Saggar & Rosenberg, P.C. 1 Church St Ste 700 Rockville, MD 20850-4163

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

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 08/01/22 , and ending 07/31/23

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

Net Asset	/ Fund	Balance a	at	Beginning	of	Year
-----------	--------	-----------	----	-----------	----	------

25,119,112

2,114,084

Nevenue	
Contributions	67,547,814
Program service revenue	1,063,201
Investment income	633,787
Capital gain / loss	-304,962

Fundraising / Gaming:

Gross revenue
Direct expenses 257,848

Total revenue 69,874,898

Expenses

Povenue

 Program services
 55,474,992

 Management and general
 566,503

 Fundraising
 11,719,319

Total expenses 67,760,814 Excess / (deficit)

Changes _____1,725,334

Reconciliation of Revenue

Reconciliation of Expenses

Total revenue per financial statemen	ts 78,952,062	Total expenses per financial statement	ts 75,112,644
Less:		Less:	
Unrealized gains	1,725,330	Donated services	7,247,968
Donated services	7,247,968	Prior year adjustments	
Recoveries		Losses	
Other	114,113	Other	114,110
Plus:		Plus:	
Investment expenses		Investment expenses	
Other	10,247	Other	10,248
Total revenue per return	69,874,898	Total expenses per return	67,760,814

Balance Sheet

	Beginning	Ending	Differences
Assets	38,104,371	44,355,512	
Liabilities	12,985,259	<u> 15,396,982</u>	
Net assets	25,119,112	28,958,530	3,839,418

Miscellaneous Information

Amended return	
Return / extended due date	06/17/24
Failure to file penalty	•

Form 990-T Return Summary

For calendar year 2022, or tax year beginning 08/01/22 , and ending 07/31/23

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

Income & Losses (Form 990-T, Sch A) # of Schedules 389,136 Losses from all activities 389,136 Unrelated business taxable income from all trades Income Adjustments (Form 990-T, Part I) Disallowed fringe benefits		
Charitable contributions Net operating loss (prior to 2018) Specific deduction Section 199A Deduction (Trusts Only) Total adjustments Unrelated business taxable income	-	
Taxes & Credits (Form 990-T, Part II and III) Regular tax Other tax: Proxy AMT_ Facilities Tax Due Foreign tax credit and other credits	- - 	
General business credits Prior year minimum tax credit Total nonrefundable credits Other taxes Total tax	- - 	
Payments & Penalties Estimated tax payments and Tax withheld Paid with extension Refundable credits and other payments Payments Net tax due Estimated tax penalty Interest on late payments Failure to file penalty	200	0
Failure to pay penalty Penalties Balance due Total overpayment Overpayment applied to next year's tax Refund		

Next Year's Estimates	Miscellaneous Information
1st quarter	Amended return
2nd quarter	Return / extended due date $06/17/24$
3rd quarter	
4th quarter	

Total

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury

For calendar year 2022, or fiscal year beginning 8/01 , 2022, and ending 7/31, 20 23Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 OF ANIMALS, INC. Name and title of officer or person subject to tax INGRID NEWKIRK PRESIDENT/SECRETARY Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) ______6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here ... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize <u>SAGGAR & ROSENBERG</u>, to enter my PIN as my signature Enter five numbers, but ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52363542956 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SUSAN J ROSENBERG 02/27/24 ERO's signature.

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

8/01 , 2022, and ending 7/31, 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year beginning Do not send to the IRS. Keep for your records.

2022

Go to www.irs.gov/Form8879TE for the latest information. FIN or SSN Name of filer PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 OF ANIMALS, INC. Name and title of officer or person subject to tax INGRID NEWKIRK PRESIDENT/SECRETARY Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______2b 2a Form 990-EZ check here
3a Form 1120-POL check here
4a Form 990-PF check here
5a Form 8868 check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b X 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here

9a Form 5330 check here

b FMV of assets at end of tax year (Form 5227, Item D)

b Tax due (Form 5330, Part II, line 19)

9b Tax due (Form 5330, Part II, line 19)

9c Tax due (Form 5330, Part II, line 19)

9d Amount of credit payment requested (Form 8038-CP Part III line 22) 10h b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here . Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize SAGGAR & ROSENBERG, to enter my PIN as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52363542956 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 02/27/24SUSAN J ROSENBERG ERO's signature

Form **990**

2022 Open to Public

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

Depa	artment of nal Reven	the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest inform	-		Inspection		
			lendar year, or tax year beginning $08/01/22$, and ending $07/31/23$					
	Check if a		Name of organization PEOPLE FOR THE ETHICAL TREATMENT		Employer	identification number		
	Address cl	ress change OF ANIMALS, INC.						
Ħ	Name cha	ange	Doing business as		52-12	18336		
\equiv					Telephone			
_	Initial retur	m,	501 FRONT ST		151-9	62-8364		
	Final return terminated		City or town, state or province, country, and ZIP or foreign postal code			00 040 000		
	Amended		NORFOLK VA 23510	(Gross rece	ipts\$ 89,242,802		
Ħ			Name and address of principal officer:	a) Is this a grou	n return for s	ubordinates Yes X No		
Ш	Application	n pending	INGRID NEWKIRK			H., H.,		
			JOI INONI DINEEL	(b) Are all subor				
			NORFOLK VA 23510	if "No," a	ittach a list.	See instructions		
1_	Tax-exem	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
	Website:			c) Group exem				
	union morning and	500		formation: 19	80	M State of legal domicile: VA		
F	Part I		nmary					
	1 B		cribe the organization's mission or most significant activities:					
S		PROTE	CTION OF ANIMAL RIGHTS.					
na.								
Governance								
တိ			box if the organization discontinued its operations or disposed of more than 25% c	of its net as	sets.	_		
∞ಶ			voting members of the governing body (Part VI, line 1a)		3	3		
ies			independent voting members of the governing body (Part VI, line 1b)			2		
Activities	5 T	Γotal numb	oer of individuals employed in calendar year 2022 (Part V, line 2a)			356		
Act			per of volunteers (estimate if necessary)		6	511		
	7a⊺	Fotal unrela	ated business revenue from Part VIII, column (C), line 12			587,623		
	bΝ	Net unrelate	ed business taxable income from Form 990-T, Part I, line 11		. 7b	0		
				Prior Year	0.67	Current Year		
ne	8 0	Contribution	·	56,044,		67,547,814		
/en	9 P	orogram se	ervice revenue (Part VIII, line 2g)	1,235	, 650	1,063,201		
Revenue	10 lr	nvestment		110	,720	328,825 935,058		
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,265,				
				7,313		69,874,898 5,462,519		
			I similar amounts paid (Part IX, column (A), lines 1–3)	1,313	, 677	J, 40Z, J19		
			tid to or for members (Part IX, column (A), line 4)	5,470	063	17,514,259		
Expenses					, 958	261,826		
ens	16aF	rotessiona	al fundraising fees (Part IX, column (A), line 11e) aising expenses (Part IX, column (D), line 25) 11,719,319	230	, 950	201,020		
Ϋ́			4	15 700	060	44 522 210		
				15,782,		44,522,210 67,760,814		
	1			58,864 -599		2,114,084		
-5%		kevenue le	ess expenses. Subtract line 18 from line 12	nning of Curre		End of Year		
Net Assets or	20 1	Fotal accet	7 11 11 12	38,104,		44,355,512		
ASSE	24 7		1	12,985	259	15,396,982		
₹ E	22 1			25,119	112	28,958,530		
	Part II	100	nature Block	10/110		20/300/000		
			erjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to t	he best of	mv knowledge and belief, it is		
tr	ue, corre	ect, and cor	mplete. Declaration of preparer (other than officer) is based on all information of which preparer	has any know	wledge.	,		
			me S		6	2-28-24		
Sig	an l	Signature of	f officer		Date			
He	- 1	INGR:	ID NEWKIRK PRESIDENT/SEC	CRETAR	Y			
		Type or prin	at name and title					
		Print/Type p	oreparer's name Preparer's signature	Date	Check	if PTIN		
Pai	d	SUSAN J	ROSENBERG SUSAN J ROSENBERG	02/27/2	24 self-emp	ployed P00059813		
	parer	Firm's name	SAGGAR & ROSENBERG, P.C.	Firm	n's EIN	52-2190100		
Use	e Only		1 CHURCH ST STE 700					
		Firm's addre	DOGETITE ND 20050 4162	Pho	one no.	301-738-9040		
Ma	y the IR		this return with the preparer shown above? See instructions			X Yes No		
For	Paperw		ction Act Notice, see the separate instructions.			Form 990 (2022)		
DAA	V.							

	2) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336	Page 2
Part III	Statement of Program Service Accomplishments	₩
D: 0	Check if Schedule O contains a response or note to any line in this Part III	X
-	escribe the organization's mission:	
bköië	TION OF ANIMAL RIGHTS	
Dial than		
	organization undertake any significant program services during the year which were not listed on the	□ vaa ▽ v
	m 990 or 990-EZ?	Yes X No
	describe these new services on Schedule O.	
	organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
Services	describe these shapes on Schedule O	I res A No
	describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services, as meas	aurod by
expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported.	-
la (Code:) (Expenses \$ 22,603,755 including grants of \$ 2,881,166) (Revenue	\$ 494,729
SEE S	CHEDULE O	
SEE S	CHEDULE O	
c (Code:) (Expenses \$ 12,650,875 including grants of \$ 2,577,806) (Revenue CHEDULE O	\$
• • • • • • • • • • • • • • • • • • • •		
d Other p	ogram services (Describe on Schedule O.)	
(Expens)
	gram service expenses 55,474,992	,

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			
	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)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.7
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>		
Ū	complete School do 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		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		
e	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		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		<u> </u>
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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			
	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,_	3.5	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		1.77
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
) 21	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	Х	
	domestic government on rait in, column (n), line i: ii res, complete scriedule i, raits raits ii	41		

DAA

	GILLIV CHECKIST 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		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	o ,	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		37
00	If "Yes," complete Schedule L, Part I	25b		X
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%	00		v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	·····		- 25
	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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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,			
	or IV, and Part V, line 1		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			37
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30		
1 (Check if Schedule O contains a response or note to any line in this Part V			X
	Chock is contound to containe a respense of flote to any line in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 234		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

	990 (2022) PEOPLE FOR THE ETHICAL TREATMENT 52-1218				age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (co.	ntinuea) I I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	256			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 356		٠,,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o	•		٠,,	
	a financial account in a foreign country (such as a bank account, securities account, or other fina	incial account)?	4a	X	
b	If "Yes," enter the name of the foreign country CANADA				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan		_		3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	insaction?	5b		X
C	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 organization all the same state of the same	iid the			77
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	outions or	CI-		
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	for mondo			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods	7-	\ _	
h	and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it woo	7b	X	
С		il was	70	v	
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d 1	7c	X	
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		Х
e f	Did the organization receive any runus, directly of indirectly, to pay premiums on a personal benefit of		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file		7g		- 22
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in			Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main			22	
•	sponsoring organization have excess business holdings at any time during the year?	allied by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· · · · · · · · · · · · · · · · · · ·	9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	<u> </u>			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	i i			
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in ren	nuneration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	ment income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

If "Yes," complete Form 6069.

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. 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 on 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 on 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 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 on 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 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, 19 and 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

501 FRONT ST

VA 23510

KELLY FIDLER

NORFOLK

orm 990	(2022) PEOPLE	FOR	THE	ETHICAL	TREATMEN'	г 52-12	218336		F	age 7
Part VII	Compensati	on of C	Officers,	Directors,	Trustees, Key	Employees	Highest	Compensated	Employees,	and
	Independent	Contr	actors				_	-		_
	Check if Sch	edule C	contair	ns a respons	se or note to an	y line in this	Part VII .			. \square

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(A) Name and title	(B) Average hours per week (list any hours for	box	, unle	heck ss pe	ition more rson i	than one s both an or/trustee) Former Highest employs	(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	ional trustee	·	Key employee	Former Highest compensated employee	1099-NEC)	1099-NEC)	related organizations
(1) INGRID NEWKIRK									
	40.00						25 000		0.65
PRESIDENT/SECRETARY	0.00	X		X			35,289	0	965
(2) JEANNE ROUSH	1 00								
TDFACIDFD	1.00	X		Х			_	0	0
TREASURER (3) MICHAEL RODMAN	0.00	14		Δ			0	U	0
(3) MICHAEL RODMAN	1.00								
CHAIRPERSON	0.00	X					0	0	0
(4) TRACY REIMAN	0.00	125						0	
() IIdioi Idailan	40.00								
VICE PRESIDENT	0.00			Х			122,075	0	7,665
(5) JEFFREY KERR								-	. ,
• • • • • • • • • • • • • • • • • • • •	0.00								
ASST. SECRETARY	40.00			Х			0	171,348	15,471
(6) ROSALIND ZAYAS									
	40.00								
DIRECTOR	0.00					Х	141,248	0	2,621
(7) KATHLEEN GUILLE									
·	40.00						100 707		10.015
SR. VICE PRESIDENT	0.00					Х	139,707	0	19,816
(8) STEVEN KEHRLI	0.00								
	0.00					37		120 070	7 200
SR. VICE PRESIDENT (9) LORI KETTLER	40.00	 				Х	0	139,972	7,398
(9) LORI KETILER	0.00								
GENERAL COUNSEL	40.00					X	0	132,433	8,142
(10) ANDREW COOK	40.00					7		132,433	0,142
() ANDICEW COOK	0.00								
VICE PRESIDENT	40.00					X	0	130,263	9,684
(11)								, ,	- , - -
	1	1	l	l	l		1	I	

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

(A) Name and title	(B) Average hours per week	box	, unle	ss pe	ition more rson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated of oth	amount ner	t
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from t janizatio	the	ns
4.01								420 210	574 016			71,5	762
1b Subtotal		Sec	ction	1 A				438,319	574,016		•		
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	including but not			to th	ose	liste	d al	438,319 bove) who received more to	574,016 han \$100,000 of			71 , T	762 No
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on li organization and related organization and related organization. 5 Did any person listed on line for services rendered to the 	n," complete Sch ne 1a, is the su anizations greate 1a receive or a	edulem of er th	repan \$	for s ortal 3150 ompe	uch ole c ,000 	indivomp	ridua ens "Ye. fron	sation and other compensa es," complete Schedule J fo m any unrelated organization	tion from the or such on or individual		3 4 5	X	X
Section B. Independent Contract1 Complete this table for your		npen	sate	d ind	depe	nder	nt c	contractors that received me	ore than \$100,000 of				
compensation from the organ	(A) d business address	com	pens	atio	n foi	the	cal		within the organization's (B) ion of services	tax year.		(C) mpensa	tion
RWT PRODUCTION					562	4		LLINGTON AVE.				препза	uon
SPRINGFIELD GOOGLE, INC.	VA	_ 2	<u>21</u>		DEP	T	_	<u>MAILING & POS'</u> 654, PO BOX 3900			7	,045	,942
SAN FRANCISCO	CA	. 9	41	39			(ONLINE ADVERT			1	,334	,496
KT PRODUCTION PORTLAND	OR	۵	7つ		310	Sl	1	SHERMAN ST PRINTING & PO	СT			075	655
MAL WARWICK DONORDI		. <u> </u>	1 🔼		255	0 1		NTH STREET, SUIT				o /5	<u>,655</u>
BERKELEY	CA		<u>47</u>		101	0.0		MAIL MANAGEME				853	,792
COMMUNICATION CORP ELKWOOD	OF AMERIC VA		27		131	.29		IRPARK DRIVE, SU <u>PRINTING & PO</u>				663	,766
2 Total number of independent received more than \$100,000									27				
DAA	1								- :		Forn	990	(2022)

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 352,920 1a **b** Membership dues 1b **c** Fundraising events 503,082 1c d Related organizations 1d **e** Government grants (contributions) Contributions, and Other Sim 1e All other contributions, gifts, grants, 1f 66,691,812 and similar amounts not included above g Noncash contributions included in 3,454,647 lines 1a-1f h Total. Add lines 1a-1f 67,547,814 Business Code 900099 568,472 568,472 Program Service Revenue 2a ADVERTISING INCOME 900004 494,729 b SPAY/NEUTER PROGRAM 494,729 f All other program service revenue g Total. Add lines 2a-2f 1,063,201 3 Investment income (including dividends, interest, and other similar amounts) 633,787 633,787 Income from investment of tax-exempt bond proceeds 110,646 110,646 Royalties (i) Real (ii) Personal 6a Gross rents 19,905 6a 20,993 6h **b** Less: rental expenses -1,088 c Rental inc. or (loss) 6c -1,088-1,088d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets 18,148,318 542,666 other than inventory Revenue **b** Less: cost or other 18,483,984 7b 511,962 basis and sales exps. -335,666 30,704 7с c Gain or (loss) Other d Net gain or (loss) -304,962 -304,962**8a** Gross income from fundraising events (not including \$ 503,082 of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 257,848 8b c Net income or (loss) from fundraising events -257,848 -257,8489a 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 125,125 10a 93,117 **b** Less: cost of goods sold 10b 32,008 14,724 17,284 c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 999999 880,568 880,568 11a LEGAL AWARDS 900099 168,905 168,905 b MISCELLANEOUS INCOME 1,867 531120 1,867 PARTNERSHIP INCOME **d** All other revenue 1,051,340 e Total. Add lines 11a-11d 1,534,970 12 Total revenue. See instructions 69,874,898 204,491 587,623

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.		(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	990,099	990,099					
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 .	4,472,420	4,472,420					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	177,428	176,584	563	281			
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	16,078,654	16,002,246	50,912	25,496			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	145,794	145,102	461	231			
9	Other employee benefits	6,889	6,855	23	11			
10	Payroll taxes	1,105,494	1,100,241	3,500	1,753			
11	Fees for services (nonemployees):							
а	Management	1 060 665	1 000 000	FO 1 F1				
b	Legal	1,868,665	1,270,038	58,151	540,476			
C	Accounting	86,000	67,042	1,842	17,116			
d	Lobbying	7 061 006			061 006			
_	Professional fundraising services. See Part IV, line	7 261,826			261,826			
f	Investment management fees							
g		10 204 540	15 162 542	00 560	1 110 120			
40	(A) amount, list line 11g expenses on Schedule O.)	19,394,540	15,163,542	82,568	4,148,430			
	Advertising and promotion	1,305,718	906,450	11,642	387,626			
13 14	Office expenses Information technology	1,303,710	900,430	11,042	301,020			
15								
16	Royalties	1,589,151	1,549,716	14,407	25,028			
_	Occupancy	1,133,311	1,093,886	2,369	37,056			
18	Travel Payments of travel or entertainment expense		1,000,000	2,500	31,030			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	168,102	123,996	3,422	40,684			
21	Payments to affiliates			5,111				
22	Depreciation, depletion, and amortization	310,466	229,007	6,321	75,138			
23	Insurance	380,092	280,366	7,737	91,989			
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.	8,514,221	4,379,148	205,925	3,929,148			
b	MEDIA & PRESS SUPPORT	3,705,172	2,411,023	49,373	1,244,776			
С	GENERAL OPERATING EXPENSE		1,966,775	54,275	645,307			
d	POSTAGE AND SHIPPING	2,643,060	2,639,042	1,029	2,989			
е	All other expenses	757,355	501,414	11,983	243,958			
25	Total functional expenses. Add lines 1 through 24e	67,760,814	55,474,992	566,503	11,719,319			
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 her X if							
D4:	following SOP 98-2 (ASC 958-720)	14,415,362	8,970,940	96,869	5,347,553			
DAA					Form 990 (2022)			

	Check if Schedule O contains a response or note to any line in this Part X		<u>.</u> T	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1,264,291	1	2,040,453
2		650,412	2	295,370
3		165,423	3	2,424,759
4	Accounts receivable, net	6,011,057	4	2,762,393
5	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	
6				
2	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Sasset 7	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	86,082	8	106,647
9	Prepaid expenses and deferred charges	1,703,333	9	1,091,059
10	a Land, buildings, and equipment: cost or other			<u> </u>
	basis. Complete Part VI of Schedule D 10a 3,491,811			
	Less: accumulated depreciation 10b 2,392,382	1,005,980	10c	1,099,429
11		25,140,133	11	24,987,686
12		•	12	•
13			13	
14			14	
15		2,077,660	15	9,547,716
16		38,104,371	16	44,355,512
17		9,719,882	17	4,837,335
18		•	18	•
19			19	
20			20	
21			21	
ဖ္တ 22				
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>a</u>	controlled entity or family member of any of these persons		22	
ᄀ 23			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	3,265,377	25	10,559,647
26		12,985,259	26	15,396,982
ပ္သ	Organizations that follow FASB ASC 958, check here $\overline{\mathbb{X}}$			
ဍ	and complete lines 27, 28, 32, and 33.			
Fund Balances	Net assets without donor restrictions	20,058,738	27	22,663,753
<u>n</u> 28		5,060,374	28	6,294,777
<u> </u>	Organizations that do not follow FASB ASC 958, check he			
<u> </u>	and complete lines 29 through 33.			
၀ 29			29	
ğ 30	· · · · · · · · · · · · · · · · · · ·		30	
¥ 31			31	
Net Assets of 30 31 32 32	Total net assets or fund balances	25,119,112	32	28,958,530
້ 33	Total liabilities and net assets/fund balances	38,104,371	33	44,355,512

Form **990** (2022)

Form	n 990 (2022) PEOPLE FOR THE ETHICAL TREATMENT 52-1218336				Pag	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	<u> </u>		<u></u>		$\exists X$	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69	,87	4,8	398	
2	Total expenses (must equal Part IX, column (A), line 25)	2	67	7,760,814			
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4							
5	Net unrealized gains (losses) on investments	5	1	<u>,72</u>	5,3	330	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				4	
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	,95	8,5	<u> 330</u>	
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>		$\perp \! \! \perp$	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					ĺ	
	Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					1	
	reviewed on a separate basis, consolidated basis, or both:					1	
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					ĺ	
	separate basis, consolidated basis, or both:					ĺ	
	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					ĺ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on					ĺ	
	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					ĺ	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		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	<u> </u>		3b			
				Form	990	(2022)	

SCHEDULE A

(Form 990)

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

Attach to Form 990 or Form 990-EZ.

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

PEOPLE FOR THE ETHICAL TREATMENT Em

Employer identification number 52-1218336

OF ANIMALS INC 52-1218336 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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.) Part II

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,778,316	59,140,068	58,389,976	66,044,867	67,547,814	297,901,041
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	46,778,316	59,140,068	58,389,976	66,044,867	67,547,814	297,901,041
•	shown on line 11, column (f)						438,267
<u>6</u> Soc	Public support. Subtract line 5 from line 4. tion B. Total Support						297,462,774
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	46,778,316		58,389,976	66,044,867	67,547,814	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	502,601	59,140,068 456,168	498,070	676,884	759,383	2,893,106
9	Net income from unrelated business activities, whether or not the business is regularly carried on		19,054	231,534	261,670	389,136	901,394
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	478,154	539,079	665,442	102,830	1,064,626	2,850,131 304,545,672
12	Gross receipts from related activities, etc.	c. (see instructions	:)			12	2,488,058
13	First 5 years. If the Form 990 is for the						, ,
	organization, check this box and stop he	•				. , . ,	
Sec	tion C. Computation of Public S						
14	Public support percentage for 2022 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	97.67%
15	Public support percentage from 2021 Scl	nedule A, Part II, I	ine 14			15	96.44%
16a	33 1/3% support test—2022. If the orga	nization did not ch	eck the box on li	ne 13, and line 14	l is 33 1/3% or mo	ore, check this	_
	box and stop here. The organization qua						X
b	33 1/3% support test—2021. If the orga				ne 15 is 33 1/3%	or more, check	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me				-		
b	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
18	organization Private foundation. If the organization of instructions	lid not check a box	x on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd see	
							A (Form 000) 2022

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.)

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9		(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) TOTAL
	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 on 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		t, second, third, for	ourth, or fifth tax y	ear as a section	501(c)(3)	_
	organization, check this box and stop he						
	tion C. Computation of Public						
15	Public support percentage for 2022 (line						%
16	Public support percentage from 2021 Sc					16	%
	tion D. Computation of Investm					T T	
17	Investment income percentage for 2022						%
	vestment income percentage from 2021						%
19a	33 1/3% support tests—2022. If the org						
,	17 is not more than 33 1/3%, check this		_	-		-	
b	33 1/3% support tests—2021. If the org	_					
20	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization of	aid not check a bo	ox on line 14, 19a	i, or 19b, check th	ns box and see in	structions	

PEOPLE FOR THE ETHICAL TREATMENT 52-1218336

Supporting Organizations Part IV

Schedule A (Form 990) 2022

(Complete only if you checked a box on 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
 - 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		
0.0		
3с		
4a		
4b		
4c		
-		
5a		
5b		
5c		
6		
7		
8		
9a		
O.		
l un		
9b		
9b 9c		
9c		

Schedule A (Form 990) 2022

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 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 supporte	ď		
	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,			
	supervised, or controlled the supporting organization.	2		
<u>Sect</u>	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 on 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			
Soct	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
		lional		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction posterior	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	inotru	otiona)	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	IIISIIU	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
a	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 on 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 these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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		

Pac	ıe.	(

Schedule A (Form 990) 2022 PEOPLE FOR THE ETHICAL TR			330 Page b
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 2	20, 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organization	s must c	omplete Sections A throu	ıgh E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 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 intec		ne III supporting organiza	tion

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 **c** From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020. d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explana III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 8, lines 1 and 2; Part IV, Section C, line 1; Part I	Ations required by Part II, line 10; Part II, line 17a or 17b; Part 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section V, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, additional information. (See instructions.)
PART I	II, LINE 10 - OTHER INCOME DETA	IL
MISCEL	LLANEOUS INCOME	\$ 2,850,131
SUPPLE	EMENTAL INFORMATION	
MISCEL	LLANEOUS INCOME INCLUDES NOT RE	GULARLY CARRIED ON INCOME FROM
OPERAT	TIONS AND INCOME FROM ANNUITIES	*
•		
•		
•		
•		
•		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, (See separate instructions), then	line 5 (Proxy Tax) (See sep	arate instruction	s) or Form 990-EZ, F	art V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organizations: Complete Part e of organization PEOPLE FOR THE ETHI OF ANIMALS, INC.	CAL TREATMENT		52-12183	tification number
Pa	rt I-A Complete if the organization is exe	mpt under section 501	(c) or is a se	ection 527 organi	zation.
	Provide a description of the organization's direct and ind	•			
-	definition of "political campaign activities."	moor pontion campaign don't			
2	Political campaign activity expenditures. See instructions	3		\$	
	Volunteer hours for political campaign activities. See ins			······ Ψ ····	
	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ	•	. , , ,		
2	Enter the amount of any excise tax incurred by organiza			\$	
3	If the organization incurred a section 4955 tax, did it file				Yes No
	If "Yes," describe in Part IV.				🔲 🔲
	rt I-C Complete if the organization is exe	mpt under section 50	1(c), except s	ection 501(c)(3).	_
	Enter the amount directly expended by the filing organization	•		· // //	
	activities	•		\$	
2	Enter the amount of the filing organization's funds contri				
	527 exempt function activities	•		\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	Inter here and on Form 1120	-POL,		
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification				iling
	organization made payments. For each organization liste	ed, enter the amount paid from	m the filing organ	ization's funds. Also e	nter
	the amount of political contributions received that were p				
	as a separate segregated fund or a political action comm	nittee (PAC). If additional spa	ce is needed, pro	vide information in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Sch	edule C (Form 990) 2022 PEOPLE	FOR THE ETHICAL TREATMEN	T 52-1218336	5 Page 2					
_		ation is exempt under section 501(c)(3)							
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb (The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1	a Total lobbying expenditures to influence pu	ublic opinion (grassroots lobbying)	73,093						
	Total lobbying expenditures to influence a	legislative body (direct lobbying)	350,048						
	Total lobbying expenditures (add lines 1a a	and 1b)	423,141						
	d Other exempt purpose expenditures		67,337,673						
	Total exempt purpose expenditures (add lir	nes 1c and 1d)	67,760,814						
	f Lobbying nontaxable amount. Enter the am								
	columns.		1,000,000						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.							
	g Grassroots nontaxable amount (enter 25%	of line 1f)	250,000						
	h Subtract line 1g from line 1a. If zero or less	0							
	i Subtract line 1f from line 1c. If zero or less,	0							
	j If there is an amount other than zero on eit	her line 1h or line 1i, did the organization file Form	4720						
	reporting section 4911 tax for this year?		·····	Yes No					
	4-Year Averaging Period Under Section 501(h)								

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	110,261	185,280	303,287	423,141	1,021,969			
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	19,239	62,507	78,973	73,093	233,812			

Schedule C (Form 990) 2022

PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Schedule C (Form 990) 2022 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed No description of the lobbying activity. Yes 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes." enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

DAA Schedule C (Form 990) 2022

Schedule C (Form	990) 2022	PEOPLE	FOR	THE	ETHICAL	TREATMENT	52-1218336	Page 4
Part IV	Supplemental	Information	n (con	ntinued)				
								• • • • • • • • • • • • • • • • • • • •

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization		Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT		
OF ANIMALS, INC.		52-1218336
Part I Organizations Maintaining Donor Advise Complete if the organization answered "Yes	d Funds or Other Similar Funds s" on Form 990, Part IV, line 6.	s 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 wri	ting that the assets held in donor advised	
funds are the organization's property, subject to the organizatio	n's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advi		
only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
conferring impermissible private benefit?		Yes No
Part II Conservation Easements.		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization	(check all that apply).	
Preservation of land for public use (for example, recreation	or education Preservation of a historica	illy important land area
Protection of natural habitat	Preservation of a certified	historic structure
Preservation of open space	_	
2 Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	a conservation
easement on the last day of the tax year.		Held at the End of the Tax Yea
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic struct	ure included in (a)	2c
d Number of conservation easements included in (c) acquired after		
historic structure listed in the National Register	•	2d
3 Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the or	ganization during the
tax year		
4 Number of states where property subject to conservation easen	nent is located	
5 Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it he	olds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, har		
7 Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation	easements during the year
8 Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(i)
and section 170(h)(4)(B)(ii)?		Yes No
9 In Part XIII, describe how the organization reports conservation	easements in its revenue and expense sta	atement and
balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements	that describes the
organization's accounting for conservation easements.		
Part III Organizations Maintaining Collections of		ther Similar Assets.
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	balance sheet works
of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public
service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and bala	ance sheet works of
art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthera	ance of public service,
provide the following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		\$
(ii) Assets included in Form 990, Part X		\$
2 If the organization received or held works of art, historical treasure	ures, or other similar assets for financial ga	ain, provide the
following amounts required to be reported under FASB ASC 95	8 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1		\$
b Assets included in Form 990. Part X		\$

	edule D (Form 990) 2022 PEOPLE I				1218336 Other Similar	Page 2				
	Using the organization's acquisition, acce collection items (check all that apply):					. ,				
•		a 🗀	Loop or ovebenge pr	ro arom						
a b	Public exhibition Scholarly research	——————————————————————————————————————	Loan or exchange pr	=						
C										
	Provide a description of the organization's	s collections and expl	ain how they further	the organization's ex	remnt nurnose in F	Part				
•	XIII.	ט פארט פארט פארט פארט	an now anoy rararor	and organization of	tompt parpood iii i					
5										
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	rt IV Escrow and Custodial		•							
	Complete if the organizat	ion answered "Ye	es" on Form 990,	Part IV, line 9, o	or reported an	amount on Form				
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contributio	ns or other assets ne	ot					
	included on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:							
						Amount				
	Beginning balance									
d	Additions during the year				1d					
_	Distributions during the year				1e					
f o-	Ending balance				1f					
	Did the organization include an amount o					···· — —				
	If "Yes," explain the arrangement in Part I Int V Endowment Funds.	AIII. Check here ii the	e explanation has bee	en provided on Part	<u> </u>					
1 6	Complete if the organizat	ion answered "Ye	es" on Form 990	Part IV line 10						
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four years back				
12	Beginning of year balance	5,060,374	6,530,798	1						
	Contributions	16,767,645	1,672,579							
	Net investment earnings, gains, and	10,707,015	1,072,379	5,715,275	2,110,1	20 3,073,310				
·	losses	10,858	40,883	69,583	6,3	305 20,390				
Ч	Grants or scholarships	20,000	10,000	02,000	7	20,000				
	Other expenditures for facilities and									
	programs	15,544,100	3,183,886	4,957,066	2,133,6	5,572,207				
f	Administrative expenses	, ,	, ,		, ,					
	End of year balance	6,294,777	5,060,374	6,530,798	5,675,0	006 5,353,926				
	Provide the estimated percentage of the									
	Board designated or quasi-endowment	%	, 0.	· //						
b	Permanent endowment 61.00 %									
С	Term endowment 39.00 %									
	The percentages on lines 2a, 2b, and 2c	should equal 100%.								
3a	Are there endowment funds not in the po	ssession of the organ	nization that are held	and administered for	the					
	organization by:					Yes No				
	(i) Unrelated organizations					3a(i) X				
	(ii) Related organizations					3a(ii) X				
b	If "Yes" on line 3a(ii), are the related orga	anizations listed as red	quired on Schedule F	र?		3b				
4	Describe in Part XIII the intended uses o		ndowment funds.							
Pa	ert VI Land, Buildings, and Ed		" - 000	D. (D./ P 44 .	0 5 00	00 D () () () ()				
	Complete if the organizat									
	Description of property	(a) Cost or other b	''	1 ''	Accumulated	(d) Book value				
		(investment)	(oth	EI)	depreciation	01 100				
1a	Land		,170	62 504	100 460	91,170				
	Buildings		8008	63,594	128,460	71,742				
	Leasehold improvements	I	2 0	00 430	262 022	026 517				
	Equipment		3,20	00,439 2	,263,922	936,517				
-	Other		Part X. column (B). lir	ne 10c.)		1,099,429				

Part VII	(Form 990) 2022 PEOPLE FOR THE ETHIC Investments – Other Securities.	LNIMILHIAT THE	52-1218336	Page 3
rait VII	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 9	990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(F) (G)				
/⊔\				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	. , , , , , , , , , , , , , , , , , , ,	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 9	990, Part X, line 15.
	(a) Description			(b) Book value
(1)	LEASE - RIGHT OF USE			7,243,730
(2)	PROPERTY HELD FOR RES			2,100,357
(3)	PREPAID HOSTING ARRAN	GEMENTS		147,187
(4)	DEPOSITS NORMAL THE PROCESS			36,817
(5)	WORK IN PROCESS			19,625
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			9,547,716
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV	/, line 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	у		(b) Book value
	I income taxes			
	E LIABILITY			7,418,728
	ITIES PAYABLE			3,140,919
(4)				
(5)				
(6)				
(7)				<u> </u>

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

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

10,559,647

Schedule D (Form 990) 2022 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 78,952,062 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains (losses) on investments 1,725,330 2a 7,247,968 **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 114,113 2d e Add lines 2a through 2d 9,087,411 2e 69,864,651 Subtract line 2e from line 1 3 Amounts included on Form 990. Part VIII. line 12. but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b 10,247 10,247 c Add lines 4a and 4b 4c Add lines **4a** and **4b**Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) 69,874,898 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 75,112,644 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 7,247,968 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d 114.110 7,362,078 2e e Add lines 2a through 2d 67,750,566 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b 10.248 c Add lines 4a and 4b 10,248 c Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 67,760,814 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS PURPOSE RESTRICTED FUNDS OF \$2,455,833 ARE AVAILABLE FOR CAMPAIGNS AGAINST ANIMAL TESTING, FACTORY FARMING, AND ANIMAL CRUELTY. ENDOWMENTS ARE COMPRISED OF FIVE SEPARATE ENDOWMENT FUNDS WITH A TOTAL VALUE OF \$3,838,944 AS OF JULY 31, 2023. UNDER TERMS OF THE FIRST ENDOWMENT FUND, 20% OF THE ORDINARY EARNINGS FROM INVESTMENTS ARE PERMANENTLY RESTRICTED WHILE 35% ARE AVAILABLE FOR UNRESTRICTED USE AND THE REMAINING 45% ARE DONATED TO OTHER ORGANIZATIONS. UNDER THE TERMS OF THE SECOND ENDOWMENT FUND ORDINARY EARNINGS FROM ONE HALF OF THE ENDOWMENT SHALL BE USED FOR CAPITAL EXPENDITURES. UNDER THE TERMS OF THE THIRD ENDOWMENT EARNINGS FROM INVESTMENTS ARE RESTRICTED FOR CAMPAIGNS AGAINST ANIMAL CRUELTY IN INDIA. EARNINGS ON THE REMAINING TWO ENDOWMENT FUNDS ARE

Schedule D (Form 990) 2022 PEOPLE FOR THE ETHICAL TRE Part XIII Supplemental Information (continued)	EATMENT 52-1218336	Page 5
UNRESTRICTED.		
PART XI, LINE 2D - REVENUE AMOUNTS INCLU	DED IN FINANCIALS - C	THER
COST OF GOODS SOLD	\$	93,117
RENTAL EXPENSES	\$	20,993
ROUNDING	\$	3
PART XI, LINE 4B - REVENUE AMOUNTS INCLU	DED ON RETURN - OTHER	
SPECIAL EVENTS EXPENSES	\$	10,247
PART XII, LINE 2D - EXPENSE AMOUNTS INCL	UDED IN FINANCIALS -	OTHER
COST OF GOODS SOLD	\$	93,117
RENTAL EXPENSES	\$	20,993
PART XII, LINE 4B - EXPENSE AMOUNTS INCL	UDED ON RETURN - OTHE	R
SPECIAL EVENTS EXPENSES	\$	10,247
ROUNDING	\$	1
·		
•		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT OF A<u>NIMALS</u>,

INC.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

Employer identification number 52-1218336

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

	ants or assistance?	· -	or assistance, and the selection cr		X Yes No
2 For grantma outside the U			's procedures for monitoring the us		3
3 Activities per	Region. (The followin	g Part I, line 3 table	can be duplicated if additional spa	ce is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
AFRICA					
(1)			GRANTS TO RECIPIENT	SANIMAL PROTECTION	18,500
ASIA (2)			GRANTS TO RECIPIENT	SANIMAL PROTECTION	3,528,223
AUSTRALIA (3)			GRANTS TO RECIPIENT	SANIMAL PROTECTION	136,027
EUROPE (4)			GRANTS TO RECIPIENT	SANIMAL PROTECTION	780,170
NORTH AMER (5)			GRANTS TO RECIPIENT	SANIMAL PROTECTION	4,500
SOUTH AMER	RICA		GRANTS TO RECIPIENT	SANIMAL PROTECTION	5,000
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
a Subtotal					4,472,420
b Total from continuation	on				
sheets to Part I c Totals (add					
lines 3a and 3b)				4,472,420

Schedule F (Form 990) 2022 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 2 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. (i) Method of 1 (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description valuation (book, FMV, organization section and EIN grant cash grant noncash of noncash assistance cash appraisal, other) (if applicable) disbursement assistance ANIMAL PROTECTION FMV (1) AFRICA 17,000 SIMULATORS ANIMAL PROTECTION 3,522,223 WIRE ASIA (2) 136,027 ANIMAL PROTECTION WIRE AUSTRALIA (3) 778,170 WIRE ANIMAL PROTECTION EUROPE (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	>	10	
3	Enter total number of other organizations or entities		3	

Schedule F (Form 990) 2022

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (a) Type of grant or assistance (c) Number of (e) Manner of (b) Region (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (3) (4) __(5)_____ (6) (7) (9) (10) (11) (12)____ (13) (14) (15) (16) _(17)

(18)

Sche	dule F (Form 990) 2022 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) 2022

Part V Supplemental Information Provide the information required by Part I, line 2 (monitor amounts of investments vs. expenditures per region); Pand Part III, column (c) (estimated number of recipients information. See instructions.	art II, line 1 (a	accounting method)	; Part III (acco	unting method);
PART I, LINE 2 - PROCEDURES FOR MONIT	CORING T	HE USE OF (GRANT FUI	NDS
PETA MONITORS THE USE OF GRANT FUNDS	THROUGH	AN INTERNA	AL DONAT	ION REQUEST
FORM SPECIFYING INFORMATION THAT ALLO	WS MANA	GEMENT TO I	EVALUATE.	THAT THE
RECIPIENT WILL USE THE FUNDS EXCLUSIV	ELY FOR	EXEMPT PU	RPOSES.	
PART I, LINE 3 - ACTIVITIES PER REGIO	NC			
REGION	EX	PENDITURES	INVESTM	MENTS
AFRICA	\$	18,500	.\$	0
ASIA	\$	3,528,223	.\$	0
AUSTRALIA	\$	136,027	.\$	0
EUROPE	\$	780,170	\$	0
NORTH AMERICA	\$	4,500	\$	0
SOUTH AMERICA	\$	5,000	.\$	0
·				

SCHEDULE G (Form 990)

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.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. PEOPLE FOR

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

THE ETHICAL TREATMENT ANIMALS, INC

52-1218336

Form 990-EZ filers are not required	•			wered "Yes" on Fo	orm 990, Part IV,	line 17.
1 Indicate whether the organization raised funds through	•			es. Check all that app	ly.	
a X Mail solicitations	e Solicitation	of nor	n-go	vernment grants		
b X Internet and email solicitations	f Solicitation	of gov	vernr	ment grants		
<u></u>	g X Special fur	•		•		
d X In-person solicitations			J			
2a Did the organization have a written or oral agreement	t with any individu	al (incl	ludin	g officers, directors, tr	rustees,	
or key employees listed in Form 990, Part VII) or enti	-			_		X Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs	uant to	agı	reements under which	the fundraiser is to b	e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser f custody control contributi	nave y or I of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CAUSEWORX, INC.		Yes	No			_
1 2 MCNAMARA CT.			37	22 601	111 700	00 021
AJAX CA L1T 4W6 2 SD&A	TELEFUNDRA		Х	22,691	111,722	-89,031
5757 WEST CENTURY BLVD						
LOS ANGELES CA 90045	TELEFUNDRA		Х	15,729	101,213	-85,484
3 MAL WARWICK						
1625 K ST NW #300			37	0	27 500	27 500
WASHINGTON DC 20006 4 ROI	PROF FUNDE		X	0	37,500	-37,500
200 RIVERS EDGE DR.						
MEDFORD MA 02155	TELEFUNDRA		Х	0	10,203	-10,203
5						
6						
7						
8						
9						
10						
Total		, ,		38,420	260,638	-222,218
3 List all states in which the organization is registered o	r licensed to solic	it contr	ihuti			<u> </u>

which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALASKA, ALABAMA, ARKANSAS, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DIST OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, IOWA, IDAHO, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, MONTANA, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH,

Schedule G (Form 990) 2022 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page 2

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

		gross receipts	greate	er than \$5,000.				
				(a) Event #1		(b) Event #2	(c) Other events	(d) Total events
Ф			FUNDRAISER (event type)	N.	Y FUNDRAISER (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts		176,578		129,311	197,193	503,082
		Less: Contributions		176,578		129,311	197,193	503,082
		Gross income (line 1 minus line 2)						_
	4	Cash prizes						
	5	Noncash prizes						
enses	6	Rent/facility costs		36,917		3,334	8,865	49,116
Direct Expenses	7	Food and beverages .		47,047		11,250	47,852	106,149
Dire	8	Entertainment		12,342		2,640	7,688	22,670
	9	Other direct expenses		11,872		13,473	54,568	79,913
				nes 4 through 9 in columi		red "Yes" on Form 990		257,848 -257,848
P	art	III Gaming. Com \$15,000 on Fo			nswe	red "Yes" on Form 990), Part IV, line 19, or	reported more than
<u>e</u>		ψ13,000 0H I C)1111 93	(a) Bingo		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				(a) Diligo		bingo/progressive bingo	(c) Outer garming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue						
sesu	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses	<u> </u>					
	6	Volunteer labor	1 —	Yes % No		Yes %	Yes % No	
	7	Direct expense summary	/. Add li	nes 2 through 5 in column	n (d) _.			
	8	Net gaming income sum	mary. S	Subtract line 7 from line 1,	colun	nn (d)		
9 a				nization conducts gaming uct gaming activities in ea		ities: these states?		
b	If "							
		ere any of the organization Yes," explain:	∩'s gam	ing licenses revoked, sus	pende	ed, or terminated during the	tax year?	Yes No

Sche	edule G (Form 990) 2022 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336			F	age	3
11	Does the organization conduct gaming activities with nonmembers?			Yes		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		No
13	Indicate the percentage of gaming activity conducted in:	1 1				
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					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			Yes	Ш	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the					
	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:					
	Name					
	Name			•		
	Address					
				•		
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Description of convices provided					
	Description of services provided					
	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				$\overline{}$	
	retain the state gaming license?		Ш	Yes	Ш	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
Pa	spent in the organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) a	nd (ν). a	nd	
ıu	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				ı ıu	
	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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

OF ANIMALS, INC.						5:	<u>2-1218336</u>
Part I General Information on Grants ar	nd Assistance)					
 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 records. 	e the amount of the stance?	e grants or of grant fu	assistance, the grant	tees' eligibility for the	grants or assistar	nce, and	X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient that	Domestic Org	anizatior	ns and Domestic	Governments.	Complete if the additional spa	e organizatior <u>ce is needed.</u>	n answered "Yes" on Form 99
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANIMAL RIGHTS INITIATIVE 20005 E JANSON COURT SEATTLE WA 98112	87-3745633	501C3	40,000				ANIMAL PROTECTION
(2) FERAL CAT SPRAY NEUTER PROJECT 4001 198TH ST. W, STE 3 LYNNWOOD WA 98036	91-1827152	501C3	60,000				ANIMAL PROTECTION
(3) INSTITUTE FOR IN VITRO SCIENCES 30 W. WATKINS MILL RD STE 100 GAITHERSBURG MD 20878	52-2029668	501C3	12,800				ANIMAL PROTECTION
(4) JUSTICE FOR ANIMALS 1629 HARVARD AVE., APT 409 SEATTLE WA 98122-2264	87-4125402	501C3	55,779				ANIMAL PROTECTION
(5) OKLAHOMA PRIMATE SANCTUARY 2205 SW 24TH ST. NEWCASTLE OK 73065	73-1522989	501C3	20,000				ANIMAL PROTECTION
(6) PAWS PO BOX 1037 LYNNWOOD WA 98046	91-6073154	501C3	7,069				ANIMAL PROTECTION
(7) SAVE THE CHIMPS PO BOX 12220 FORT PIERCE FL 34979	65-0789748	501C3	595,000				ANIMAL PROTECTION
(8) VIRGINIA BEACH SPCA 3040 HOLLAND RD VIRGINIA BEACH VA 23453	54-6061532	501C3	8,981				ANIMAL PROTECTION
(9) WHATCOM HUMANE SOCIETY 2172 DIVISION ST. BELLINGHAM WA 98226	91-0677564	501C3	65,000				ANIMAL PROTECTION
 Enter total number of section 501(c)(3) and governme Enter total number of other organizations listed in the 	nt organizations li						► 10 ► 1

PEOPLE FOR THE ETHICAL TREATMENT

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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization PEOPLE FOR THE ETH	HICAL TRE	ATMENT	[Employer identification number
OF ANIMALS, INC.							52-1218336
Part I General Information on Grants ar							
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis	stance?				grants or assistar	nce, and	Yes No
2 Describe in Part IV the organization's procedures for r Part II Grants and Other Assistance to					Complete if th	e organizatio	on answered "Ves" on Form (
Part IV, line 21, for any recipient that							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	f (h) Purpose of grant
(1) WILDLIFE RESCUE & REHABILITATION		(п арриоавто)	-		ou.isiy		
PO BOX 369							ANIMAL PROTECTION
KENDALIA TX 78027	74-2012897	501C3	20,000				
(2) YAKIMA COUNTY SHERIFF'S OFFICE							
1822 S 1ST ST.							ANIMAL PROTECTION
YAKIMA WA 98903		GOV	75,360				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the		sted in the	line 1 table				······ •

Schedule I (Form 990) (2022) PEOPLE FOR 5	THE ETHICAL T	TREATMENT 5	2-1218336		Page 2
Part III Grants and Other Assistance	to Domestic Individ	duals. Complete if t	he organization ans	wered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if add			1		
(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					2: 1:6
Part IV Supplemental Information. Pro	ovide 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 C	RANT FUNDS I	N THE U.S.	THROUGH AN IN	TERNAL	
DONATION REQUEST FORM SPEC	IFYING INFOR	MATION THAT	ALLOWS MANAG	SEMENT TO	
EVALUATE THAT THE RECIPIEN	T WILL USE T	HE FUNDS EXC	CLUSIVELY FOR	R EXEMPT	
PURPOSES.					
•					

SCHEDULE J (Form 990)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

	OF ANIMALS, INC. 52-1218336			
Pa	art 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 Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence			
	Tax indemnification and gross-up payments Discretionary spending account Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	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:			
	The organization?	5a		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

	(B) Breakdown of W-2	and/or 1099-MISC and/or		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
JEFFREY KERR	0	0	C	0 2,722	0	0	0
1 ASST. SECRETARY (iii	171,348	0	C	2,722	12,749	186,819	0
KATHLEEN GUILLERMO (6			C	3,431	16,385		0
2 SR. VICE PRESIDENT (iii		0	C	0			0
(i)							
3 (ii)						
(i))						
4 (ii)]			
(i))						
5 (ii)]			
(i))						
6 (ii)						
(i))						
7 (ii							
(i))						
8 (ii							
(i))						
9 (ii							
(i))						
10 (ii							
(i)							
11 (ii							
(i)							
12 (ii							
(ï)							
13 (ii							
(i)							
14 (ii)						
i (i							
15 (ii)						
ij (i							
16 (ii	•			1			
	1	1	ı	ı	l .	ı	l

Schedule J (Form 990) 20	22 PEOPLE FOR THI	<u>E ETHICAL TREATI</u>	MENT 52-121833	36	Page 3
Provide the information for any additional info	ental Information on, explanation, or descript ormation.	ions required for Part I, li	nes 1a, 1b, 3, 4a, 4b, 4d	c, 5a, 5b, 6a, 6b, 7, and 8,	, and for Part II. Also complete this par

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

OF ANIMALS, INC. Employer identification number 52–1218336

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 3 375 FMV Art — Historical treasures 2 Art — Fractional interests 3 Books and publications Χ 66,153 FMV 4 5 Clothing and household 72,219 Χ FMV goods Cars and other vehicles 6 Χ 6,150 FMV Boats and planes 7 Intellectual property 8 Securities — Publicly traded Χ 82 2,441,223 FMV 9 Securities — Closely held stock 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures Qualified conservation contribution — Other Χ 326,450 FMV Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 124 239,195 Collectibles Χ FMV 18 Food inventory 17300 223,475 Χ FMV 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other (VARIOUS 4172 67,037 FMV 25 Χ Other (CRYPTO-CURRENCY) Χ 40 12,370 26 FMV 27 Other (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) 2022 PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 Page
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.
PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
EBAY IS USED TO SELL NONCASH DONATIONS (ART, CONCERT TICKETS) AND CHARIT
BUZZ IS USED TO AUCTION NONCASH DONATIONS SUCH AS CELEBRITY EXPERIENCES.
•
•

SCHEDULE O (Form 990)

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 Attach to Form 990 or Form 990-EZ.

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

QUZZOpen to Public

Inspection

Name of the organization PEOPLE Employer identification number FOR THE ETHICAL TREATMENT 52-1218336 ANIMALS INC FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT RESEARCH, INVESTIGATIONS, AND RESCUE PETA RECEIVES HUNDREDS OF COMPLAINTS RELATED TO ANIMAL ABUSE AND NEGLECT EACH WEEK AND WORKS TO RESCUE THE ABUSED, NEGLECTED, AND AT-RISK ANIMALS AND ARRANGE CARE FOR THEM. WE ALSO INVESTIGATE CRUELTY CASES, CONDUCT INVESTIGATIONS, GATHER EVIDENCE OF LEGAL VIOLATIONS, AND TAKE ACTION TO ENSURE THE ENFORCEMENT OF LAWS AND REGULATIONS. PETA FIELDWORKERS ARE OUT EVERY DAY IN IMPOVERISHED REGIONS, WHERE DOGS ARE OFTEN CHAINED OR PENNED OUTDOORS. OUR OUTREACH IS NOT LIMITED TO THE CONTINENTAL U.S. PETA'S MOBILE SPAY/NEUTER CLINICS STERILIZED 9,573 ANIMALS IN FY 2023. THE CLINICS COMPLETED 2,400 FREE SURGERIES, 587 OF WHICH WERE ON PIT BULLS, AND NEARLY 4,000 SURGERIES AT HALF THE USUAL COST OR LESS. TWO OF PETA'S MOBILE CLINICS TRAVELED TO THE UNDERSERVED AREA OF GALAX, IN SOUTHWESTERN VIRGINIA, TO OFFER FREE SPAY/NEUTER SURGERIES ALONG WITH VACCINES AND MICROCHIPS. THE TOTAL NUMBER OF ANIMALS STERILIZED WAS 150. AT ANOTHER VIRGINIA CLINIC IN HAYES, 116 CATS WERE STERILIZED AT LOW OR NO COST. WE TEAMED UP WITH THE HUMANE SOCIETY OF PUERTO RICO TO HOST A TWO-DAY CLINIC. NEARLY 200 ANIMALS WERE VACCINATED AND SPAYED OR NEUTERED, ALL FREE OF CHARGE.

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization 52-1218336 PEOPLE FOR THE ETHICAL TREATMENT DURING FY 2023, PETA HELD FIVE SPAY/NEUTER CLINICS IN CANCÚN, MEXICO, WHERE A TOTAL OF 1,392 DOGS AND CATS WERE STERILIZED FREE OF CHARGE. WE COLLABORATED WITH THE LOCAL MUNICIPAL SHELTER AND WITH VETERINARIANS AND WENT INTO LOW-INCOME AREAS WHERE SERVICES ARE LIMITED. WE ALSO PARTICIPATED IN FIELDWORK ON SEVERAL OCCASIONS AND DELIVERED DOGHOUSES, FOOD, FLEA PREVENTION AND DEWORMING MEDICATION, TOYS, TREATS, AND MORE, ALL FREE OF CHARGE. IN ADDITION, WE ASSISTED WITH VET CARE AND TRANSFERRED SURRENDERED DOGS TO THE SHELTER. PETA'S POOCHELLA ADOPTION EVENT WAS A SUCCESS AND HELPED FIND SEVERAL DOGS NEW, PERMANENT HOMES. WE WORKED WITH NORTH CAROLINA LAW ENFORCEMENT TO SEIZE AND FIND HOMES FOR DOZENS OF PIGS FROM A HOARDING SITUATION. AFTER WE PRESSURED MISSOURI OFFICIALS FOR MONTHS, THEY REMOVED APPROXIMATELY 30 DOGS FROM A HOARDER'S JUNKYARD, WHERE THEY HAD NO SHELTER DURING AN ARCTIC BLAST. WE PROVIDED OHIO OFFICIALS WITH ENOUGH EVIDENCE TO SEIZE APPROXIMATELY 30 SICK AND NEGLECTED DOGS WHO WERE CONFINED TO FILTHY CAGES 24/7 IN A HOARDING SITUATION. THE FUTURE FARMERS OF AMERICA PROGRAM AT A CALIFORNIA HIGH SCHOOL WAS USING RUBBER BANDS AND DUCT TAPE TO DEHORN BABY GOATS. AT LEAST ONE YOUNG GOAT WAS SHAKING AND SCREAMING IN PAIN. AFTER WE CONTACTED THE SCHOOL DISTRICT SUPERINTENDENT, WE WERE SWIFTLY ASSURED THAT THE GOAT HAD BEEN SEEN BY A PAGE 1 OF 27

PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
VETERINARIAN AND THAT THE BANDING WOULD CEASE.	
AFTER HEARING FROM PETA, WEST VIRGINIA OFFICIALS POISON INTENDED FOR KILLING PIGEONS.	STOPPED USING AVITROL, A
THE MANAGEMENT OF A LONDON HOTEL AGREED TO STOP A CHILDREN'S EVENTS AFTER TWO DISTRESSED LAMBS WERE AND HEARD BLEATING FOR HOURS.	
WHEN A PETA UNDERCOVER INVESTIGATOR VISITED A VIEW DOGS OBTAINED FROM OUT-OF-STATE PUPPY MILLS FOR A EMPLOYEE SAID THAT NO LIFETIME WARRANTIES ARE AVAILABLED OF OTHER BREATHING-IMPAIRED BREEDS BECAUSUFFER FROM HEALTH PROBLEMS, SOMETIMES FATALLY. TESTORY.	AS MUCH AS \$15,000, AN AILABLE FOR ENGLISH JSE THEY WILL INEVITABLY
WE WENT UNDERCOVER BACKSTAGE AT THE WESTMINSTER REBEHIND-THE-SCENES LOOK AT BREEDERS AND HANDLERS OF BREATHING-IMPAIRED BREEDS BEING SHOWN THERE AND THEY GO TO IN AN ATTEMPT TO WIN, SUCH AS APPLYING MEET THE SHOW'S RIDICULOUS AND INHUMANE STANDARDS	THE ABSURD LENGTHS THAT G MAKEUP TO DOGS' FACES TO
AFTER WE NOTIFIED THE PENNSYLVANIA STATE POLICE TREPEATEDLY FOUND GUINEA PIGS DEAD, DEPRIVED OF VIOLATIACKED BY THEIR SEVERELY STRESSED COMPANIONS AT HAD NOT RENDERED THE SURVIVORS ANY RELIEF-THE POLICE THAN DEPRIVED THE BREEDER WITH 10 COUNTS OF CRUELTY	ETERINARY CARE, AND I A BREEDING OPERATION-BUT LICE WENT TO THE PROPERTY

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 NO LONGER HAS ANY GUINEA PIGS, AND ITS OPERATOR HAS SURRENDERED HER USDA LICENSE. AFTER A UTAH MAN ALLEGEDLY STARTED A WILDFIRE WHILE TRYING TO BURN A SPIDER, OUR CALL FOR HIM TO BE CHARGED WITH CRUELTY BECAUSE OF ALL THE WILD ANIMALS WHO DIED IN THE BLAZE SPARKED EXTENSIVE COVERAGE. AFTER A WISCONSIN MAN WAS ARRESTED FOR ALLEGEDLY STARTING AT LEAST EIGHT MARSHLAND FIRES, WE URGED PROSECUTORS TO ADD CRUELTY-TO-ANIMALS CHARGES, GIVEN THE COUNTLESS WILD ANIMALS WHO SUFFERED AND DIED IN THE BLAZES. AFTER A CALIFORNIA MAN WAS ARRESTED FOR ALLEGEDLY STARTING A FIRE THAT KILLED AT LEAST THREE CATS AND LEFT OTHERS WITH BURNS AND LUNG DAMAGE, WE URGED THE DISTRICT ATTORNEY TO ADD CRUELTY-TO-ANIMALS CHARGES. THE PROSECUTOR THANKED PETA FOR OUR WORK AND IS CONSIDERING OUR REQUEST. ANIMALS IN THE ENTERTAINMENT INDUSTRY THE DAILY MAIL BROKE PETA'S UNDERCOVER INVESTIGATION INTO BEAR COUNTRY U.S.A., A DRIVE-THROUGH ROADSIDE ZOO IN SOUTH DAKOTA THAT DISPLAYS INFANT ANIMALS WHO HAVE BEEN VIOLENTLY TORN AWAY FROM THEIR MOTHERS. PETA'S INVESTIGATOR CAUGHT WORKERS ON CAMERA ADMITTING TO USING EXPLOSIVES TO SCARE MOTHERS OUT OF THEIR DENS, INSTRUCTING STAFF TO KICK BABY BEARS, AND DENYING ELDERLY ANIMALS ADEQUATE CARE. BEAR CUBS WERE KIDNAPPED WHEN THEY WERE NO MORE THAN 8 WEEKS OLD. AS THE SCREAMING NEWBORNS WERE STUFFED INTO A VAN, WORKERS RAN CHAINSAWS (WITHOUT THE CHAINS) IN ORDER TO COVER UP THE SOUND SO THAT THE BEAR MOTHERS WOULDN'T REALIZE WHAT WAS GOING ON. PAGE 3 OF 27

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 FOLLOWING MONTHS OF BEHIND-THE-SCENES TALKS WITH PETA, THE MIRAGE IN LAS VEGAS ANNOUNCED THAT THE BIG CATS WHO HAD FORMERLY BEEN OWNED BY SIEGFRIED & ROY WERE MOVED FROM THE HOTEL'S SECRET GARDEN TO TWO SANCTUARIES APPROVED BY THE GLOBAL FEDERATION OF ANIMAL SANCTUARIES. PETA AND THE COALITION TO END HORSE RACING SUBSIDIES, WHICH WAS INITIATED BY PETA AND WHICH COMPRISES HUMAN SERVICES, FISCAL POLICY, EDUCATION, AND ANIMAL WELFARE ORGANIZATIONS, WORKED WITH NEW YORK ASSEMBLY MEMBERS AND SENATORS TO INTRODUCE LEGISLATION THAT WOULD END THE STATE'S \$230 MILLION IN SUBSIDIES AND REDIRECT THE FUNDS INTO EDUCATION. THE WASHINGTON POST BROKE PETA'S YEARLONG INVESTIGATION INTO UNREGULATED QUARTER HORSE RACING IN GEORGIA, AT WHICH WE EXPOSED JOCKEYS AND TRAINERS WHO INJECTED HORSES WITH METH AND COCAINE, ELECTROSHOCKED THEM INTO RUNNING FASTER, AND WHIPPED THEM REPEATEDLY, WHICH OFTEN LED TO CATASTROPHIC BREAKDOWNS AND HORSE DEATHS. BASED ON PETA'S EVIDENCE, THE LAMAR COUNTY SHERIFF'S OFFICE CHARGED A BOOKIE FOR FELONY COMMERCIAL GAMBLING FOR TAKING WAGERS ON UNREGULATED RACES AND CHARGED SIX JOCKEYS FOR CRUELTY TO ANIMALS. THE AMERICAN VETERINARY MEDICAL ASSOCIATION AND THE AMERICAN ASSOCIATION OF EOUINE PRACTITIONERS ANNOUNCED NEW POLICIES AGAINST UNSANCTIONED HORSE RACING FOLLOWING OUR INVESTIGATION.

AFTER PETA SENIOR VICE PRESIDENT KATHY GUILLERMO SHARED OUR FINDINGS, THE CALIFORNIA HORSE RACING BOARD PASSED A GROUNDBREAKING REGULATION TO PREVENT JOCKEYS, TRAINERS, AND OWNERS FROM PARTICIPATING IN OR EVEN ATTENDING ILLEGAL RACES. WITH THIS MEASURE, CALIFORNIA BECAME THE FIRST STATE IN THE NATION TO BAN ITS LICENSEES FROM INVOLVEMENT IN UNSANCTIONED QUARTER HORSE

PAGE 4 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
RACES. PETA'S VIDEOS FROM THIS INVEST	IGATION HAVE HAD TENS OF MILLIONS OF
VIEWS.	
AFTER PETA CALLED FOR THE SUSPENSION	OF RACING AND TIMED WORKOUTS AT
CHURCHILL DOWNS, THE TRACK, IN AN UNI	PRECEDENTED MOVE, COMPLIED AND
ANNOUNCED THAT IT WAS CLOSING AND MOV	ING THE REST OF ITS MEET TO A NEARBY
RACETRACK. THIS GARNERED MASSIVE MEDI	A AND PUT PRESSURE ON ALL U.S. RACING
PETA KEPT THE FOCUS ON THE DEATHS-NOT	THE RACES-AND WE FILMED THE 11TH
HORSE TO DIE AT CHURCHILL DOWNS THIS	SEASON.
THANKS TO PETA'S UNDERCOVER INVESTIGA	TION INTO RACEHORSE SLAUGHTER IN SOUT
KOREA, ANOTHER HORSE HAS BEEN BROUGHT	BACK TO THE U.S. ANY GIVEN SATURDAY,
THE 19-YEAR-OLD AMERICAN STALLION WHO	RAN IN THE 2007 KENTUCKY DERBY AND
WON A \$1 MILLION STAKES RACE, HAS BEE	N RETURNED HOME SAFE AFTER EIGHT YEAR
IN SOUTH KOREA. HE NOW LIVES AT A KEN	TUCKY SANCTUARY FOR RETIRED
RACEHORSES.	
FOLLOWING A LEGAL SETTLEMENT WITH TRI	-STATE ZOOLOGICAL PARK, ROBERT CANDY,
AND ANIMAL PARK, CARE & RESCUE, INC.,	THAT FORCED THE NOTORIOUS ROADSIDE
ZOO TO CLOSE AFTER YEARS OF ANIMAL WE	ELFARE VIOLATIONS AND TWO LAWSUITS,
PETA EXECUTED A FIVE-DAY RESCUE OPERA	TION INVOLVING 72 ANIMALS OF 30
SPECIES-OUR LARGEST-EVER RESCUE OF AN	IMALS FROM A ROADSIDE ZOO. WE ENLISTE
THE HELP OF 14 REPUTABLE SANCTUARIES	AND ACCREDITED ZOOS FROM MARYLAND TO
CALIFORNIA, WHICH ARE NOW CARING FOR	THE ANIMALS, INCLUDING BEARS, A
SQUIRREL MONKEY, A BENGAL CAT, DOMEST	'IC AND EXOTIC BIRDS, ALLIGATORS, AND
OTHERS. EARLIER, PETA HAD ALSO RESCUE	D THREE BIG CATS, TWO COATIMUNDIS, AN

A KINKAJOU FROM TRI-STATE, BRINGING THE TOTAL NUMBER OF ANIMALS TO 78.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number

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

FOUR CHIMPANZEES-APRIL, ANNA, LUCY, AND CASH-WERE RESCUED FROM OHIO'S UNION
RIDGE WILDLIFE CENTER (URWC), A ROADSIDE ZOO FORMERLY OPERATED BY NOTORIOUS
ANIMAL EXPLOITER AND CONVICTED FELON CY VIERSTRA, AND TRANSFERRED TO THE
ACCREDITED SAVE THE CHIMPS SANCTUARY IN FLORIDA. THEIR RESCUE FOLLOWED OUR
COMPLAINT TO THE OHIO DEPARTMENT OF AGRICULTURE, AND WE'VE ALSO ASSISTED
WITH FUNDING THE CHIMPANZEES' SANCTUARY CARE. IN ADDITION, PETA SUPPORTED
THE PLACEMENT OF TWO SNOW MACAQUES FROM URWC AT THE OKLAHOMA PRIMATE
SANCTUARY AND TWO SPIDER MONKEYS AT WILDLIFE RESCUE AND REHABILITATION IN
TEXAS.
PETA AND THE WILD ANIMAL SANCTUARY RESCUED THE REMAINING NINE ANIMALS-ONE
LLAMA, TWO NORTH AMERICAN BLACK BEARS, AND SIX EMUS-HELD AT WACCATEE ZOO,
DUBBED THE WORST ROADSIDE ZOO IN AMERICA BY PETA, FOLLOWING A LAWSUIT FILED
AGAINST THE FACILITY AND ITS OPERATORS BY PETA AND TWO CONCERNED CITIZENS.
THE RESCUED ANIMALS NOW LIVE AT THE SPACIOUS WILD ANIMAL REFUGE IN
COLORADO.
PETA'S NEWEST EQUINE UNDERCOVER INVESTIGATION EXPOSED BUDWEISER FOR CUTTING
OFF CLYDESDALES' TAILS, SEVERING THE BONE, JUST TO MARKET BEER. THE COMPANY
HAS SINCE DISCONTINUED THE CRUEL PRACTICE.
CONTINUED ON CCU O
CONTINUED ON SCH O.
FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
PUBLIC OUTREACH AND INFORMATION

Name of the organization	Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
PETA CONDUCTS INFORMATIONAL CAMPAIGNS AND PUBLISHES M	ATERIALS FOR CHILDREN,
HIGH SCHOOL AND COLLEGE STUDENTS, AND EDUCATORS AS WE	LL AS FACTSHEETS,
BOOKLETS, FLIERS, POSTERS, AND A MAGAZINE, PETA GLOBAL	, FOR THE PUBLIC AND
SUPPORTERS. PETA'S CAMPAIGNS-WHICH REACH MILLIONS OF	PEOPLE AND RECEIVE
EXTENSIVE INTERNATIONAL MEDIA COVERAGE-INVOLVE RENOWN	ED CELEBRITIES,
INTERACTIVE SOCIAL NETWORKING, WEBSITE FEATURES, BLOG	POSTS, AND PUBLIC
SERVICE ANNOUNCEMENTS (PSAS), WHICH ARE TYPICALLY PLAC	CED FOR FREE IN HIGH-
EXPOSURE OUTLETS.	
IN FISCAL YEAR 2023, PETA SECURED FREE ADVERTISING SPA	ACE WORTH NEARLY \$4.8
MILLION AND LOGGED MORE THAN 114,000 INTERACTIONS WITH	H THE MEDIA VIA NEWS
RELEASES, LETTERS, TWEETS, AND RADIO, TV, PRINT, AND	ONLINE INTERVIEWS.
FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	
INTERNATIONAL GRASSROOTS CAMPAIGNS	
PETA ORGANIZES CAMPAIGNS TO INFORM THE PUBLIC ABOUT TI	
OF ANIMALS IN THE EXPERIMENTATION, FOOD, CLOTHING, AN	D ENTERTAINMENT
INDUSTRIES, AMONG OTHER TYPES OF CRUELTY. IN 2023, PET	TA ORGANIZED AND LED
693 DEMONSTRATIONS AND SENT OUT MILLIONS OF LETTERS T	HROUGH ITS ONLINE
ADVOCACY CAMPAIGNS TO URGE COMPANIES AND INDIVIDUALS	TO MAKE CHANGES THAT
BENEFIT ANIMALS.	
ANIMALS IN THE EXPERIMENTATION INDUSTRY	
THE UNIVERSITY OF WASHINGTON (UW) WAS ORDERED TO PAY	PETA NEARLY \$540,000
IN FEES AND PENALTIES, FOLLOWING OUR PUBLIC RECORDS L	AWSUIT. THE COURT
FOUND THAT UW HAD IMPROPERLY WITHHELD RECORDS DETAILII	NG FINANCIAL AND
	PAGE 7 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
LEADERSHIP CRISES AS WELL AS THE DEATHS OF MONKEYS	S AT ITS WASHINGTON
NATIONAL PRIMATE RESEARCH CENTER.	
A COURT ALSO RULED THAT MEMBERS OF A PUBLIC ANIMAL	L CARE COMMITTEE AT UW
HAVE NO RIGHT UNDER THE FIRST AMENDMENT OF THE U.S	S. CONSTITUTION TO KEEP
THEIR IDENTITIES SECRET. IN 2021, PETA SUBMITTED I	PUBLIC RECORDS REQUESTS
FOR THE APPOINTMENT LETTERS OF MEMBERS OF THE UNIV	VERSITY'S INSTITUTIONAL
ANIMAL CARE AND USE COMMITTEE (IACUC), SUSPECTING	THAT ITS MEMBERS MAY HAVE
ILLEGAL CONFLICTS OF INTEREST. WE EXPECT THAT THIS	DECISION WILL HAVE FAR-
REACHING CONSEQUENCES AND MAKE IT HARDER FOR ALL I	IACUCS TO OPERATE SECRETLY
	EXPERIMENTS.
A FEDERAL JUDGE DENIED THE GOVERNMENT'S REQUEST TO	D DISMISS PETA'S FIRST-
OF-ITS-KIND LAWSUIT AGAINST THE NATIONAL INSTITUTE	S OF HEALTH (NIH) AND
GOVERNMENT OFFICIALS, WHICH ALLEGES THAT FUNDING S	SEPSIS EXPERIMENTS ON
ANIMALS ABUSES THE AGENCY'S DISCRETION AND VIOLATE	S ITS OBLIGATION TO FUND
RESEARCH TO IMPROVE HUMAN HEALTH AND MINIMIZE THE	USE OF ANIMALS IN
EXPERIMENTS-NIH HAS EVEN ACKNOWLEDGED THAT MICE AN	ND HUMANS DON'T EXPERIENC
SEPSIS IN THE SAME WAY. THE RULING MEANS THAT PETA	A HAS ALLEGED FACTS
SUFFICIENT TO ALLOW THE CASE TO PROCEED.	
PETA LEARNED THAT NIH HAS OFFICIALLY SHUT OFF THE	SPIGOT OF MONEY FLOWING
TO THE COLOMBIAN ORGANIZATIONS AT THE CENTER OF AN	N 18-MONTH PETA
INVESTIGATION. THE AGENCY RESCINDED THE ELIGIBILIT	Y OF THE CAUCASECO
SCIENTIFIC RESEARCH CENTER AND THE MALARIA VACCINE	E AND DEVELOPMENT CENTER
TO RECEIVE U.S. TAXPAYER MONEY. IT'S UNLIKELY THAT	
EVER TORMENT ANIMALS IN POINTLESS EXPERIMENTS AGAI	

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization 52-1218336 PEOPLE FOR THE ETHICAL TREATMENT MONKEYS AND 180 MICE WERE SEIZED. THE SURVIVORS ARE NOW RECOVERING. WE WORKED WITH FOUR VIRGINIA STATE SENATORS TO EXPOSE DOZENS OF VIOLATIONS OF THE FEDERAL ANIMAL WELFARE ACT AT THREE TAXPAYER-FUNDED UNIVERSITIES. WE UNCOVERED CRITICAL WELFARE VIOLATIONS AT THESE SCHOOLS, WHICH FOUGHT TOOTH AND NAIL AGAINST BILLS THAT WOULD HAVE PENALIZED THEM FOR SUCH VIOLATIONS. AT OLD DOMINION, A RABBIT WAS LEFT TO LANGUISH FOR OVER AN HOUR WHILE STAFF SEARCHED FOR EUTHANASIA SOLUTION. AT EASTERN VIRGINIA MEDICAL SCHOOL, FOUR CHINCHILLAS DROPPED MORE THAN 30% OF THEIR BODY WEIGHT IN AN EXPERIMENT, AND MONKEYS WERE DENIED ADEQUATE CARE FOR SEVERE LOW BLOOD SUGAR, INCLUDING ONE MONKEY WHO WAS DEPRIVED OF EMERGENCY CARE FOR SEVEN HOURS, "REMAINED BARELY RESPONSIVE, " AND WAS PARALYZED. AT VIRGINIA TECH, A PIGLET STARVED OVER THE COURSE OF SIX DAYS AND A CALF DIED BECAUSE EXPERIMENTERS FAILED TO PLACE AN IV CATHETER REQUIRED TO ADMINISTER RESCUE THERAPY AFTER HAVING MADE THE ANIMAL SICK WITH AN INFECTIOUS DISEASE. THE SENATORS VOWED TO FIGHT FOR MORE TRANSPARENCY AND ACCOUNTABILITY FOR LABORATORIES IN THE NEXT LEGISLATIVE SESSION. AFTER PETA WROTE TO OFFICIALS IN SRI LANKA, THE GOVERNMENT NIXED A PLAN TO EXPORT 100,000 MACAOUES TO CHINA, WHERE THEY LIKELY WOULD HAVE ENDED UP IN

LABORATORIES.

PETA RECEIVED AN UNPRECEDENTED 35% OF THE VOTES IN FAVOR OF OUR SHAREHOLDER PROPOSAL TO CHARLES RIVER LABORATORIES, WHICH ASKED THE COMPANY TO REPORT TO SHAREHOLDERS ON THE ORIGIN OF ALL MONKEYS IT IMPORTS. THIS CAME AFTER WE CONTACTED THE COMPANY'S TOP SHAREHOLDERS. WE NEEDED ONLY 5% IN ORDER TO REINTRODUCE OUR RESOLUTION, BUT NOW THE COMPANY KNOWS THAT ITS SHAREHOLDERS

PAGE 9 OF 27

Schedule O (Form 990) 2022	Page 2
Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
ARE VERY UNHAPPY WITH ITS LACK OF TRANSPARENCY. FOLLOW	
	MPANY. CHARLES RIVER
IS ALSO CURRENTLY UNDER FEDERAL INVESTIGATION FOR ALLI	EGED MONKEY
LAUNDERING.	
A CHINESE COMPANY PLANNED TO BUILD A MASSIVE FACILITY	IN FLORIDA, TO
IMPORT, QUARANTINE, AND WAREHOUSE MONKEYS, ESTABLISHIN	IG ANOTHER LINK IN THE
DEADLY WILDLIFE-TRADE CHAIN. FOLLOWING OUR URGENT WARN	IINGS TO GOV. RON
DESANTIS, THE COMPANY CONFIRMED TO PETA THAT THE PLAN	HAS BEEN SCRAPPED.
CONGRESS PASSED THE FDA MODERNIZATION ACT 2.0, REMOVIN	IG THE MANDATE FOR
ANIMAL TESTS FOR NEW DRUGS AND GIVING THE U.S. FOOD A	ND DRUG ADMINISTRATION
(FDA) THE AUTHORITY TO CONSIDER SUPERIOR, NON-ANIMAL N	METHODS INSTEAD OF
RELYING ON PAINFUL, SCIENTIFICALLY FLAWED ANIMAL TESTS	5.
AFTER RELENTLESS PRESSURE FROM PETA, FROM ACTOR LILY 7	TOMLIN, AND FROM MORE
THAN 125,000 DEDICATED SUPPORTERS, WE RECEIVED CONFIRM	MATION THAT FORD MOTOR
COMPANY WOULD DEFINITIVELY SLAM THE BRAKES ON ITS ANIM	MAL TESTING. DESPITE
ITS ASSURANCE IN 2009 THAT IT DIDN'T CONDUCT OR FUND S	SUCH TESTS, WE
UNCOVERED ITS FINANCIAL INVOLVEMENT IN A GRUESOME EXPE	ERIMENT IN WHICH 27
PIGS WERE KILLED IN BARBARIC CRASH TESTS. FOLLOWING A	RIGOROUS 21-MONTH
PETA CAMPAIGN, THE AUTOMAKER UPDATED ITS PUBLIC POLICY	AT PETA'S REQUEST TO
CLOSE ALL LOOPHOLES THAT HAD PREVIOUSLY ALLOWED THE FU	JNDING OF ANIMAL
TESTING.	
FOLLOWING DISCUSSIONS WITH PETA, GENERAL MOTORS ALSO	ANNOUNCED AN UPGRADED
FORMAL POLICY THAT NOW PROHIBITS CONDUCTING OR PAYING	FOR ANY ANIMAL

PAGE 10 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
TESTING. THE AUTOMAKER HAD STOPPED USING ANIMAL	LS IN CRASH TESTS IN 1993
AFTER AN 18-MONTH PETA CAMPAIGN BUT DIDN'T EXP	RESSLY PROHIBIT PAYING OTHER
TO CONDUCT TESTS ON ANIMALS.	
FOR THE THIRD YEAR IN A ROW, PETA RECEIVED CON	FIRMATION FROM A SENIOR THA
MILITARY OFFICIAL THAT COBRA GOLD, A JOINT MUL	TINATIONAL MILITARY EXERCIS
HELD IN THAILAND AND ATTENDED BY THE U.S. MILIT	TARY, WOULD NOT INVOLVE ANY
ANIMAL KILLINGS DURING ITS SURVIVAL TRAINING DE	RILLS. PREVIOUSLY, THESE
DRILLS HAD REQUIRED TROOPS TO KILL CHICKENS WIT	TH THEIR BARE HANDS, CONSUM
LIVE SCORPIONS AND TARANTULAS, SKIN AND EAT LIV	VE GECKOS, AND DECAPITATE
COBRAS AND DRINK THEIR BLOOD. PETA'S EXPOSÉ FIR	RST LED TO A HALT TO THESE
ATROCITIES IN 2021.	
NEW DOCUMENTS RECENTLY OBTAINED BY PETA SHOW THE	HAT THE GRUESOME
DECOMPRESSION SICKNESS EXPERIMENTS ON SHEEP FUN	NDED BY THE U.S. NAVY-WHICH
HAD BEEN AWARDED MORE THAN \$389,000 IN TAXPAYER	R MONEY-AT THE UNIVERSITY OF
WISCONSIN-MADISON WERE ABRUPTLY STOPPED UP TO T	TWO YEARS AHEAD OF SCHEDULE
FOLLOWING OUR LETTER TO SECRETARY OF THE NAVY (CARLOS DEL TORO AND PUBLIC
RECORDS REQUESTS TO THE NAVY AND THE SCHOOL. THE	HE SHEEP FORMERLY SLATED FOR
THESE TESTS WILL BE SPARED THE AGONY OF CARDIO	VASCULAR COLLAPSE, SPINAL
CORD INJURY, AND PARALYSIS.	

A COURT ORDERED OREGON HEALTH & SCIENCE UNIVERSITY TO PAY PETA MORE THAN \$400,000, AFTER GOING TO EXTREME AND ILLEGAL LENGTHS TO KEEP VIDEOS OF CRUEL EXPERIMENTS ON VOLES HIDDEN, DURING WHICH THE ANIMALS WERE GIVEN THE EQUIVALENT OF 15 BOTTLES OF WINE A DAY IN AN ATTEMPT TO DRAW CONCLUSIONS ABOUT THE IMPACT OF HUMAN ALCOHOL CONSUMPTION ON INFIDELITY.

PAGE 11 OF 27

Schedule O (Form 990) 2022 Page 2

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

WE WORKED WITH REUTERS TO EXPOSE THE GREAT LENGTHS TO WHICH USDA LEADERS WENT IN ORDER TO AVOID ENFORCING THE ANIMAL WELFARE ACT AT ENVIGO'S BEAGLE-BREEDING MILL IN THE WAKE OF OUR INVESTIGATION. THROUGH FOIA REQUESTS, WE FOUND THAT OFFICIALS HAD DELETED CITATIONS AND DETAILS OF PUPPIES' PAINFUL DEATHS AND DOGS' SEVERE SUFFERING FROM INSPECTION REPORTS AND CUT ONE REPORT FROM 107 PAGES DOWN TO JUST 22. USDA LEADERS ALSO RELIEVED A SEASONED VETERINARIAN AND A WELL-RESPECTED INSPECTOR OF THEIR DUTIES ON THE CASE AND SEVERELY LIMITED THE REMAINING INSPECTORS' ABILITY TO DO THEIR JOBS, EVEN AS THE DEPARTMENT OF JUSTICE WAS PREPARING TO EXECUTE A SEARCH WARRANT AT THE FACILITY AND ULTIMATELY LIBERATE ALL THE SURVIVORS. REUTERS REVEALED THAT A FEDERAL GRAND JURY WAS HEARING TESTIMONY ON ALL THIS AND ON ENVIGO'S HORRIFIC HISTORY OF VIOLATIONS. AFTER THE REUTERS REPORT, THE HEAD OF THE USDA'S ANIMAL CARE DIVISION, BETTY GOLDENTYER, ABRUPTLY RESIGNED, ENDING HER 35-YEAR CAREER WITH THE USDA. FOLLOWING A RELENTLESS SIX-YEAR PETA CAMPAIGN AGAINST CANINE MUSCULAR DYSTROPHY EXPERIMENTS AT TEXAS A&M UNIVERSITY, THE UNIVERSITY CONFIRMED THAT THE SURVIVING HEALTHY DOGS (WHO HAD BEEN TRANSFERRED TO ITS VETERINARY SCHOOL FROM THE NOTORIOUS LABORATORY) HAD BEEN RELEASED FOR ADOPTION. MORE THAN 50 DOGS IN TOTAL WERE RELEASED AND ADOPTED INTO HOMES, THE BREEDING OF DOGS FOR THESE EXPERIMENTS WAS STOPPED, AND THE LAB WAS CLOSED. AFTER HEARING FROM PETA, PETA AUSTRALIA, AND HUMANE RESEARCH AUSTRALIA,

AFTER HEARING FROM PETA, PETA AUSTRALIA, AND HUMANE RESEARCH AUSTRALIA,

MACQUARIE UNIVERSITY IN SYDNEY DECIDED TO PROHIBIT THE FORCED SWIM TEST.

THE SCHOOL'S ANIMAL ETHICS COMMITTEE REVIEWED THE SCIENTIFIC LITERATURE ON

PAGE 12 OF 27

Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
	<u> </u>
THE TEST AND REACHED THE SAME CONCLUSION AS PETA S	CLENTISIS: THE FORCED
SWIM TEST IS BAD SCIENCE.	
FOLLOWING A PETA CAMPAIGN LASTING OVER 17 MONTHS,	THE UNIVERSITY OF
TENNESSEE HEALTH SCIENCE CENTER, WHICH OVERSEES TH	E COLLEGE OF MEDICINE
(UTCOM), WROTE TO US ANNOUNCING THAT UTCOM WOULD S	TOP USING LIVE ANIMALS IN
SURGICAL AND EMERGENCY MEDICAL RESIDENCY TRAINING	PROGRAMS ON ITS
CHATTANOOGA CAMPUS. THE DECISION CAME AFTER MORE T	HAN 97,000 PETA
SUPPORTERS WROTE TO UNIVERSITY LEADERSHIP URGING A	N END TO MEDICAL TRAINING
DRILLS IN WHICH PIGS WERE MUTILATED.	
PETA HAS AGAIN SENT TWO BRAND-NEW ANATOMICALLY COR	RECT HUMAN SIMULATORS TO
IRAQ'S ADVANCED TRAUMA LIFE SUPPORT PROGRAM, THIS	TIME FOR USE AT THE
UNIVERSITY OF BABYLON. THE TRAUMAMAN SIMULATION MO	DELS, FROM SIMULAB
CORPORATION, ARE HUMAN SURROGATES THAT WILL PREVEN	T THE MUTILATION AND
KILLING OF DOZENS OF ANIMALS EACH YEAR IN SURGICAL	PRACTICE DRILLS.
CONTINUED ON SCH O.	
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISH	IMENTS
CRUELTY-FREE MERCHANDISE PROGRAM	
OROLLI I IVII IIII IIII IIII IIII IIII III	
PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVIN	G BY PROVIDING
COMPASSIONATE PEOPLE AROUND THE WORLD WITH CONSUME	
PERSONAL CARE PRODUCTS AND HOUSEHOLD CLEANERS THAT	
ANIMALS, ANIMAL CARE PRODUCTS, AND ANIMAL RIGHTS	
VIDEOS AND BOOKS, ANIMAL-RESCUE EQUIPMENT, AND CAM	
	DXCF 12 OF 27

Schedule O (Form 990) 2022

Employer identification number Name of the organization 52-1218336 PEOPLE FOR THE ETHICAL TREATMENT ITEMS ARE AVAILABLE ONLINE THROUGH THE PETA MALL AND THE PETA CATALOG. THIS FISCAL YEAR, PETA ADDED 406 NEW COMPANIES TO OUR BEAUTY WITHOUT BUNNIES LIST OF COMPANIES THAT DON'T TEST ON ANIMALS, INCLUDING CELEBRITY BRAND ARIANA GRANDE'S R.E.M. BEAUTY, BRINGING THE NEW TOTAL TO 6,300. FORM 990, PART V - ADDITIONAL INFORMATION CONTINUED FROM FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT -RESEARCH, INVESTIGATIONS, AND RESCUES: STUDENTS OPPOSING SPECIESISM (SOS) CAMPUS REPS AND INTERNS HELD PROTESTS, VEGAN FOOD GIVEAWAYS, AND DOCUMENTARY SCREENINGS ALL OVER THE U.S. AND CANADA. PETA'S YOUTH PROGRAM, PETA2, LAUNCHED A NEW WEBSITE FEATURING CONTENT FOR YOUNG PEOPLE IN HIGH SCHOOL AND COLLEGE, LAUNCHED A TIKTOK, AND HIT THE ROAD TO ATTEND MULTIPLE MUSIC FESTIVALS AND TALK TO YOUNG PEOPLE IN PERSON ABOUT ANIMAL RIGHTS. ABDUCTION, PETA2'S VIRTUAL REALITY EXPERIENCE, TRANSPORTS PARTICIPANTS INTO A FIVE-MINUTE, NON-GRAPHIC EXPERIENCE IN WHICH THEY ENGAGE IN A SERIES OF SCENES INSPIRED BY REAL-LIFE EXPERIMENTS ON ANIMALS. BUT IN THIS SCENARIO, THE TABLES ARE TURNED AND IT'S THE HUMANS WHO ARE THE TEST SUBJECTS-IN A LAB RUN BY ALIENS. THIS EMPATHY-BUILDING EXHIBIT HAS BEEN TRAVELING ACROSS THE COUNTRY IN A UFO-THEMED TRUCK. SO FAR, IN ITS FIRST YEAR ON THE ROAD, THE ABDUCTION TOUR HAS "ABDUCTED" OVER 2,000 STUDENTS AND VISITED 35 UNIVERSITY CAMPUSES AND PUBLIC SPACES.

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
PETA WON A LAWSUIT AGAINST THE LOS ANGELES COU	NTY METROPOLITAN
TRANSPORTATION AUTHORITY (L.A. METRO), ONE OF	THE NATION'S LARGEST PUBLIC
TRANSIT SYSTEMS BY ANNUAL RIDERSHIP, CHALLENGIN	NG ITS HIGHLY RESTRICTIVE AD
POLICY AND ITS REFUSAL TO RUN PETA'S PRO-VEGAN	ADVERTISEMENTS IN 2019 AND
2021. L.A. METRO'S UNCONSTITUTIONAL VIEWPOINT	DISCRIMINATION AND FREE-
SPEECH RESTRAINT WON'T DETER OUR EFFORTS TO EN	D SPECIESISM.
ORGANIZERS OF AN INDIANA FAIR QUICKLY RESPONDED	O TO A PETA APPEAL TO SHUT
DOWN A BOOTH GIVING AWAY RABBITS AS PRIZES. TH	EY ALSO IMPLEMENTED A POLICY
AGAINST USING LIVE ANIMALS AS PRIZES.	
CONTINUED FROM FORM 990, PART III, LINE 4C - T	HIRD ACCOMPLISHMENT -
INTERNATIONAL GRASSROOTS CAMPAIGNS:	
AFTER PRESSURE FROM PETA AND MORE THAN 75,000	OF OUR SUPPORTERS, ERLANGER
HEALTH SYSTEM ANNOUNCED A NEW POLICY BANNING I	TS STAFF-INCLUDING ITS
EMERGENCY MEDEVAC PROVIDER, LIFE FORCE-FROM PA	RTICIPATING IN MEDICAL
TRAINING THAT USES ANIMALS. PREVIOUSLY, LIFE FO	ORCE PERSONNEL WERE FORCED T
ATTEND TRAINING SESSIONS HELD BY THE UNIVERSITY	Y OF TENNESSEE COLLEGE OF
MEDICINE IN WHICH THEY WERE REQUIRED TO PRACTI	CE INVASIVE PROCEDURES ON
LIVE PIGS-INCLUDING IV INSERTION, ORAL INTUBAT	ION, AND CHEST TUBE
INSERTION-OR RISK LOSING THEIR JOBS.	

THE TAIWAN FOOD AND DRUG ADMINISTRATION (TFDA) FINALIZED A REGULATION THAT REMOVES ANIMAL TESTING RECOMMENDATIONS FOR COMPANIES THAT WANT TO MAKE HUMAN DENTAL HEALTH CLAIMS FOR THEIR FOOD AND BEVERAGE PRODUCTS IN THEIR MARKETING TO CONSUMERS. THE TESTING INCLUDED FEEDING RATS SUGAR WATER AND

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization 52-1218336 PEOPLE FOR THE ETHICAL TREATMENT BACTERIA THAT CAUSED DENTAL DECAY, SWABBING THEIR MOUTHS, FEEDING THEM THE TEST FOOD PRODUCTS, KILLING THEM, AND DISSECTING THEIR MOUTHS. THE TFDA NOW REQUIRES ONLY SAFE AND EFFECTIVE HUMAN TESTS FOR THIS PURPOSE. THIS DECISION FOLLOWED E-MAILS TO AGENCY OFFICIALS FROM MORE THAN 52,000 PETA SUPPORTERS OPPOSING ANIMAL EXPERIMENTS. FOLLOWING DISCUSSIONS WITH PETA AND OUR PARTNER ORGANIZATION IN TAIWAN, KINDNESS TO ANIMALS, MICROBIO CO. LTD.-A MAKER OF HEALTH-FOOD PRODUCTS IN TAIWAN-BANNED ANIMAL TESTS ON PRODUCTS FOR WHICH SUCH TESTS ARE NOT EXPLICITLY REQUIRED BY LAW. THE COMPANY HAD PREVIOUSLY CONDUCTED OR FUNDED AT LEAST FIVE ANIMAL EXPERIMENTS FROM 2005 TO 2016 THAT INVOLVED MUTILATING AND KILLING NO FEWER THAN 270 ANIMALS, PURPORTEDLY TO SUPPORT HEALTH CLAIMS FOR GINSENG, TURMERIC, AND OTHER COMMON PRODUCTS AND INGREDIENTS IN ITS MARKETING TO CONSUMERS. ANIMALS IN THE FOOD INDUSTRY PETA AND CO-PLAINTIFFS IN A LAWSUIT CHALLENGING NORTH CAROLINA'S AG-GAG LAW, RULING THAT UNDERCOVER INVESTIGATIONS AND WHISTLEBLOWING ARE

THE U.S. COURT OF APPEALS FOR THE FOURTH CIRCUIT HANDED AN IMPORTANT WIN TO PETA AND CO-PLAINTIFFS IN A LAWSUIT CHALLENGING NORTH CAROLINA'S AG-GAG LAW, RULING THAT UNDERCOVER INVESTIGATIONS AND WHISTLEBLOWING ARE CONSIDERED NEWSGATHERING ACTIVITIES PROTECTED BY THE FIRST AMENDMENT. PETA AND A COALITION OF PUBLIC INTEREST GROUPS FILED THE LAWSUIT CHALLENGING NORTH CAROLINA'S "ANTI-SUNSHINE" LAW-A STATUTE THAT RESTRICTS THESE GROUPS FROM CONDUCTING AND PUBLICIZING UNDERCOVER INVESTIGATIONS BY ALLOWING EMPLOYERS AND PROPERTY OWNERS TO SUE UNDERCOVER INVESTIGATORS SEEKING TO EXPOSE UNETHICAL OR ILLEGAL ACTIVITIES IN THE WORKPLACE.

PETA HONORARY BOARD MEMBER JAMES CROMWELL ZOOMED WITH A PIGLET WHO FELL OFF

PAGE 16 OF 27

Schedule O (Form 990) 2022	Page 2
Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52-1218336
A TRANSPORT TRUCK HEADED TO A FACILITY WHERE HE WOULD	HAVE BEEN FATTENED
FOR SLAUGHTER. JAMES' COMPELLING TWITTER VIDEOS ACHIEV	/ED OVER 100.000
VIEWS.	
VARMO.	
WE CONTINUE TO UNCOVER AND SHARE WITH THE PUBLIC THE S	CTORIES OF INDIVIDIBLE
ANIMALS WHOSE SUFFERING AND HORRIBLE DEATHS AT SLAUGHT	
	TERTIOUSES WOULD
OTHERWISE GO UNKNOWN, WITH NO ONE HELD ACCOUNTABLE.	
WE WORKED WITH THE WASHINGTON POST TO EXPOSE THE RECEN	NT SHIPPING OF PIG
FLESH CONTAMINATED WITH CLENBUTEROL, A DRUG THAT CAN I	
SEIZURES, AND EVEN WORSE IN HUMANS WHO CONSUME IT, TO	
	IS DANGEROUS
CONTAMINATION WENT UNDETECTED BY U.S. OFFICIALS AND ON	NLY CAME TO LIGHT WHI
MEXICAN AUTHORITIES TESTED AND REJECTED THE FLESH.	
JUST A MONTH AFTER WE CALLED FOR CRUELTY CHARGES AGAIN	JST A TRUCK DRIVER
CAUGHT BEATING PIGS AT A JBS SLAUGHTERHOUSE IN IOWA, W	
INSPECTORS UNCOVERED BRUISES ON THE REMAINS OF MORE TH	HAN 15,000 PIGS WHO
HAD BEEN STRUCK. POLICE ARE INVESTIGATING.	
FOLLOWING OUR UNDERCOVER INVESTIGATION OF PLAINVILLE I	FARMS, THE
PENNSYLVANIA STATE POLICE CHARGED 12 FORMER WORKERS WI	TH A TOTAL OF 141
COUNTS OF CRUELTY TO TURKEYS, INCLUDING SIX FELONIES,	ACROSS SIX COUNTIES
THIS IS THE LARGEST NUMBER OF CHARGES IN ANY FACTORY-	FARMED ANIMAL CASE II
U.S. HISTORY. SEVEN EX-WORKERS HAVE PLEADED GUILTY.	
WE REVEALED THAT WORKERS AT A PERDUE SLAUGHTERHOUSE W	RUNG CHICKENS' NECKS
	PAGE 17 OF 27

Schedule O (Form 990) 2022 Name of the organization PEOPLE FOR THE ETHICAL TREATMENT	Employer identification number 52–1218336
	NGED OTHER BIRDS INTO
WE SHOWED THAT ANIMALS WERE REPEATEDLY SHOT IN TONE CASE-IN SLAUGHTERHOUSES IN NORTH CAROLINA, MARYLAND.	
WE EXPOSED THE FACT THAT HUNDREDS OF DAYS-OLD CA TEMPERATURES EN ROUTE TO AN IDAHO SLAUGHTERHOUSE BURIED ALIVE UNDER A PILE OF DEAD ANIMALS.	
WE EXPOSED THE SUFFOCATION OF SHACKLED TURKEYS WE CARGILL WORKERS, THE FATE OF 3,200 CHICKENS WHO SUFFOCATED WHEN A TRAILER OVERTURNED AT A TYSON BIRDS' HEATSTROKE DEATHS ON TRUCKS AT A KOSHER F	WERE CRUSHED TO DEATH OR SLAUGHTERHOUSE, AND 1,500
WE REVEALED THE ILLEGAL ABUSE AND AGONIZING DEATS SHEEP IN SLAUGHTERHOUSES IN IOWA, NEBRASKA, SOUT NEVADA.	
WE UNCOVERED YEARS OF CRUEL HANDLING, BOTCHED SH ANIMALS AT THE UNIVERSITY OF NEVADA-RENO'S SLAUG CRITICAL MEDIA COVERAGE, THE UNIVERSITY ANNOUNCED CLOSING, AFTER 55 YEARS OF OPERATION, AND WOULD IF SOMEONE ELSE TOOK IT OVER.	HTERHOUSE. AFTER WEEKS OF
WE REVEALED THAT PIGS WERE REPEATEDLY BEATEN BY	JBS WORKERS IN MINNESOTA, PAGE 18 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
THAT COWS WERE REPEATEDLY SHOT IN THE HEAD IN TENNESS	EE, AND THAT PIGS WERE
MANGLED AND CRUELLY KILLED AT A TYSON FACILITY IN IOW	Α.
FOLLOWING A WHISTLEBLOWER TIP, WE REVEALED THAT MORE	THAN 2,000 CHICKENS
FROZE TO DEATH IN TRUCKS HAULING THEM TO COSTCO'S SLA	UGHTERHOUSE AS WIND
CHILLS TUMBLED TO MINUS 50 DEGREES.	
ANIMALS IN THE CLOTHING INDUSTRY	
FOLLOWING TALKS WITH PETA, MACY'S CONFIRMED THAT IT N	O LONGER SELLS EXOTIC
SKINS.	
AFTER LEARNING FROM PETA THAT GOATS SCREAM IN PAIN AN	D FEAR AS THEY'RE TIED
DOWN AND THEIR HAIR IS TORN OUT IN THE CASHMERE INDUS	
OWNS THE BRANDS JOHNSTON & MURPHY, JOURNEYS, SHUH, LI	
OTHERS, HAS CONFIRMED THAT IT NO LONGER USES CASHMERE	
OTHERO, INC. CONTINUE TIME IT INC. HONGER COLO. CACHELLE	••••••
VICTORIA'S SECRET HAS CONFIRMED THAT IT'S BANNING CAS	HMERE FROM ITS SOURCE
MATERIALS, FOLLOWING TALKS WITH PETA, AND OVERSTOCK ()	
BEYOND) ADDED CASHMERE TO ITS LIST OF PROHIBITED MATE	
ANGORA, ALPACA WOOL, BADGER HAIR, EXOTIC SKINS, FUR,	
ANOUNA, ADEACA WOOD, DADOER HALL, ENOTIC DILLID, FOR,	AND HOHATK.
AFTER PETA SHARED A FIRST-OF-ITS-KIND EXPOSÉ REVEALIN	G THAT ALPACAS USED
FOR THEIR WOOL ARE MISHANDLED DURING SHEARING AND LEF	
WOUNDS, DECKERS OUTDOOR CORPORATION-WHOSE BRANDS INCL	
SANUK, HOKA, AND TEVA-HAS COMMITTED TO STOPPING THE U	
	OH OF AMERICA WOOD DI
FALL 2023.	
	PAGE 19 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
AFTER LEARNING FROM PETA THAT ANGORA GOATS ARE LEFT W	ITH BLOODY WOUNDS IN
THE MOHAIR INDUSTRY, FURNITURE RETAILERS ROOM & BOARD,	LULU AND GEORGIA,
AND NATHAN ANTHONY HAVE JOINED MORE THAN 350 OTHER BRA	ANDS THAT HAVE AGREED
TO STOP SELLING THE CRUELLY OBTAINED FIBER.	
UPSCALE RETAIL COMPANY VINCE HAS CONFIRMED THAT IT WII	LL NO LONGER SELL
MOHAIR, FOLLOWING A SERIES OF MEETINGS WITH PETA.	
JOANNA KRUPA TEAMED UP WITH PETA FOR A SHOCKING VIDEO	IN WHICH SHE IS
KNOCKED OUT ON A CITY STREET AND HER SWEATER IS TORN O	OFF AND STOLEN. THIS
VIDEO MIRRORS THE WAY SHEEP IN THE WOOL INDUSTRY ARE	TREATED. THE TOTAL
REACH ACROSS ALL SOCIAL MEDIA PLATFORMS WAS MORE THAN	1 MILLION VIEWS.
LONGTIME PETA PAL ALICIA SILVERSTONE GREETED HOLIDAY S	SHOPPERS AND NEW
YEAR'S EVE REVELERS IN A 29-FOOT TIMES SQUARE PUBLIC	SERVICE ANNOUNCEMENT.
HER CALL TO WEAR VEGAN REACHED AN ASTOUNDING 6.7 BILL	ION MONTHLY VISITORS.
CUBAN TELEVISION HOST WILLIAM VALDES GOT NAKED IN MEXI	CO CITY IN A "I'D
RATHER GO NAKED THAN WEAR FUR" AD COVERED BY PEOPLE EN	N ESPAÑOL, YAHOO, LA
RAZÓN AMONG OTHERS.	
ANIMALS IN THE ENTERTAINMENT INDUSTRY	
AFTER DECADES OF HARD WORK, THE BIG CAT PUBLIC SAFETY	ACT WAS SIGNED INTO
LAW, A HISTORIC VICTORY FOR ANIMALS USED IN ENTERTAIN	MENT. THIS NEW LAW
BANS PRIVATE OWNERSHIP OF BIG CATS AND PROHIBITS PUBLI	IC CONTACT WITH THEM.
THIS REPRESENTS THE FINAL BLOW TO THE ABUSIVE BIG-CAT	CUB-PETTING INDUSTRY
WHICH PETA HAD ALREADY VIRTUALLY ANNIHILATED VIA OUR	GROUNDBREAKING

PAGE 20 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
ENDANGERED SPECIES ACT LITIGATION.	
FOLLOWING A PUSH FROM PETA, THE U.S. DEPARTMENT OF A	GRICULTURE TERMINATED
THE LICENSE OF FLORIDA-BASED EXOTIC-ANIMAL DEALER JIM	MMY WAYNE HAMMONDS (AK
"THE MONKEY WHISPERER"), BLOCKING HIM FROM LEGALLY SE	ELLING PRIMATES IN THE
PET TRADE FOR AT LEAST A YEAR. THE DECISION STEMS FRO	OM HAMMONDS' GUILTY
PLEAS TO FEDERAL CHARGES RELATED TO THE ILLEGAL SALE	AND TRANSPORT OF
PRIMATES-INCLUDING HIS NOTORIOUS SALE OF A CAPUCHIN N	MONKEY TO SINGER CHRIS
BROWN.	
AFTER HEARING FROM PETA AND OVER 37,000 SUPPORTERS,	THE NATIONAL HOCKEY
LEAGUE AND THE FLORIDA PANTHERS SCRAPPED PLANS TO USI	E LIVE ALLIGATORS
DURING ALL-STAR WEEKEND.	
TIGER KING VILLAIN AND MYRTLE BEACH SAFARI OPERATOR I	BHAGAVAN "DOC" ANTLE
WAS CONVICTED OF WILDLIFE TRAFFICKING AND CONSPIRACY	TO COMMIT WILDLIFE
TRAFFICKING. ANTLE WAS CHARGED AFTER PETA COMPLAINTS	PROMPTED THE VIRGINIA
ATTORNEY GENERAL'S OFFICE ANIMAL LAW UNIT TO EXECUTE	A SEARCH WARRANT AT
THE NOW-DEFUNCT WILSON'S WILD ANIMAL PARK, WHERE AUT	HORITIES UNCOVERED
EVIDENCE OF ILLEGAL TRAFFICKING IN LIONS BETWEEN ANTI	LE AND WILSON'S.
WALMART-THE LARGEST RETAIL COMPANY IN THE WORLD-IS BE	ANNING GREETING CARDS
THAT FEATURE DEMEANING IMAGES OF GREAT APES FROM ITS	U.S. AND CANADIAN
STORES. THE COMPANY MADE THIS DECISION AFTER LEARNING	FROM PETA THAT
CLOWNISH, UNNATURAL IMAGES OF CHIMPANZEES HINDER CON	SERVATION EFFORTS.
AMERICAN GREETINGS, THE SECOND-LARGEST GREETING CARD	COMPANY IN THE WORLD,
	PAGE 21 OF 27

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization 52-1218336 PEOPLE FOR THE ETHICAL TREATMENT HAS CONFIRMED THAT IT NO LONGER SELLS GREETING CARDS WITH DEMEANING IMAGES OF ENDANGERED CHIMPANZEES. AFTER HEARING FROM PETA, TRAVEL COMPANY ABERCROMBIE & KENT USA HAS AGREED NOT TO SELL TICKETS FOR EXPLOITATIVE ANIMAL RIDES AT THE PYRAMIDS OF GIZA AND HAS REMOVED CAMEL RIDES FROM ITS MARKETING MATERIALS. HEALTHCARE COMPANIES GREENBROOK TMS CENTERS OF ALASKA AND SAN DIEGO-BASED CUE HEALTH ENDED THEIR IDITAROD SPONSORSHIPS AFTER HEARING FROM PETA AND MORE THAN 40,000 CONCERNED DOG DEFENDERS, AND AARP AGREED TO REMOVE ALL DOG-SLED LISTINGS AND PROMOTIONS FROM ITS WEBSITE AND COMMITTED TO REFRAINING FROM THE PROMOTION OF DOG SLEDDING IN THE FUTURE. FOLLOWING DISCUSSIONS WITH PETA, MULTIPLE AD AGENCIES AND SIMILAR ORGANIZATIONS-INCLUDING WUNDERMAN THOMPSON, OGILVY, LEO BURNETT CHICAGO, THE AD COUNCIL, RPA, AND SANDERS\WINGO-COMMITTED TO AVOIDING FEATURING IMAGES OF BREATHING-IMPAIRED BREEDS IN ANY NEWLY PRODUCED ADVERTISING OR MARKETING MATERIALS GOING FORWARD IN ORDER TO AVOID FUELING DEMAND FOR THEM. PETA HONORARY DIRECTOR KATE DEL CASTILLO'S NEW ANTI-BULLFIGHTING CAMPAIGN MADE A HUGE IMPACT IN MEXICO. THE MEDIA COVERED HER ADS IN PUBLIC TRANSPORTATION CLOSE TO THE BULLFIGHTING RING IN GUADALAJARA, WHERE THE SEASON TOOK PLACE AFTER MEXICO CITY TEMPORARILY CANCELED BULLFIGHTS. KATE'S VIDEO GOT 1.2 MILLION VIEWS IN JUST THE THREE HOURS AFTER IT WAS POSTED. WE ALSO LAUNCHED A GUERRILLA FLYER AD CAMPAIGN DURING THE RUNNING OF THE BULLS

IN PAMPLONA, SPAIN.

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
	10 NEUG DEL ELGEG A LEGERE
AFTER THOUSANDS OF SIGNATURES, A LETTER TO ITS CE	O, NEWS RELEASES, A LETTER
SIGNED BY HUNDREDS OF OTHER GLOBAL ORGANIZATIONS,	ENORMOUS MEDIA COVERAGE,
SOCIAL MEDIA CAMPAIGNS AND E-MAIL ALERTS, MOVISTA	R ANNOUNCED THE CLOSING OF
ITS BULLFIGHTING CHANNEL, CANAL TOROS.	
AT SEAWORLD'S ANNUAL MEETING ON JUNE 13, VANDERPU	IMP RIILES STAR LALA KENT
SANCTUARY, WHERE SHE WOULD BE ABLE TO ENJOY THE R	REST OF HER LIFE.
DIRECTOR JAMES CAMERON ISSUED AN APOLOGY AFTER PE	TA CALLED HIM OUT FOR
PROMOTING AVATAR: THE WAY OF WATER AT A DOLPHIN S	SHOW IN AN AQUARIUM. WE
ALSO RECOGNIZED DIRECTOR ELIZABETH BANKS WITH A E	BEARY BEST AWARD FOR USING
CGI TO DEPICT THE BEAR IN COCAINE BEAR.	
PETA HONORED GUARDIANS OF THE GALAXY VOL. 3 DIREC	CTOR AND WRITER JAMES GUNN
WITH ITS "NOT A NUMBER" AWARD. AUDIENCES LEARNED	
ORIGIN STORY ISN'T OUT OF NOWHERE-CRUEL EXPERIMEN	TS ON ANIMALS ARE REAL,
AND THEY'RE HAPPENING RIGHT NOW. THE AWARD WAS PI	CKED UP BY MULTIPLE MEDIA
OUTLETS, AND JAMES LIKED AND COMMENTED ON THE AWA	ARD ON TWITTER (AKA X).
OTHER CRUELTY TO ANIMALS	
· · · · · · · · · · ·	

AFTER HEARING FROM PETA, SIMON PROPERTY GROUP HAS AGREED TO STOP USING GLUE TRAPS. SIMON IS THE LARGEST OWNER OF SHOPPING MALLS IN THE U.S. AND HAS APPROXIMATELY 400 RETAIL CENTERS IN 24 COUNTRIES. NORTHERN TOOL & EQUIPMENT BANNED GLUE TRAPS ONLINE AND AT ITS MORE THAN 120 STORES NATIONWIDE. AND THE MASSACHUSETTS MUSEUM OF CONTEMPORARY ART CONFIRMED THAT IT HAD REMOVED

PAGE 23 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
ITS GLUE TRAPS, AS DID THE NEW YORK STATE EDUCATION	N DEPARTMENT.
AFTER HEARING FROM PETA, WALMART STOPPED SELLING D	OOG-BREEDING STANDS (ALSO
KNOWN AS "RAPE RACKS") WHICH ARE USED TO RESTRAIN	FEMALE DOGS SO THAT THEY
CAN'T FIGHT BACK AS THEY'RE MOUNTED BY MALES.	
BRAZILIAN PRESIDENT LULA DA SILVA SENT A THANK-YOU	LETTER TO PETA LATINO
AFTER RECEIVING OUR GIFT BASKET AND THANKS FOR PRO	MOTING ADOPTION AND
TREATING ANIMALS AS FAMILY.	
COWS, RABBITS, AND OTHER ANIMALS USED FOR THEIR SK	IN AND FUR WON BIG AT THE
2022 LATIN GRAMMYS, THANKS TO PETA LATINO'S VEGAN	ACCESSORY GIFTS AT THE
OFFICIAL TALENT GIFT LOUNGE, INCLUDING ECO-CONSCIO	US MAREI1998 FAUX-FUR
BAGS AND TEA-LEAF LEATHER WASTEA WALLETS AS WELL A	S "NO FUR" PINS FOR
CELEBS TO SPORT ON THEIR NEW "MINK" BAGS-OR ANYTIM	E THEY WEAR FAUX FUR.
WHEN TEACHKIND LEARNED THAT A CONNECTICUT LIBRARY	WAS HOSTING ANIMAL
EXPLOITER SEAQUEST FOR AN EVENT, WE SENT A LETTER	VOICING OUR CONCERNS. THE
LIBRARY AGREED NOT TO BOOK THEM AGAIN IN THE FUTUR	Ε.
TEACHKIND'S ROBOTIC ELEPHANT, ELLIE, HAS REACHED M	ORE THAN 100,000 KIDS
WITH HER MESSAGE OF KINDNESS.	
THE TEACHKIND SCIENCE PILOT PROGRAM IS AN ARRANGEM	ENT THROUGH WHICH
TEACHERS AND SCHOOLS RECEIVE HUMANE, ANIMAL-FREE M	
DISSECTIONS WITHOUT USING ANY ANIMALS. PARTICIPANTS	
ONLY THE MATERIALS PROVIDED AND AGREE NOT TO PURCH	
	PAGE 24 OF 27

Schedule O (Form 990) 2022 Name of the organization	Page 2
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336
DISSECT. BY THE END OF JUNE 2023, WE HAD A TOTAL OF 30	0 PARTICIPATING
SCHOOLS.	
PETA KIDS LAUNCHED AN ANIMAL RESCUE EXPERIENCE ON THE	EXTREMELY POPULAR
ROBLOX GAME, SEABOARD CITY, AND RELEASED AN AD WITH A	CTOR-SISTERS VIOLET
AND MADELEINE MCGRAW, URGING KIDS TO REMIND THEIR PARE	ENTS ALWAYS TO ADOPT
AND NEVER BUY ANIMALS.	
FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FORM	EIGN COUNTRIES
CANADA	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS T	TO REVIEW FORM 990
THE VICE PRESIDENT OF THE FINANCE DEPARTMENT OF THE S	UPPORTING ORGANIZATION
REVIEWS THE FORM 990 WITH THE CHIEF LEGAL OFFICER OF	THE SUPPORTING
ORGANIZATION. PETA'S AUDIT COMMITTEE REVIEWS AND DISCU	ISSES THE FORM 990
WITH ITS INDEPENDENT AUDITORS, AND IF SATISFIED, APPRO	OVES THE FORM 990 AND
RECOMMENDS THAT THE BOARD OF DIRECTORS DO THE SAME. PE	ETA FILES THE FORM 990
AFTER ITS BOARD OF DIRECTORS REVIEW, AND IF SATISFIED,	APPROVE THE FORM
990.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	S POLICY
REGULAR CONFIRMATION AND CERTIFICATION BY BOARD MEMBER	
INTERNAL CONTROLS PUT INTO PLACE.	
THE THEOLE WAS A STATE OF THE S	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	R TOP OFFICIAL
DATA IS REVIEWED FOR INTERNAL AND EXTERNAL QUALITY. I	
THE PRESIDENT AND HUMAN RESOURCES GENERALIST OR HR COI	
THE THEOLOGICAL THE HOLD CONCLETE CONTINUED TO THE COL	

PAGE 25 OF 27

Schedule O (Form 990) 2022	Te.	Page 2
Name of the organization PEOPLE FOR THE ETHICAL TREATMENT		nployer identification number 52-1218336
THOTHE TOR THE BIHLORE TREMINES		2 1210330
FORM 990, PART VI, LINE 15B - COMPENSATI	ON PROCESS FOR	OFFICERS
PERSONS WHO RECEIVE COMPENSATION ARE PRE	CLUDED FROM	
VOTING ON MATTERS PERTAINING TO THEIR CO	MPENSATION. THE	PRESIDENT AND THE
HR COMPLIANCE OFFICER EVALUATE THE REASO	NABLENESS OF OF	FICERS'
COMPENSATION, WHICH IS BASED ON COMPARAE	LE REMUNERATION	FOR SIMILARLY
QUALIFIED PERSONS WITH CONSIDERATION OF	BACKGROUND, EXP	ERIENCE, EDUCATION
AND ORGANIZATIONAL KNOWLEDGE IN SIMILARI	Y SITUATED ENVI	RONMENTS.
DELIBERATIONS OF THE GOVERNING BODY ARE	VERBAL WITH DEC	ISIONS REGARDING
COMPENSATION ARRANGEMENTS DOCUMENTED IN	PERSONNEL FILES	·
FORM 990, PART VI, LINE 17 - OTHER STATE	S WHERE COPY OF	RETURN IS FILED
ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, N	IASSACHUSETTS, M	ARYLAND, MAINE,
MICHIGAN, MINNESOTA, MISSOURI, MISSISSIP	PI, MONTANA, NO	RTH CAROLINA,
NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY,	NEW MEXICO, NE	VADA, NEW YORK,
OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RH	ODE ISLAND, SOU	TH CAROLINA,
TENNESSEE, UTAH, VIRGINIA, VERMONT, WASH	INGTON, WISCONS	IN, WEST VIRGINIA
FORM 990, PART VI, LINE 19 - GOVERNING	OOCUMENTS DISCLO	SURE EXPLANATION
THE DOCUMENTS ARE MADE AVAILABLE AT THE		
REQUEST.		
FORM 990, PART IX, LINE 11G - OTHER FEES	FOR SERVICES	
DESCRIPTION		
TOT/PROG SERVICE MGT	& GENERAL	FUNDRAISING
CONSULTANTS		
\$ 15,163,542 \$	82,568	\$ 4,148,430
		PAGE 26 OF 27

Schedule O (Form 990) 2022 Name of the organization	Employer identification	Page 2
PEOPLE FOR THE ETHICAL TREATMENT	52-1218336	number
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET	ASSETS EXPLANATI	ON
COST OF GOODS SOLD	\$	93,117
RENTAL EXPENSES	\$	20,993
ROUNDING	\$	3
SPECIAL EVENTS EXPENSES	\$	-10,247
COST OF GOODS SOLD	\$	-93,117
RENTAL EXPENSES	\$	-20,993
SPECIAL EVENTS EXPENSES	\$	10,247
ROUNDING	\$	1
TOTAL	\$	4
•		
	PAGE 27 OF	27

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization PEOPLE

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

one or more related tax-exempt organizations during the tax vear.

Employer identification number 52-1218336

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

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

FR

NA

(g) Section 512(b)(13) controlled entity? (d) (e) Public charity status (if section 501(c)(3)) Legal domicile (state or foreign country) Name, address, and EIN of related organization Primary activity Exempt Code section Direct controlling entity Yes No FOUNDATION TO SUPPORT ANIMAL PROTEC 501 FRONT STREET 52-1842274 NORFOLK VA 23510 SUPPORT DE 501C3 12 TYPE I Χ (2) PETA ASIA ROOM 706 FEDMAN BLDG, 199 SALCEDO ST MAKATI 1229 PROTECTION RP NA N/AΧ (3) PETA DEUTSCHLAND, E.V FRIOLZHEIMER STR. 3A STUTTGART 70499 PROTECTION GM NA N/AΧ (4) PETA FOUNDATION UK P.O BOX 70315 LONDON UK N1P 2RG PROTECTION UK NA N/AX

PROTECTION

FR 75464

Χ

N/A

(5) PETA FRANCE

PARIS

BP 90316 CEDEX 10

Part II

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2022
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

Part I Identification of Disregarded Entities. Complete if the	ne organization a	answered "Yes"	on Form	990, Pa	art IV, line 3	33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	le (state ountry)		(d) income	(e) End-of-year assets	(f) Direct cor entit	ntrolling
(1)								
(2)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the second control of	s. Complete if the	e organization a	nswered	"Yes" c	n Form 990), Part IV, line 34	, because	it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod)	(e) Public charity sta	(f)	Section controlle	g) 512(b)(13) ed entity?
(1) STITCHING PETA NEDERLAND PO BOX 2570					(* ************************************	,	Yes	No
AMSTERDAM NL 1000 CN	PROTECTION	NL	NA			N/A		X
(2) PETA SCHWEIZ HAUPTSTRASSE 72								
KREUZLINGEN SZ CH-8280	PROTECTION	SZ	NA			N/A		X
(3)								
(4)								
(5)								

Part III Identification of Related Organization because it had one or more related	organizations tr	as a Partners eated as a pa	nip. Complete rtnership during	of the organized the tax years	zation answered ar.	"Yes" on F	orm 990, Pai	τιν, iin	e 34,	
(a) Name, address, and EIN of related organization	(b) (c) Primary activity Leg domic (state forei count	(d) (d) (al Direct controlling entity or	(e)	(f) Share of total income	(g)	- In Disproportionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin partner	or Percei owne	k) entage ership
(1)		<i>37</i>	·			Tes No		TES IN	<u> </u>	
(2)										
(3)										
(4)										
Part IV Identification of Related Organization 34, because it had one or more	tions Taxable a	is a Corporat ations treated	ion or Trust. (as a corporation	L Complete if to on or trust du	l he organization a uring the tax year	answered "	Yes" on Form	n 990, F	Part IV	/,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share o end-of-year a	f Perc	h) entage ership	Secti 512(b) contro entit	tion)(13) olled
									Yes	No
(1)PETA EUROPE LIMITED PO BOX 36668 LONDON UK SE1 1WA										
(2)PETA AUSTRALIA PO BOX 20308, WORLD SQUARE	PROTECTION	UK	N/A	C						X
SYDNEY AS NSW 2002	PROTECTION	AS	N/A	C						Х
(3)PETA CANADA 40 KING STREET WEST, SUITE 5800 TORONTO CA M5H 3S1										
(4)PETA INT'L SCIENCE CONSORTIUM LTD	PROTECTION	CA	N/A	C						X
ALL SAINTS BLDG., 8 ALL SAINTS ST LONDON UK N1 9 RL										
	PROTECTION	UK	N/A	C					1	X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
	1a		X
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		X
e Loans 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		X
i Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
	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		X
q Reimbursement paid by related organization(s) for expenses	1q		Х
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)	1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FOUNDATION TO SUPPORT ANIMAL PROTEC	М	14,541,422	CASH
(2)	FOUNDATION TO SUPPORT ANIMAL PROTEC	K	1,203,470	CASH
(3)	PETA DEUTSCHLAND	С	395,774	CASH
_(4)	PETA FOUNDATION UK	C	154,942	CASH
(5)	PETA ASIA	В	835,000	CASH
(6)	PETA AUSTRALIA PTY LTD	В	136,027	CASH

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

3						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)				1b	Χ	
c Gift, grant, or capital contribution from related organization(s)				1c	Χ	
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)	g Sale of assets to related organization(s)					X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)						X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Χ	
I Performance of services or membership or fundraising solicitations for related organization(s)						X
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1р		X
q Reimbursement paid by related organization(s) for expenses						X
r Other transfer of cash or property to related organization(s)						X
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and t	ransaction thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved type (a-s)						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PETA FOUNDATION UK	В	166,541	CASH
(2)	PETA DEUTSCHLAND	В	90,000	CASH
(3)	PETA SCHWEIZ	В	79,266	CASH
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 20:	22 PE(OPLE	FOR	THE	ETHICA:	L TREA	ATMENT	<u>52-121</u>	8336	Page 5
Part VII	Supplem Provide a	ental l additiona	nforma al inforn	ntion. nation	for res	sponses to o	questions	on Sched	52-121 ule R. See	instructions	
							•				
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											

Form **990-T**

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

OMB No. 1545-0047

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

Department of the Treasury

For calendar year 2022 or other tax year beginning 0.8/0.1/2.2, and ending 0.7/3.1/2.3

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Organizations Only Check box if Name of organization (Check box if name changed and see instructions.) D Employer identification number Α address changed. PEOPLE FOR THE ETHICAL TREATMENT Exempt under section R OF ANIMALS, INC. 52-1218336 Print 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Group exemption number (see instructions) 501 FRONT ST Type 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) NORFOLK VA 23510 Check box if 529(a) 529A 44,355,512 **C** Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust Check organization type State college/university Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation KELLY FIDLER 757-962-8364 The books are in care of Telephone number Total Unrelated Business Taxable Income Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 389.136 2 2 Reserved 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 389,1 5 5 Deduction for net operating loss. See instructions 6 389.136 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 000 Trusts. Section 199A deduction. See instructions 9 9 **Total deductions.** Add lines 8 and 9 10 000 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 0 enter zero Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6

Total. Add lines 3 through 6 to line 1 or 2, whichever applies For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

7

0

Form 9	90-T (2022) PEOPLE FOR THE ETHICAL TREATMENT	52-1218	3336			P	age 2
Part							
1a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
	Other credits (see instructions)	1b					
c G	Seneral business credit. Attach Form 3800 (see instructions)	1c					
	Credit for prior year minimum tax (attach Form 8801 or 8827)						
	otal credits. Add lines 1a through 1d			1e			
				2			
	Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 Form 8611 Form 8	697 Form	8866				
	Other (attach statement)			3			
4 T	otal tax. Add lines 2 and 3 (see instructions) Check if includes tax previou	sly deferred unde	er				
				4			0
	ection 1294. Enter tax amount here Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5			
6a P	Payments: A 2021 overpayment credited to 2022	6a					
b 2	022 estimated tax payments. Check if section 643(g) election applies	6b					
		6c					
	ax deposited with Form 8868	6d					
		6e	200				
e B	backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	6f	200	_			
	When gradity adjustments and newports: 7 5 2420	01					
g (Other credits, adjustments, and payments: Form 2439 Total	6g					
Ļ	Form 4136 IOtal otal payments. Add lines 6a through 6g	Ug		7			200
	. ,						200
				9			
9 T	ax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			10			200
	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			11			200
	inter the amount of line 10 you want: Credited to 2023 estimated tax		Refunded				
Part						V	N.
	at any time during the 2022 calendar year, did the organization have an interest in					Yes	No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the						
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	the name of the	foreign country			3.7	
	ere CANADA					X	37
	During the tax year, did the organization receive a distribution from, or was it the g	rantor of, or trans	steror to, a fore	ign trus	t?		X
	"Yes," see instructions for other forms the organization may have to file.		_		0 014		
3 E	inter the amount of tax-exempt interest received or accrued during the tax year	nclude any nost	\$ 2017 NOL carn	vover	2,314		
4 E	inter available pre-2018 NOL carryovers here $\$-632$, 884 . Do not in hown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here	by any deduction	reported on	yovei			
P	Part I, line 6.						
5 P	ost-2017 NOL carryovers. Enter the Business Activity Code and available post-20 ne amounts shown below by any NOL claimed on any Schedule A, Part II, line 17	017 NOL carryov	ers. Don't redu	ce			
<u>tr</u>	Business Activity Code		ost-2017 NOL				
_							
	I o						
	φ						
0 - 5	Night the accordance in the market of accounting (accordance)						Х
	Oid the organization change its method of accounting? (see instructions)						Λ
	6a is "Yes," has the organization described the change on Form 990, 990-EZ, 99		128? If "No,"				
Control of Control of Con-	xplain in Part V						
Part		-fti C i					
Provide	e the explanation required by Part IV, line 6b. Also, provide any other additional in	ntormation. See ii	nstructions.				
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	tatements, and to the be	st of my knowledge	and	May the IRS	discuss t	his retur
Here			,ge.		May the IRS of with the preparation (see instruction)	arer shov ons)?	vn below
1 1010	TILE I BENT / B	LCKLTAKY			` X Ye		No
	Signature of officer Date		Date	Check	if PTIN		
Doid					LJ."	E001	2
Paid	SUSAN J ROSENBERG SUSAN J ROSENBERG		02/27/24		52-2	59813	
Prepar			Firm's	EIIV		1 J U	<u> </u>
Use O	DOCUMENT NO. 00050 4160			n ne	301-73	გ_ი	\cap \wedge
	Firm's address ROCKVILLE, MD 20850-4163		Phone	e no.	Form 9		
					Form 9	JU-1	(2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated business activity code (see instructions) **D** Sequence: E Describe the unrelated trade or business 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 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See b 4b Capital loss deduction for trusts 4с C 5 Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 568,472 181,203 387,269 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 568,472 181,203 Total. Combine lines 3 through 12. 13 13 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 9 Depletion q Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 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, 16 387,269 column (C) 16 Deduction for net operating loss. See instructions 17 17 Unrelated business taxable income. Subtract line 17 from line 16 387,269 18

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Sche	dule A	(Form 990-T) 2022	PEOPLE	FOR	THE ETHIC	AL TREATI	MENT	52-121833	6		Page 2
Par	t III	Cost of Goo	ds Sold		Enter method	of inventory valua	ation CO	ST METHOD			
1	Invento	ory at beginning of	year					L	1		
2	Purcha							l l	2		
3	Cost o	f labor							3		
4	Additio	nal section 263A co	osts (attach stat	ement)				L	4		
5	Other	costs (attach staten	nent)					L	5		
6	Total.	Add lines 1 through	15					L	6		
7	Invento	ory at end of year							7		
8	Cost	of goods sold. Sub	tract line 7 from	line 6. I	Enter here and in P	art I, line 2		L	8		
9	Do the	rules of section 26	3A (with respect	to prop	erty produced or a	equired for resale)	apply to the	he organization?		Yes	No
Par	t IV	Rent Income	(From Real	Prop	erty and Perso	nal Property	Leased	with Real Prop	erty)	1	
1	Descrip	ption of property (pr	operty street ad	dress, c	city, state, ZIP code). Check if a dual-	-use. See i	instructions.			
	Α 📙										
	В										
	С										
	D \square										
					Α	В		С		D	
2	Rent re	eceived or accrued									
а	From p	personal property (if	the percentage	of							
	rent fo	r personal property	is more than 10	%							
	but no	t more than 50%)									
b	From re	eal and personal proper									
		age of rent for persona	•	,							
	•	if the rent is based on									
С		ents received or ac		iv.							
_		nes 2a and 2b, colu		* I							
			•			1					
3	Total r	ents received or acc	crued. Add line 2	2c colun	nns A through D. E	nter here and on F	Part I, line (6, column (A)			
4	Deducti	ons directly connected	with the income								
		2(a) and 2(b) (attach s									
_											
5	Total	deductions. Add lin	ne 4 columns A t	through	D. Enter here and	on Part I, line 6, c	olumn (B)		·· <u> </u>		
Par	t V	Unrelated D	ebt-Financed	Inco	me (see instru	ctions)					
1	Descri	ption of debt-finance	ed property (stre	et addr	ess, city, state, ZIP	code). Check if a	dual-use.	See instructions.			
	Α 🗌										
	в										
	с П										
	рΠ										
					Α	В		С		D	
2	Gross in	ncome from or allocabl	e to debt-financed								
		l									
3	Deducti	ons directly connected	with or allocable								
		-financed property									
а		nt line depreciation	(attach statemer	nt)							
		deductions (attach									
		deductions (add line									
		ns A through D)									
4		of average acquisition									
7		financed property (atta									
5											
5		ge adjusted basis of									
_		ed property (attach				//a	2/		0/		
6		line 4 by line 5				/d	%		%		%
7	Gross ii	ncome reportable. Multi	ipiy iine 2 by line 6								
8	Total (gross income (add	line 7, columns	A throu	igh D). Enter here a	nd on Part I, line	7, column	(A)			
۵									<u> </u>		
9		e deductions. Multiply		· -							
10	Total	allocable deductio	ns. Add line 9, o	columns	A through D. Ente	here and on Par	t I, line 7, c	column (B)	–		
11	Total	dividends-received	I deductions in	cluded i	in line 10						

Part VI Interest, Annuities	s, Royalt	ies, and	Rents fro	m Control	led Org	ganization	s (see in	structio	ns)
·		•					led Organiza		•
Name of controlled organization		2. Employer identification number	inc	et unrelated ome (loss) instructions)		of specified ents made	5. Part of controlling on gross in	ded in the ganization's	Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
	·	Nor	nexempt Con	trolled Organi	zations				
7. Taxable income	8. Net unrelate income (loss) (see instruction)		of specified ents made		10. Part of co that is include controlling orga gross inco	d in the inization's		Deductions directly connected with noome in column 10
(1)									
(2)									
(3)									
(4)									
Totals	ne of a So	ection 5	01(c)(7). (9), or (17) (Organiz	Enter here and line 8, colun	•		ter here and on Part I, line 8, column (B)
1. Description of income	U. U. U.		unt of income		ductions		4. Set-asides	J. 10,	5. Total deductions
		2174115	unit or insome	directly	connected statement)	(а	ttach statement)		and set-asides (add columns 3 and 4)
(1)									
(2)									
(3)									
(4)									
		Enter her	unts in column 2. re and on Part I, , column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		<u> </u>					·		
Part VIII Exploited Exempt	ACTIVITY	income	, Otner Ir	an Advert	ising in	icome (se	e instruct	ions)	
1 Description of exploited activity:	. f t			and an Dark	I E 40	I (A)			
2 Gross unrelated business income								2	
3 Expenses directly connected with line 10, column (B)	•							3	
4 Net income (loss) from unrelated	trade or bu		htract line 3 f	rom lino 2 If	agin co			•	
`'					•	•		4	
5 Gross income from activity that is	s not unrela	ted busine	ss income					5	
6 Expenses attributable to income	entered on							6	
7 Excess exempt expenses. Subtra4. Enter here and on Part II, line	act line 5 fro	m line 6, b	out do not ent	er more than	the amou	int on line		7	
T. Entor horo and on r art II, line			<u> </u>	<u> </u>					

Schedule A (Form 990-T) 2022

	edule A (Form 990-1) 2022PEOPLE FOR	X IUF FIU	10111	T 11711	52-1218336	Page 4
	rt IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	-	eriodicals on a consoli	dated basis.		
	A ADVERTISING INCOM	<u>lE</u>				
	B -					
	—					
_	D					
Ente	r amounts for each periodical listed above in t	the corresponding				_
	_	A	B B		С	D
2	Gross advertising income	568,	472			
а	Add columns A through D. Enter here and or	n Part I, line 11, co	lumn (A)			568,472
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
3	Direct advertising costs by periodical	181,	203			
а	Add columns A through D. Enter here and or	n Part I, line 11, co	lumn (B)			181,203
4						
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					
	lines 5 through 7, and enter zero on line 8	387,	269			
5		301,	209			
6	Readership costs 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		<u> </u>			
	deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7		ol			
а	Add line 8, columns A through D. Enter the g	reater of the line 8	sa, columns total or ze	ro here and	on	
	Part II, line 13				_	
Par	Part II, line 13				······································	
Pa	rt X Compensation of Officers,					4.0
Pa	rt X Compensation of Officers,		d Trustees (see		3. Percentage	Compensation attributable to
Pa						Compensation attributable to unrelated business
	rt X Compensation of Officers,		d Trustees (see		3. Percentage of time devoted	attributable to unrelated business
(1)	rt X Compensation of Officers,		d Trustees (see		3. Percentage of time devoted	attributable to unrelated business
(1)	rt X Compensation of Officers,		d Trustees (see		3. Percentage of time devoted	attributable to unrelated business %
(1) (2) (3)	rt X Compensation of Officers,		d Trustees (see		3. Percentage of time devoted	attributable to unrelated business % % %
(1)	rt X Compensation of Officers,		d Trustees (see		3. Percentage of time devoted	attributable to unrelated business %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	1. Name al. Enter here and on Part II, line 1	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	3. Percentage of time devoted to business	attributable to unrelated business % % %
(1) (2) (3) (4)	rt X Compensation of Officers, 1. Name	Directors, and	d Trustees (see	instruction	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

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated business activity code (see instructions) 531120 **D** Sequence: E Describe the unrelated trade or business 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 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See b 4b Capital loss deduction for trusts 4с C 5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1 1,867 1,867 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 1,867 1,867 Total. Combine lines 3 through 12. 13 13 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 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 9 Depletion q Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 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 1,867 column (C) 16

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) 2022

1,867

17

18

17

Sche	dule A	(Form 990-T) 2022	PEOPLE	FOR	THE ETHIC	AL TREATI	MENT	52-121833	6		Page 2
Par	t III	Cost of Goo	ds Sold		Enter method	of inventory valua	ation CO	ST METHOD			
1	Invento	ory at beginning of	year					L	1		
2	Purcha							l l	2		
3	Cost o	f labor							3		
4	Additio	nal section 263A co	osts (attach stat	ement)				L	4		
5	Other	costs (attach staten	nent)					L	5		
6	Total.	Add lines 1 through	15					L	6		
7	Invento	ory at end of year							7		
8	Cost	of goods sold. Sub	tract line 7 from	line 6. I	Enter here and in P	art I, line 2		L	8		
9	Do the	rules of section 26	3A (with respect	to prop	erty produced or a	equired for resale)	apply to the	he organization?		Yes	No
Par	t IV	Rent Income	(From Real	Prop	erty and Perso	nal Property	Leased	with Real Prop	erty)	1	
1	Descrip	ption of property (pr	operty street ad	dress, c	city, state, ZIP code). Check if a dual-	-use. See i	instructions.			
	Α 📙										
	В										
	С										
	D \square										
					Α	В		С		D	
2	Rent re	eceived or accrued									
а	From p	personal property (if	the percentage	of							
	rent fo	r personal property	is more than 10	%							
	but no	t more than 50%)									
b	From re	eal and personal proper									
		age of rent for persona	•	,							
	•	if the rent is based on									
С		ents received or ac		iv.							
_		nes 2a and 2b, colu		* I							
			•			1					
3	Total r	ents received or acc	crued. Add line 2	2c colun	nns A through D. E	nter here and on F	Part I, line (6, column (A)			
4	Deducti	ons directly connected	with the income								
		2(a) and 2(b) (attach s									
_											
5	Total	deductions. Add lin	ne 4 columns A t	through	D. Enter here and	on Part I, line 6, c	olumn (B)		·· <u> </u>		
Par	t V	Unrelated D	ebt-Financed	Inco	me (see instru	ctions)					
1	Descri	ption of debt-finance	ed property (stre	et addr	ess, city, state, ZIP	code). Check if a	dual-use.	See instructions.			
	Α 🗌										
	в										
	с П										
	рΠ										
					Α	В		С		D	
2	Gross in	ncome from or allocabl	e to debt-financed								
		l									
3	Deducti	ons directly connected	with or allocable								
		-financed property									
а		nt line depreciation	(attach statemer	nt)							
		deductions (attach									
		deductions (add line									
		ns A through D)									
4		of average acquisition									
7		financed property (atta									
5											
5		ge adjusted basis of									
_		ed property (attach				//a	2/		0/		
6		line 4 by line 5				/d	%		%		%
7	Gross ii	ncome reportable. Multi	ipiy iine 2 by line 6								
8	Total (gross income (add	line 7, columns	A throu	igh D). Enter here a	nd on Part I, line	7, column	(A)			
۵									<u> </u>		
9		e deductions. Multiply		· -							
10	Total	allocable deductio	ns. Add line 9, o	columns	A through D. Ente	here and on Par	t I, line 7, c	column (B)	–		
11	Total	dividends-received	I deductions in	cluded i	in line 10						

Part VI Interest, Annuities	s, Royalt	ies, and	Rents fro	m Control	led Org	ganization	s (see in	structio	ns)
·		•					led Organiza		•
Name of controlled organization		2. Employer identification number	inc	et unrelated ome (loss) instructions)		of specified ents made	5. Part of controlling on gross in	ded in the ganization's	Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
	·	Nor	nexempt Con	trolled Organi	zations				
7. Taxable income	8. Net unrelate income (loss) (see instruction)		of specified ents made		10. Part of co that is include controlling orga gross inco	d in the inization's		Deductions directly connected with noome in column 10
(1)									
(2)									
(3)									
(4)									
Totals	ne of a So	ection 5	01(c)(7). (9), or (17) (Organiz	Enter here and line 8, colun	•		ter here and on Part I, line 8, column (B)
1. Description of income	U. U. U.		unt of income		ductions		4. Set-asides	J. 10,	5. Total deductions
		2174115	unit or insome	directly	connected statement)	(а	ttach statement)		and set-asides (add columns 3 and 4)
(1)									
(2)									
(3)									
(4)									
		Enter her	unts in column 2. re and on Part I, , column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		<u> </u>					·		
Part VIII Exploited Exempt	ACTIVITY	income	, Otner Ir	an Advert	ising in	icome (se	e instruct	ions)	
1 Description of exploited activity:	. f t			and an Dark	I II 40	I (A)			
2 Gross unrelated business income								2	
3 Expenses directly connected with line 10, column (B)	•							3	
4 Net income (loss) from unrelated	trade or bu		htract line 3 f	rom lino 2 If	agin co			•	
`'					•	•		4	
5 Gross income from activity that is	s not unrela	ted busine	ss income					5	
6 Expenses attributable to income	entered on							6	
7 Excess exempt expenses. Subtra4. Enter here and on Part II, line	act line 5 fro	m line 6, b	out do not ent	er more than	the amou	int on line		7	
T. Entor horo and on r art II, line			<u> </u>	<u> </u>					

Schedule A (Form 990-T) 2022

	edule rt IX	A (Form 990-T) 2022PEOPLE FC Advertising Income	OR THE E'	THICAL_	TREATMENT	52-1	218336	Page 4
1	Nan A B C	ne(s) of periodical(s). Check box if repor	rting two or more	e periodicals	on a consolidated ba	sis.		
	D							
Ente	r amo	ounts for each periodical listed above in		ing column.		1	0	
2	Gro	ss advertising income	A		В		С	D
а	Add	I columns A through D. Enter here and o	on Part I, line 11	, column (A)			_	
3	Dire	ect advertising costs by periodical						
а	Add	d columns A through D. Enter here and c	on Part I, line 11	, column (B)				
4	2. For compline of lines	ertising gain (loss). Subtract line 3 from line or any column in line 4 showing a gain, plete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete 5 5 through 7, and enter zero on line 8						
5	Rea	adership costs						
6 7	Exce line !	ess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less line 6, enter zero						
8	dedu line	ess readership costs allowed as a uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7						
а		I line 8, columns A through D. Enter the t II, line 13	-					
Pai	rt X							
Pai							3. Percentage of time devoted to business	Compensation attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted	attributable to unrelated business
		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		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

Department of the Treasury Internal Revenue Service

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

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Name of the organization B Employer identification number PEOPLE FOR THE ETHICAL TREATMENT 52-1218336 C Unrelated business activity code (see instructions) 454110 D Sequence: E Describe the unrelated trade or business SALE OF MERCHANDISE **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I 67,567 Gross receipts or sales 1a Less returns and allowances 1c 67,567 **c** Balance Cost of goods sold (Part III, line 8) 2 2 50,283 Gross profit. Subtract line 2 from line 1c 17,284 17,284 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See b 4b Capital loss deduction for trusts 4с C Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 17,284 17,284 Total. Combine lines 3 through 12 13 13 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 8,575 2 Salaries and wages 2 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 1,420 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 q Depletion Contributions to deferred compensation plans 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 14 236,843 14 246,838 **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 -229,554

column (C)

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) 2022

-229,554

16

17

18

17

	dule A (Form 990-T) 2022 PEOPLE FC						Page 2
Par	t III Cost of Goods Sold	Enter method o	f inventory valuation (COST METHOL)		
1	Inventory at beginning of year				1	33,	,158
2	Purchases				2	64,	,169
3	Cost of labor				3		
4	Additional section 263A costs (attach statement	ent)			4		_
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6	97,	,327
7					7	47	,044
8	Cost of goods sold. Subtract line 7 from line	6. Enter here and in Par	t I, line 2		8	50,	, 283
9	Do the rules of section 263A (with respect to					Yes X	No
Par	t IV Rent Income (From Real Pr	roperty and Persor	al Property Lease	ed with Real Pro	perty)		
1	Description of property (property street address	ss, city, state, ZIP code).	Check if a dual-use. So	ee instructions.			
	A 🗌						
	В						
	с П						
	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						
2	Total rents received or accrued. Add line 2c c	olumns A through D. Ent	or here and an Part I li	no 6 polumn (A)			
3	-	olullilis A tillough D. Ent	er nere and on Fait i, ii	Tie 6, coluitiii (A)			
4	Deductions directly connected with the income						
	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A thro	ugh D. Enter here and or	n Part I, line 6, column ((B)	<u>—</u>		
Par	t V Unrelated Debt-Financed I	ncome (see instruct	ions)				
1	Description of debt-financed property (street a			se See instructions			
-	A	.aa. 666, 6.1, 61a.6, <u>-</u> 6	oue). Oneon il a adai a				
	В						
	c H						
	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)						
	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 deb	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 colur	mn (A)			
	-	ough <i>Dj</i> . Linei neie an	a on raiti, iine 7, colui	···· (7)	····· —		
9	Allocable deductions. Multiply line 3c by line 6 L			1			
10	Total allocable deductions. Add line 9, colu	mns A through D. Enter I	here and on Part I, line	7, column (B)	<u> </u>		
11	Total dividends-received deductions include	ded in line 10					

Part VI Interest, Annuities	s, Royalt	ies, and	Rents fro	m Control	led Org	ganization	s (see in	structio	ns)
·		•					led Organiza		•
Name of controlled organization		2. Employer identification number	inc	et unrelated ome (loss) instructions)		of specified ents made	5. Part of controlling on gross in	ded in the ganization's	Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
	·	Nor	nexempt Con	trolled Organi	zations				
7. Taxable income	8. Net unrelate income (loss) (see instruction)		of specified ents made		10. Part of co that is include controlling orga gross inco	d in the inization's		Deductions directly connected with noome in column 10
(1)									
(2)									
(3)									
(4)									
Totals	ne of a So	ection 5	01(c)(7). (9), or (17) (Organiz	Enter here and line 8, colun	•		ter here and on Part I, line 8, column (B)
1. Description of income	U. U. U.		unt of income		ductions		4. Set-asides	J. 10,	5. Total deductions
		2174115	unit or insome	directly	connected statement)	(а	ttach statement)		and set-asides (add columns 3 and 4)
(1)									
(2)									
(3)									
(4)									
		Enter her	unts in column 2. re and on Part I, , column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		<u> </u>					·		
Part VIII Exploited Exempt	ACTIVITY	income	, Otner Ir	an Advert	ising in	icome (se	e instruct	ions)	
1 Description of exploited activity:	. f t			and an Dark	I II 40	I (A)			
2 Gross unrelated business income								2	
3 Expenses directly connected with line 10, column (B)	•							3	
4 Net income (loss) from unrelated	trade or bu		htract line 3 f	rom lino 2 If	agin co			•	
`'					•	•		4	
5 Gross income from activity that is	s not unrela	ted busine	ss income					5	
6 Expenses attributable to income	entered on							6	
7 Excess exempt expenses. Subtra4. Enter here and on Part II, line	act line 5 fro	m line 6, b	out do not ent	er more than	the amou	int on line		7	
T. Entor horo and on r art II, line			<u> </u>	<u> </u>					

Schedule A (Form 990-T) 2022

	edule rt IX	A (Form 990-T) 2022PEOPLE FC Advertising Income	OR THE E'	THICAL_	TREATMENT	52-1	218336	Page 4
1	Nan A B C	ne(s) of periodical(s). Check box if repor	rting two or more	e periodicals	on a consolidated ba	sis.		
	D							
Ente	r amo	ounts for each periodical listed above in		ing column.		1	0	
2	Gro	ss advertising income	A		В		С	D
а	Add	I columns A through D. Enter here and o	on Part I, line 11	, column (A)			_	
3	Dire	ect advertising costs by periodical						
а	Add	d columns A through D. Enter here and c	on Part I, line 11	, column (B)				
4	2. For compline of lines	ertising gain (loss). Subtract line 3 from line or any column in line 4 showing a gain, plete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete 5 5 through 7, and enter zero on line 8						
5	Rea	adership costs						
6 7	Exce line !	ess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is less line 6, enter zero						
8	dedu line	ess readership costs allowed as a uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7						
а		I line 8, columns A through D. Enter the t II, line 13	-					
Pai	rt X							
Pai							3. Percentage of time devoted to business	Compensation attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted	attributable to unrelated business
		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1)		Compensation of Officers			ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	rt X	1. Name	s, Directors,	and Trust	ees (see instruct		3. Percentage of time devoted to business %	attributable to unrelated business

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2023

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description	UBIT Num	Available Carryover
SALE OF MERCHANDISE	454110	\$ 489,812
TOTAL		\$ 489,812

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2023

Rental

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

	Gross	Direc		Net
Name of Partnership or S-Corp	 Income	Deductions (I	Part. only) _	Income
PARTNERSHIP INCOME	\$ 1,867	\$	\$	1,867
TOTAL	\$ 1,867	\$	0 \$	1,867

20203 People for the Ethical Treatment
52-1218336 Federal Statements

FYE: 7/31/2023

Sale of Merchandise

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

Deduction Description	 Deduction Amount
OTHER EXPENSES	\$ 236,843
TOTAL	\$ 236,843

Form 990-T	Business I	Income Activ	ity Sumn	nary		2022
lame					Taxpayer Ider	ntification Number
PEOPLE FOR	THE ETHICAL TREATMEN	<u>IT</u>			52-1218	336
usiness Activity	Income (and allocation of Prior	-2018 NOL)				
A. Total Pre-2018 Ne	t Operating Losses Carried Forward				Α.	632,88
B. Total Pre-2018 Ne	t Operating Loss allocated to Sch A activitie	es			В.	
C. Total Pre-2018 Ne	t Operating Loss allocated to Form 990-T, I	Line 6			c	389,13
D. Pre-2018 Applied (Sum of B and C)				D	389,13
E. Pre-2018 Remainir	ng (Line A minus Line D)				E	243,748
F. Pre-2018 Net Ope	rating Losses Expiring this Year				F	
G. Pre-2018 Net Ope	rating Losses Carried Forward				G	243,74
Unrelated Bu	siness Income Activity with Income	Code		Net Income	Alloca	ted Pre2018 NOL
1. ADVERTIS	ING	541800	1	387,269		
2. RENTAL		E21120	2	1,867	7	
3		 	3.			
	•••••					
7						
8					-	
9. 			9. <u></u>			
U			10			
ា. 	······		11		-	
². 3	······					
3. 4.						
)					
	come		16.	389,136		
Business Activity		Code				urrent Year Loss
	MERCHANDISE	454110				
						,
3.						
4					4	
5. All other activitie	s					
6. Totals					6.	-229,554

Form **990-T** 2022 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 17,284 1 246,838 2 2 Activity deductions Activities income or loss, after deductions -229,554 3 3 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts 4 489,812 5 5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II 6 6 Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4) 7 489,812 7 If line 3 is less than zero, enter that amount here as a positive number 8 229,554 8 Total loss carried forward to 2023 (Add lines 7 and 8) 719,366 9 Electronic Filing includes the report of additional amounts for this activity E1 Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) E1 489,812

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

Form 990-T Net Operating Loss Carryover Worksheet for Pre-2018 Losses
For calendar year 2022, or tax year beginning 08/01/22, ending 07/31/23

Name
PEOPLE FOR THE ETHICAL TREATMENT

Employer Identification Number

OF ANIMALS,	INC.	REAIMENI			-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
16th 07/31/03	-47,889	47,889			
15th 07/31/04	-70,298	70,298			
14th 07/31/05	-97,323	97,323			
13th 07/31/06	-62,463	62,463			
12th 07/31/07	-89,148	89,148			
11th 07/31/08	-120,514	1,178	119,336	119,33	86
10th 07/31/09	-96,868		96,868	96,86	58
9th 07/31/10	-79,065		79,065	79,06	55
8th 07/31/11	-52,307		52,307	52,30	17
7th 07/31/12	-27,658		27,658	27,65	58
_6th 07/31/13	-53,247		53,247	13,90	39,345
	-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		632,884		
Current year	389,136			389,13	86
NOL carryover available	e to next year				
					243,748

Form **990/ 990-PF**

Electronic Filing - PDF Attachment Report

2022

For calendar year 2022, or tax year beginning 08/01/22 , and ending 07/31/23

Name

Taxpayer Identification Number

PEOPLE FOR THE ETHICAL TREATMENT

OF ANIMALS, INC.					
Title	Attachment Source		Proforma		
MANUALLY ATTACHED TO RETURN 1099-R FEDERAL TAX WITHHELD	P:\PETA - PEOPLE FOR THE ETHICAL TREATMENT 23\TAX\990\RETURN\1099-R TAX WITHHELD.PDF	OF ANIMALS			

Form 1099-R	CORRECTED	if check	ed)	OMB No. 1545-0119 20 2	22	Form 1099-R	CORRECT	TED (if chec	:ked)	OMB No. 1545-D119	122
1 Gross distribution	2a Taxable am	`	,	Distributions From Pens		1 Gross distribution		ole amount	,	Distributions From Pe	
1,000.00	\$ 1,000.0	0		Annuities, Retireme Profit-Sharing Plans, Insurance Contracts	RAs, s, etc.	1,000.00 \$	\$	0.00		Annuities, Retirer Profit-Sharing Plans Insurance Contra	s, IRAs, cts, etc.
2b Taxable amount not determined	Total distribution	Υ		12 FATCA Filing 13 Date of payr requirement	nent	2b Taxable amount not determined	Total distribution	on Y		12 FATCA Filing 13 Date of pa	.yment
PAYER'S name, street address, city	or town, state or pro	vince, cou	ntry, ZIP	or foreign postal code, and pho	ne no.	PAYER'S name, street address, ci	ity or town, state	or province, co	untry, ZIP	or foreign postal code, and p	hone no.
Orange County ERS 2223 E. WELLINGTO SANTA ANA, CA 92	ON AVE, STE	. 100				Orange County ER 2223 E. WELLING SANTA ANA, CA 9	TON AVE,	STE. 100			
PAYER'S TIN 52-1670476		RECIPIE XX		IN (-8336		PAYER'S TIN 52-1670476		RECIP	ENT'S T	IN -8336	
3 Capital gain (included in box 2a)	4 Federalincon	ne tax wit	hheld	5 Emptoyee contributions/Designate Roth contributions or insurance pro	ed emiums	3 Capital gain (included in box 2a)	4 Federa	income tax w	vithheld	5 Employee contributions/Design Roth contributions or insurance	ated premiums
\$ 6 Net unrealized appreciation	\$ 200.00		IRA/ SEP/	\$ 8 Other		\$ 6 Net unrealized appreciation	\$	ution code(s)	IRA/ SEP/	8 Other	%
in employer's securities	4	:oue(s)	SEP/ SIMPLE	\$	70	in employer's securities	4	ntorreode(s)	SEP/ SIMPLE	\$ Outer	76
9a Your percentage of total dis-	tribution	9b Tota	al empl	oyee contributions		9a Your percentage of total of	distribution	9b To	tal empl	oyee contributions	
100	%					100		% \$			
RECIPIENT'S name, street addres	ss, city or town, state	e or provin	ce, cour	itry, and ZIP or foreign postal o	ode	RECIPIENT'S name, street add	ress, city or tow	n, state or provi	ince, cour	ntry, and ZIP or foreign posta	d code
PE.T.A./ATTN TIM ENS 501 FRONT ST NORFOLK, VA 23510-1		MISHLE	R			PE.TA./ATTN TIM EN 501 FRONT ST NORFOLK, VA 23510		REY MISHLI	ER		
Account number (see Instructions 610120	s) 11 1st	year of desig. F	Roth contrib	10 Amount allocable to IRR within \$	5 years	Account number (see instruction 610120	ons)	11 1st year of desig	a. Roth contrik	. 10 Amount allocable to IRR with \$	hin 5 years
14 State tax withheld \$ 20.00	15 State/Payer CA 803-64	108-6	10.	16 State distribution \$ 1,000.00		14 State tax Withheld					
17 Local tax withheld \$	18 Name of Lo	cality		19 Local distribution \$		17 Local tax withheld 18 Name of Locality				19 Local distribution \$	
Form 1099-R 1 Gross distribution 1,000.00	CORRECTED (2a Taxable am 1,000.0	ount	ed)	OMB No. 1545-0119 202 Distributions From Pensi Annuities, Retireme Profit-Sharing Plans, I Insurance Contracts	nt or RAs,	Form 1099-R 1 Gross distribution 1,000.00	2a Taxab	ED (if chec le amount 0.00	ked)	OMB No. 1545-0119 Distributions From Per Annuities, Retiren Profit-Sharing Plans Insurance Contrac	nent or
2b Taxable amount not determined	Total distribution	Y	_	12 FATCA Filling 13 Date of payn requirement	 -	2b Taxable amount not determined	Total. distribution	ın Y		12 FATCA FIIIng 13 Date of pay	
PAYER'S name, street address, city	or town, state or pro-	vince, cour	itry, ZIP	or foreign postal code, and pho	ne no.	PAYER'S name, street address, ci	ty or town, state	or province, cou	intry, ZIP	or foreign postal code, and pl	hone no.
Orange County ERS 2223 E. WELLINGTO SANTA ANA, CA 92	ON AVE, STE	. 100				Orange County EF 2223 E. WELLING SANTA ANA, CA 9	TON AVE,	STE. 100			
PAYER'S TIN 52-1670476		RECIPIE XX		N -8336		PAYER'S TIN 52-1670476			ENT'S T		
3 Capital gain (included in box 2a)	4 Federalincon	ne tax witi	hheld	5 Employee contributions/Designate Roth contributions or insurance pre	d miums	3 Capital gain (included in box 2a)	4 Federal	income tax w 00	ithheld	5 Employee contributions/Designa Roth contributions or insurance	ated premiums
6 Net unrealized appreciation in employer's securities	7 Distribution	ode(s)	IRA/ SEP/ SIMPLE	8 Other	%	6 Net unrealized appreclation in employer's securities	7 Distribu	rtion code(s)	IRA/ SEP/ SIMPLE	8 Other	%
9a Your percentage of total dist	tribution	9b Tota	al emplo	\$ pyee contributions		\$ 9a Your percentage of total c	llstribution	9b To	tal emple	\$ byee contributions	
100 RECIPIENT'S name, street addres	%		e coun	to, and ZIP or foreign postal c	nde	100 RECIPIENT'S name, street addr	pes city or town	% \$	nce colle	try, and 7IP or foreign postal	l code
P.E.T.A./ATTN TIM ENS 501 FRONT ST NORFOLK, VA 23510-	STICE-COREY I					P.E.T.A./ATTN TIM EN 501 FRONT ST NORFOLK, VA 23510	ISTICE-COF			ary and an or recognification	
Account number (see instructions 610120 .				10 Amount allocable to IRR within \$	5 years	Account number (see instruction 610120				10 Amount allocable to IRR with \$	in 5 years
14 State tax withheld \$ 20.00	15 State/Payer CA 803-64		0.	16 State distribution \$ 1,000.00		14 State tax withheld \$ 20.00		Payer's state)3-6408-6	no.	16 State distribution \$ 1,000.00	
17 Local tax withheld \$	18 Name of Lo			19 Local distribution		17 Local tax withheld	_	of Locality		19 Local distribution	
Copy C For Recipie This information is being furnished			/ice.	Department of the Tre Internal Revenue Serv www.lrs.gov/Form109	ice	Copy B Report this inc	come on your fed ows federal inco h this copy to yo	ne tax withheld	I	Department of the T Internal Revenue Se www.irs.gov/Form10	ervice

| Two Year Comparison Report | Form 990 | Two Year Comparison Report | For calendar year 2022, or tax year beginning | 08/01/22 | , ending | 07/31/23 | | O7/31/23 | O7/31/23 | | O7/31/23 | O

			2021	2022	Differences
	1. Contributions, gifts, grants	1.	66,044,867	67,547,814	1,502,947
	2. Membership dues and assessments	2.			
Revenue	3. Government contributions and grants	3.			
	4. Program service revenue	4.	864,650	1,063,201	198,551
	5. Investment income	5.	555,138	633,787	78,649
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	680,795	-304,962	-985 , 757
	8. Net income or (loss) from fundraising events	8.	-129,686	-257,848	-128,162
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	33,877	32,008	-1,869
	11. Other revenue	11.	215,529	1,160,898	945,369
	12. Total revenue. Add lines 1 through 11	12.	68,265,170	69,874,898	1,609,728
	13. Grants and similar amounts paid	13.	7,313,677	5,462,519	-1,851,158
	14. Benefits paid to or for members	14.			
e S	15. Compensation of officers, directors, trustees, etc.	15.	165,574	177,428	11,854
S	16. Salaries, other compensation, and employee benefits	16.	15,304,489	17,336,831	2,032,342
ō	17. Professional fundraising fees	17.	298,958	261,826	-37,132
х	18. Other professional fees	18.	22,211,116	21,349,205	-861,911
Ш	19. Occupancy, rent, utilities, and maintenance	19.	1,349,695	1,589,151	239,456
	20. Depreciation and Depletion	20.	280,566	310,466	29,900
	21. Other expenses	21.	21,940,692	21,273,388	-667,304
	22. Total expenses. Add lines 13 through 21	22.	68,864,767	67,760,814	-1,103,953
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-599,597	2,114,084	2,713,681
	24. Total exempt revenue	24.	68,265,170	69,874,898	1,609,728
_	25. Total unrelated revenue	25.	401,091	587,623	186,532
atio.	26. Total excludable revenue	26.	1,819,212	1,739,461	-79,751
Information	27. Total assets	27.	38,104,371	44,355,512	6,251,141
υę	28. Total liabilities	28.	12,985,259	15,396,982	2,411,723
_	29. Retained earnings	29.	25,119,112	28,958,530	3,839,418
the	30. Number of voting members of governing body	30.	3	3	
0	31. Number of independent voting members of governing body	31.	2	2	
	32. Number of employees	32.	324	356	
	33. Number of volunteers	33.	43	511	

Form 990T Two Year Comparison Report
For calendar year 2022, or tax year beginning 08/01/22, ending 07/31/23

2021 & 2022

Taxpayer Identification Number Name PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.

1. Number of unrelated business 52-1218336 2021 2022 Differences 1. 3 1. Number of unrelated business activities for this return 2. Unrelated business taxable income from all trades 261,670 389,136 127,466 2. 3. Charitable contributions 3. 4. Section 199A deduction (trusts only) 4. 5. Taxable income before NOL loss 389,136 5. 261,670 127,466 6. Net operating loss (pre-2018) 261,670 389,136 127,466 6. 1,000 7. Specific deduction 1,000 7. 8. Unrelated business taxable income. 8. 9. Income tax (corporate or trust) 9. 10. Proxy tax 10. 11. Other taxes 11. 12. Total taxes 12. 13. Other credits 13. 14. General business credit 14. 15. Credit for prior year minimum tax 15. 16. Total credits 16. 17. Net tax after credits 17. 18. 18. Recapture taxes and 965 tax 19. Total Taxes 19. 20. Prior year overpayment and estimated tax payments 20. 21. Payment made with extension 21. 200 -800 22. Backup withholding and foreign withholding 22. 1,000 23. Other payments 23. 24. Total payments 1,000 200 -80024. 25. Balance due/(Overpayment) -200 800 25. -1,00026. Overpayment applied to next year 26. 200 200 27. Penalties 27. -1,0001,000 28. Total due/(Refund) 28. -259,208 -229,554 29,654 29. Activity Losses NOL (Post-2017) 29.

Form **SchA**(9901)

Two Year Comparison for Unrelated Business Activity For calendar year 2022, or tax year beginning 08/01/22 , ending 07/31/23

2021 & 2022

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

Activity: ADVERTISING Unincorporated Business Income Tax Code: 541800							
			2021	2022	Differences		
	1. Gross profit/loss on business activities	1.					
n e	2. Capital gains/losses	2.					
	3. Income/loss from partnerships and S corporations	3.					
e n	4. Rental income (net of expense)	4.					
>	5. Unrelated debt-financed income (net of expense)	5.					
8	6. Interest, and other income from controlled organizations (net of expense	6.					
	7. Investment income of specific organizations (net of expense)	7.					
	8. Exploited exempt activity income (net of expense)	8.					
	9. Advertising income (net of expense)	9.	258,175	387,269	129,094		
	10. Other income	10.					
	11. Total trade or business income. Combine lines 1 through 10	11.	258,175	387,269	129,094		
	12. Compensation of officers, directors, and trustees	12.					
	13. Other salaries and wages	13.					
	14. Repairs and maintenance	14.					
	15. Bad debts	15.					
S	16. Interest	16.					
S	17. Taxes and licenses	17.					
e	18. Depreciation and Depletion	18.					
σ	19. Contributions to deferred compensation plans	19.					
ш	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		258,175	387,269	129,094		
	24. Deductible losses	24.					
	25. Unrelated business taxable income (loss)	25.	258,175	387,269	129,094		

Form **SchA**(9901)

Two Year Comparison for Unrelated Business Activity For calendar year 2022, or tax year beginning 08/01/22, ending 07/31/23

2021 & 2022

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

А	ctivity: RENTAL	L	Unincorporated Business Income Tax	Code: 531120	
			2021	2022	Differences
	1. Gross profit/loss on business activities	1.			
n e	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.	3,495	1,867	-1,628
e n	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	3,495	1,867	-1,628
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
S	17. Taxes and licenses	17.			
en	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.	3,495	1,867	-1,628
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	3,495	1,867	-1,628

Form **SchA**(9901)

Two Year Comparison for Unrelated Business Activity For calendar year 2022, or tax year beginning 08/01/22 , ending 07/31

, ending 07/31/23

2021 & 2022

Organization Name

PEOPLE FOR THE ETHICAL TREATMENT

Taxpayer Identification Number 52-1218336

Α	ctivity: SALE OF MERCHANDISE		Unincorporated Business Income	e Tax Code: 454110	
			2021	2022	Differences
	1. Gross profit/loss on business activities	1.	19,649	17,284	-2,365
e n	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
Z C	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	19,649	17,284	-2,365
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	8,934	8,575	-359
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
S	17. Taxes and licenses	17.	1,331	1,420	89
en	18. Depreciation and Depletion	18.			
ď	19. Contributions to deferred compensation plans	19.			
ш	20. Employee benefit programs	20.			
	21. Other deductions	21.	268,592		-31,749
	22. Total deductions. Add lines 12 through 22	22.	278,857		-32,019
	23. Taxable income before deductions. Subtract line 23 from 1	23.	-259,208	-229,554	29,654
	24. Deductible losses	24.		489,812	489,812
	25. Unrelated business taxable income (loss)	25.	-259,208	-719,366	-460,158

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

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	46,778,316	59,140,068	58,389,976	66,044,867	67,547,814	
Membership dues		·				
Program service revenue	509,898	524,751	686,263	864,650	1,063,201	
Capital gain or loss	2,228	119,769	798,064	680,795	-304,962	
Investment income	408,176	355,661	369,004	555,138	633,787	
Fundraising revenue (income/loss)	-177,577	-151,463	-442,044	-129,686	-257,848	
Gaming revenue (income/loss)						
Other revenue	614,142	654,320	838,415	249,406	1,192,906	
Total revenue	48,135,183	60,643,106	60,639,678	68,265,170	69,874,898	
Grants and similar amounts paid	2,806,190	3,091,193	3,225,678	7,313,677	5,462,519	
Benefits paid to or for members						
Compensation of officers, etc.	138,344	153,846	161,224	165,574	177,428	
Other compensation	12,322,455	12,981,999	14,137,787	15,304,489	17,336,831	
Professional fees	18,888,630	20,064,304	12,243,436	22,510,074	21,611,031	
Occupancy costs		1,401,206	1,344,715	1,349,695	1,589,151	
Depreciation and depletion	651,859	633,649	312,901	280,566	310,466	
Other expenses	17,163,719	16,423,355	17,123,552	21,940,692	21,273,388	
Total expenses	53,465,896	54,749,552	48,549,293	68,864,767	67,760,814	
Excess or (Deficit)		5,893,554	12,090,385	-599,597	2,114,084	
_						
Total exempt revenue	48,135,183	60,643,106	60,639,678	68,265,170	69,874,898	
Total unrelated revenue	98,068	147,927	345,806	401,091	587,623	
Total excludable revenue	1,258,799	1,355,111	1,903,896	1,819,212	1,739,461	
Total Assets	15,646,325	24,470,189	38,563,989	38,104,371	44,355,512	
Total Liabilities	7,213,406	9,350,680	9,839,410	12,985,259	15,396,982	
Net Fund Balances	8,432,919	15,119,509	28,724,579	25,119,112	28,958,530	

Form 990T	Tax Return History		2022
Name	PEOPLE FOR THE ETHICAL TREATMENT	Employer I	dentification Number
	OF ANIMALS, INC.	52-12	18336

* Income shown net of expenses 2019 2020 2021 2022 2023 2018 Business activity profit/loss_ Capital gains/losses Partner and S Corp gain/loss _____ Debt-financed income* Controlled organizations income/interest* Investment income, specific organizations*__ Exploited exempt activity income* .. ___ -11,105 25,310 Other income _____ 25,310 231,534 261,670 -11,105389,136 Total trade or business income. Compensation of officers, ect. _____ Other salaries and wages_ 1,463 Repairs and maintenance Bad debts Interest Taxes and licenses Charitable contributions Depreciation and Depletion Deferred compensation plans Employee benefit programs_