,896
	umber of unrelated business activities for this return	25.	3	3	201,090
	nrelated business taxable income from all trades	26.	19,054	231,534	212,480
	sallowed employee fringe benefits	27.	19,034	231,334	212,400
20. Ch	sallowed employee minge benefits	28.			
20. Cn	naritable contributions	29.	19,054	231,534	212,480
29. Ta	exable income before NOL loss	30.	19,054	230,534	211,480
30. Ne	et operating loss (pre-2018)	31.	1,000	1,000	ZII,400
31. Sp	pecific deduction	32.	1,000	1,000	
	nrelated business taxable income.	33.			
φ 33. Inc	come tax (corporate or trust)	34.			
5 34. Pro	oxy tax				
ο 35. Oth	her taxes	35.			
ပ 36. To	otal taxes	36.			
	her credits	37.			
38. Ge	eneral business credit	38.			
	edit for prior year minimum tax	39.			
	otal credits	40.			
41. Ne	et tax after credits	41.			
	ecapture taxes and 965 tax	42.			
	tal Taxes	43.			
	ior year overpayment and estimated tax payments	44.			
	syment made with extension	45.			- 0-
	ackup withholding and foreign withholding	46.	989	6,860	5,872
≅ 47. Otl	ther payments	47.			
<u>48.</u> To	otal payments	48.	989	6,860	5,87
_ 49. Ba	alance due/(Overpayment)	49.	-989	-6,860	-5 , 871
	verpayment applied to next year	50.			
51. Pe	enalties	51.			
52. To	otal due/(Refund)	52.	-989	-6,860	-5,871

Form **SchM**

Two Year Comparison for Unrelated Business Activity For calendar year 2020, or tax year beginning 08/01/20, ending 07/31/21

2019 & 2020

Organization Name

Taxpayer Identification Number 52-1218336

PEOPLE FOR THE ETHICAL TREATMENT

Unincorporated Business Income Tax Code: 541800 Activity: ADVERTISING

	Colporated Business Income Tax Code: 341000 Activity: ADVER		2019	2020	Differences
	1. Gross profit/loss on business activities	1.			
venue	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	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.	25,310	227,206	201,896
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	25,310	227,206	201,896
	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.			
Se	17. Taxes and licenses	17.			
L D	18. Depreciation and Depletion	18.			
ď	19. Contributions to deferred compensation plans	19.			
	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.	25,310	227,206	201,896
	24. Deductible losses	24.	11,105		-11,105
	25. Unrelated business taxable income (loss)	25.	14,205	227,206	213,001

Form **SchM**

Two Year Comparison for Unrelated Business Activity For calendar year 2020, or tax year beginning 08/01/20, ending 07/31/21

2019 & 2020

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

Unincorporated Business Income Tax Code: 531120 Activity: RENTAL

			2019	2020	Differences
	1. Gross profit/loss on business activities	1.			
_	2. Capital gains/losses	2.			
venue	3. Income/loss from partnerships and S corporations	3.	4,849	4,328	-521
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
R.	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.	4,849	4,328	-521
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
Ø	16. Interest	16.			
S	17. Taxes and licenses	17.			
n P	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.	4,849	4,328	-521
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	4,849	4,328	-521

Form **SchM**

Two Year Comparison for Unrelated Business Activity For calendar year 2020, or tax year beginning 08/01/20, ending 07/31

, ending 07/31/21

2019 & 2020

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

25. Unrelated business taxable income (loss)

Taxpayer Identification Number 52-1218336

Unin	corporated Business Income Tax Code: 454110 Activity: SALE	OF	MERCHANDISE		
			2019	2020	Differences
	1. Gross profit/loss on business activities	1.	3,234	22,430	19,196
_	2. Capital gains/losses				
venue	3. Income/loss from partnerships and S corporations	3.			
	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.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	3,234	22,430	19,196
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	1,463	5,297	3,834
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
S	17. Taxes and licenses	17.	300	730	430
e n	18. Depreciation and Depletion	18.	34	115	81
٩	19. Contributions to deferred compensation plans	19.			
ж	20. Employee benefit programs	20.			
	21. Other deductions	21.	56,407	161,832	105,425
	22. Total deductions. Add lines 12 through 22	22.	58,204	167,974	109,770
	23. Taxable income before deductions. Subtract line 23 from 1	23.	-54,970	-145,544	-90,574
	24. Deductible losses	24.		85,060	85,060

25.

-54,970

-230,604

-175,634

Form 990	Tax Return History	2020
Name	PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.	Employer Identification Number 52-1218336

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	43,332,789	51,580,176	46,778,316	59,140,068	58,389,976	
Membership dues						
Program service revenue	603,814	475,366	509,898	524,751	686,263	
Capital gain or loss	183,058	350,067	2,228	119,769	798,064	
Investment income Fundraising revenue (income/loss)	421,113	346,224	408,176	355,661	369,004	
Fundraising revenue (income/loss)	-236,018	-195,809	-177,577	-151,463	-442,044	
Gaming revenue (income/loss)						
Other revenue	304,783	392,449	614,142	654,320	838,415	
Total revenue	44,609,539	52,948,473	48,135,183	60,643,106	60,639,678	
Grants and similar amounts paid	17,360,107	2,742,106	2,806,190	3,091,193	3,225,678	
Benefits paid to or for members						
Compensation of officers, etc.	148,720	147,581	138,344	153,846	161,224	
Other compensation	<u> 11,792,797 </u>	12,728,604	12,322,455	12,981,999	14,137,787	
Professional fees	17,397,666	18,826,104	18,888,630	20,064,304	12,243,436	
Occupancy costs	1,438,208	1,445,946	1,494,699	1,401,206	1,344,715	
Depreciation and depletion	444,529	535,085	651,859	633,649	312,901	
Other expenses	15,630,526	16,601,674	17,163,719	16,423,355	17,123,552	
Total expenses	64,212,553	53,027,100	53,465,896	54,749,552	48,549,293	
Excess or (Deficit)	-19,603,014	-78,627	-5,330,713	5,893,554	12,090,385	
Total exempt revenue	44,609,539	52,948,473	48,135,183	60,643,106	60,639,678	
Total unrelated revenue	122,206	85,172	98,068	147,927	345,806	
Total excludable revenue	1,154,544	1,283,125	1,258,799	1,355,111	1,903,896	
Total Assets	19,838,054	19,120,565	15,646,325	24,470,189	38,563,989	
Total Liabilities	6,103,532	5,584,013	7,213,406	9,350,680	9,839,410	
Net Fund Balances	13,734,522	13,536,552	8,432,919	15,119,509	28,724,579	

Form 990T	Tax Return History	2020
Name	PEOPLE FOR THE ETHICAL TREATMENT	Employer Identification Num
	OF ANIMALS, INC.	52-1218336

* Income shown net of expenses 2016 2017 2018 2019 2020 2021 11,027 8,571 Business activity profit/loss Capital gains/losses Partner and S Corp gain/loss _____ 3,504 4,434 Rental income* _____ Debt-financed income* Controlled organizations income/interest* Investment income, specific organizations* Exploited exempt activity income* .. _ Other income 20,930 -9,725 -11,105 25,310 227,206 3,280 -11,10525,310 227,206 35,461 Total trade or business income. Compensation of officers, ect. _____ 989 Other salaries and wages__ 798 1,463 Repairs and maintenance Bad debts Interest Taxes and licenses___ 800 430 Charitable contributions Depreciation and Depletion 20 Deferred compensation plans Employee benefit programs_

Form 990T	Tax Return History		2020
Name	PEOPLE FOR THE ETHICAL TREATMENT	Employer Id	dentification Number
	OF ANIMALS, INC.	52-12	18336

	2016	2017	2018	2019	2020	2021
Other deductions	23,003	21,142				
Net income (990T/first activity)	10,669	-19,110	-11,105	23,847	227,206	
UBTI from all trades	10,669	0	0	19,054	231,534	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction	10,669		4,236	19,054	230,534	
Specific deduction	1,000		1,000	1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments				989	6,860	
Balance due/Overpayment				-989	-6,860	