

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023**Open to Public  
Inspection**A** For the 2023 calendar year, or tax year beginning **AUG 1, 2023** and ending **JUL 31, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**501 FRONT ST**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NORFOLK, VA 23510****F** Name and address of principal officer: **INGRID NEWKIRK****501 FRONT ST., NORFOLK, VA 23510****D** Employer identification number**52-1218336****E** Telephone number**757-962-8364****G** Gross receipts \$**90,766,759.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.PETA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1980****M** State of legal domicile: **VA****Part I Summary**

|                             |                                                                        |                                                                                                                                         |                                     |                     |
|-----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|
| Activities & Governance     | <b>1</b>                                                               | Briefly describe the organization's mission or most significant activities:                                                             | <b>PROTECTION OF ANIMAL RIGHTS.</b> |                     |
|                             | <b>2</b>                                                               | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                     |                     |
|                             | <b>3</b>                                                               | Number of voting members of the governing body (Part VI, line 1a)                                                                       | <b>3</b>                            | <b>3</b>            |
|                             | <b>4</b>                                                               | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | <b>4</b>                            | <b>2</b>            |
|                             | <b>5</b>                                                               | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                                                            | <b>5</b>                            | <b>366</b>          |
|                             | <b>6</b>                                                               | Total number of volunteers (estimate if necessary)                                                                                      | <b>6</b>                            | <b>55</b>           |
|                             | <b>7a</b>                                                              | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | <b>7a</b>                           | <b>384,807.</b>     |
| <b>7b</b>                   | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>                                                                                                                               | <b>0.</b>                           |                     |
| Revenue                     | <b>8</b>                                                               | Contributions and grants (Part VIII, line 1h)                                                                                           | <b>Prior Year</b>                   | <b>Current Year</b> |
|                             | <b>9</b>                                                               | Program service revenue (Part VIII, line 2g)                                                                                            | <b>67,547,814.</b>                  | <b>74,609,528.</b>  |
|                             | <b>10</b>                                                              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | <b>1,063,201.</b>                   | <b>846,818.</b>     |
|                             | <b>11</b>                                                              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | <b>328,825.</b>                     | <b>1,814,193.</b>   |
|                             | <b>12</b>                                                              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | <b>935,058.</b>                     | <b>-29,600.</b>     |
|                             | <b>12</b>                                                              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | <b>69,874,898.</b>                  | <b>77,240,939.</b>  |
| Expenses                    | <b>13</b>                                                              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                        | <b>5,462,519.</b>                   | <b>5,345,278.</b>   |
|                             | <b>14</b>                                                              | Benefits paid to or for members (Part IX, column (A), line 4)                                                                           | <b>0.</b>                           | <b>0.</b>           |
|                             | <b>15</b>                                                              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                       | <b>17,514,259.</b>                  | <b>18,564,183.</b>  |
|                             | <b>16a</b>                                                             | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | <b>261,826.</b>                     | <b>238,411.</b>     |
|                             | <b>b</b>                                                               | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | <b>11,957,859.</b>                  |                     |
|                             | <b>17</b>                                                              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | <b>44,522,210.</b>                  | <b>47,192,453.</b>  |
|                             | <b>18</b>                                                              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | <b>67,760,814.</b>                  | <b>71,340,325.</b>  |
|                             | <b>19</b>                                                              | Revenue less expenses. Subtract line 18 from line 12                                                                                    | <b>2,114,084.</b>                   | <b>5,900,614.</b>   |
| Net Assets or Fund Balances | <b>20</b>                                                              | Total assets (Part X, line 16)                                                                                                          | <b>Beginning of Current Year</b>    | <b>End of Year</b>  |
|                             | <b>21</b>                                                              | Total liabilities (Part X, line 26)                                                                                                     | <b>44,355,512.</b>                  | <b>52,696,445.</b>  |
|                             | <b>22</b>                                                              | Net assets or fund balances. Subtract line 21 from line 20                                                                              | <b>15,396,982.</b>                  | <b>15,601,831.</b>  |
| <b>22</b>                   | Net assets or fund balances. Subtract line 21 from line 20             | <b>28,958,530.</b>                                                                                                                      | <b>37,094,614.</b>                  |                     |

**Part II Signature Block**

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

|                               |                                            |                          |                 |                                                 |                  |
|-------------------------------|--------------------------------------------|--------------------------|-----------------|-------------------------------------------------|------------------|
| <b>Sign Here</b>              | Signature of officer                       |                          | Date            |                                                 |                  |
|                               | <b>INGRID NEWKIRK, PRESIDENT/SECRETARY</b> |                          |                 |                                                 |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                 | Preparer's signature     | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>SUSAN J ROSENBERG</b>                   | <b>SUSAN J ROSENBERG</b> | <b>03/21/25</b> |                                                 | <b>P00059813</b> |
| <b>Preparer Use Only</b>      | Firm's name                                | Firm's EIN               |                 | Phone no.                                       |                  |
|                               | <b>SIKICH LLC</b>                          | <b>36-3168081</b>        |                 | <b>301-738-9040</b>                             |                  |
|                               | Firm's address                             |                          |                 |                                                 |                  |
|                               | <b>1 CHURCH STREET, SUITE 700</b>          |                          |                 |                                                 |                  |
|                               | <b>ROCKVILLE, MD 20850-4163</b>            |                          |                 |                                                 |                  |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

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**Part III** Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:

PROTECTION OF ANIMAL RIGHTS

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code: ) (Expenses \$ 22,078,771. including grants of \$ 1,771,033. ) (Revenue \$ 471,453. )  
RESEARCH, INVESTIGATIONS, AND RESCUES

PETA RECEIVES HUNDREDS OF COMPLAINTS RELATED TO ANIMAL ABUSE AND NEGLECT EACH WEEK AND WORKS TO RESCUE ABUSED, NEGLECTED, AND AT-RISK ANIMALS AND ORGANIZE CARE FOR THEM. PETA ALSO INVESTIGATES CRUELTY CASES, CONDUCTS INVESTIGATIONS, GATHERS EVIDENCE OF LEGAL VIOLATIONS, AND TAKES 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. PETA'S OUTREACH ISN'T LIMITED TO THE CONTINENTAL U.S.

PETA'S MOBILE SPAY/NEUTER CLINICS STERILIZED 11,879 ANIMALS IN FISCAL

- 4b (Code: ) (Expenses \$ 21,239,850. including grants of \$ 0. ) (Revenue \$ 375,365. )  
PUBLIC OUTREACH AND INFORMATION

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

- 4c (Code: ) (Expenses \$ 14,627,122. including grants of \$ 3,574,245. ) (Revenue \$ 0. )  
INTERNATIONAL GRASSROOTS CAMPAIGNS

PETA ORGANIZES CAMPAIGNS TO INFORM THE PUBLIC ABOUT THE ABUSE AND KILLING OF ANIMALS IN THE EXPERIMENTATION, FOOD, CLOTHING, AND ENTERTAINMENT INDUSTRIES, AMONG OTHER TYPES OF CRUELTY. IN 2024, PETA ORGANIZED AND LED 1,317 DEMONSTRATIONS AND SENT OUT MILLIONS OF LETTERS THROUGH ONLINE ADVOCACY CAMPAIGNS TO URGE COMPANIES AND INDIVIDUALS TO MAKE CHANGES THAT BENEFIT ANIMALS.

ANIMALS IN THE EXPERIMENTATION INDUSTRY

THE U.S. COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA CIRCUIT RULED

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 484,794. including grants of \$ 0. ) (Revenue \$ 0. )

- 4e Total program service expenses 58,430,537.

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**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

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**Part IV Checklist of Required Schedules**

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

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

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

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        | <b>22</b>  | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                                                                                                                            | <b>23</b>  | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                               | <b>25a</b> | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       | <b>26</b>  | <b>X</b> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |            |          |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | <b>X</b> |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 | <b>35b</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>  | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                                                                                                     | <b>38</b>  | <b>X</b> |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|                                                                                                                                                                         | Yes       | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 273      |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0        |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | <b>X</b> |

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

|                                                                                                                                                                                                                                                        |               | Yes      | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                | <b>2a</b> 366 |          |          |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                | <b>2b</b>     | <b>X</b> |          |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                | <b>3a</b>     | <b>X</b> |          |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                            | <b>3b</b>     | <b>X</b> |          |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | <b>4a</b>     | <b>X</b> |          |
| <b>b</b> If "Yes," enter the name of the foreign country <u>CANADA</u><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                          |               |          |          |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                        | <b>5a</b>     |          | <b>X</b> |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                              | <b>5b</b>     |          | <b>X</b> |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                             | <b>5c</b>     |          |          |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                      | <b>6a</b>     |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                 | <b>6b</b>     |          |          |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |               |          |          |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                               | <b>7a</b>     | <b>X</b> |          |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                               | <b>7b</b>     | <b>X</b> |          |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                          | <b>7c</b>     |          | <b>X</b> |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                             | <b>7d</b>     |          |          |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                               | <b>7e</b>     |          |          |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                  | <b>7f</b>     |          |          |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                              | <b>7g</b>     |          |          |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                            | <b>7h</b>     |          | <b>X</b> |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                       | <b>8</b>      |          |          |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                     |               |          |          |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                            | <b>9a</b>     |          |          |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                             | <b>9b</b>     |          |          |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                      |               |          |          |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                      | <b>10a</b>    |          |          |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                   | <b>10b</b>    |          |          |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                     |               |          |          |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                     | <b>11a</b>    |          |          |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                 | <b>11b</b>    |          |          |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                  | <b>12a</b>    |          |          |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                         | <b>12b</b>    |          |          |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                             |               |          |          |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                              | <b>13a</b>    |          |          |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                     | <b>13b</b>    |          |          |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                          | <b>13c</b>    |          |          |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                  | <b>14a</b>    |          | <b>X</b> |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                              | <b>14b</b>    |          |          |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br><i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>          | <b>15</b>     |          | <b>X</b> |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br><i>If "Yes," complete Form 4720, Schedule O.</i>                                                                          | <b>16</b>     |          | <b>X</b> |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br><i>If "Yes," complete Form 6069.</i> | <b>17</b>     |          |          |

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**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 ☒ **X**

**Section A. Governing Body and Management**

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

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

|                                                                                                                                                                                                                                                                                                       |            | Yes      | No       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|--|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> |          | <b>X</b> |  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | <b>10b</b> |          |          |  |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | <b>X</b> |          |  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |          |          |  |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |          |  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | <b>X</b> |          |  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                                                                                                                                           | <b>12c</b> | <b>X</b> |          |  |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |          |  |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |          |  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                        |            |          |          |  |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |          |  |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |          |  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                    |            |          |          |  |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> |          | <b>X</b> |  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |          |          |  |

**Section C. Disclosure**

**17** 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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KELLY FIDLER - 757-962-8364**  
**501 FRONT ST, NORFOLK, VA 23510**

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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.

[illegible]

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                              |                       |         |              |                              |        | 453,764.                                                                      | 610,216.                                                                           | 72,499.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                              |                       |         |              |                              |        | 453,764.                                                                      | 610,216.                                                                           | 72,499.                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

|                                                                                                                                                                                                                                                    | Yes                                 | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------|--------------------------------|---------------------|
| RWT PRODUCTION<br>5624 BELLINGTON AVE., SPRINGFIELD, VA 22151        | MAILING AND POSTAGE            | 6,424,648.          |
| GOOGLE, INC., DEPT 33654, PO BOX 39000,<br>SAN FRANCISCO, CA 94139   | ONLINE ADVERTIS                | 1,116,912.          |
| KT PRODUCTION<br>810 SE SHERMAN ST, PORTLAND, OR 97214               | MAILING AND POSTAGE            | 953,675.            |
| MAL WARWICK DONORDIGITAL<br>2550 9TH ST, STE 103, BERKELEY, CA 94710 | DIRECT MAIL<br>MANAGEMENT      | 865,779.            |
| NAMES IN THE NEWS<br>2550 9TH ST, STE 103, BERKELEY, CA 94710        | MAILING LIST RENTAL            | 396,048.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

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**Part VIII Statement of Revenue**

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

|                                                                                                                                                       |                                                                                                |                                                                                                |                            | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|-------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                     | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      | 372,215.                   |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      | 628,694.                   |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      | 73,608,619.                |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>g</b> Noncash contributions included in lines 1a-1f                                         | <b>1g</b>                                                                                      | \$ 1,561,618.              |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                |                            |                      |                                              |                                      |                                                                 | 74,609,528. |
| <b>Program Service<br/>Revenue</b>                                                                                                                    | <b>2 a</b> SPAY/NEUTER PROGRAM                                                                 | <b>Business Code</b>                                                                           | 541900                     | 471,453.             | 471,453.                                     |                                      |                                                                 |             |
|                                                                                                                                                       | <b>b</b> ADVERTISING INCOME                                                                    |                                                                                                | 541800                     | 375,365.             |                                              | 375,365.                             |                                                                 |             |
|                                                                                                                                                       | <b>c</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>d</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>e</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>f</b> All other program service revenue .....                                               |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                |                            | 846,818.             |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                            |                      | 833,635.                                     |                                      |                                                                 | 833,635.    |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                     |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
| <b>5</b> Royalties .....                                                                                                                              |                                                                                                |                                                                                                |                            | 37,091.              |                                              |                                      | 37,091.                                                         |             |
| <b>6 a</b> Gross rents .....                                                                                                                          |                                                                                                | <b>6a</b>                                                                                      | (i) Real 7,254.            |                      |                                              |                                      |                                                                 |             |
| <b>b</b> Less: rental expenses ...                                                                                                                    |                                                                                                | <b>6b</b>                                                                                      | 26,391.                    |                      |                                              |                                      |                                                                 |             |
| <b>c</b> Rental income or (loss)                                                                                                                      |                                                                                                | <b>6c</b>                                                                                      | -19,137.                   |                      |                                              |                                      |                                                                 |             |
| <b>d</b> Net rental income or (loss) .....                                                                                                            |                                                                                                |                                                                                                |                            | -19,137.             | -19,137.                                     |                                      |                                                                 |             |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                            |                                                                                                | <b>7a</b>                                                                                      | (i) Securities 13,893,901. | (ii) Other 150,088.  |                                              |                                      |                                                                 |             |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                        |                                                                                                | <b>7b</b>                                                                                      | 12,945,885.                | 117,546.             |                                              |                                      |                                                                 |             |
| <b>c</b> Gain or (loss) .....                                                                                                                         |                                                                                                | <b>7c</b>                                                                                      | 948,016.                   | 32,542.              |                                              |                                      |                                                                 |             |
| <b>d</b> Net gain or (loss) .....                                                                                                                     |                                                                                                |                                                                                                |                            | 980,558.             | 980,558.                                     |                                      |                                                                 |             |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ 628,694. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      | -186,271.                  |                      |                                              |                                      |                                                                 |             |
| <b>b</b> Less: direct expenses .....                                                                                                                  |                                                                                                | <b>8b</b>                                                                                      | 340,524.                   |                      |                                              |                                      |                                                                 |             |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                           |                                                                                                |                                                                                                | -526,795.                  |                      |                                              |                                      |                                                                 |             |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                         |                                                                                                | <b>9a</b>                                                                                      |                            |                      |                                              |                                      |                                                                 |             |
| <b>b</b> Less: direct expenses .....                                                                                                                  | <b>9b</b>                                                                                      |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                            |                                                                                                |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                            | <b>10a</b>                                                                                     | 123,819.                                                                                       |                            |                      |                                              |                                      |                                                                 |             |
| <b>b</b> Less: cost of goods sold .....                                                                                                               | <b>10b</b>                                                                                     | 95,474.                                                                                        |                            |                      |                                              |                                      |                                                                 |             |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                           |                                                                                                | 28,345.                                                                                        |                            |                      |                                              |                                      | 18,903.                                                         | 9,442.      |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                      | <b>11 a</b> LEGAL AWARDS                                                                       | <b>Business Code</b>                                                                           | 900099                     | 310,729.             | 310,729.                                     |                                      |                                                                 |             |
|                                                                                                                                                       | <b>b</b> MISCELLANEOUS INCOME                                                                  |                                                                                                | 900099                     | 140,167.             | 140,167.                                     |                                      |                                                                 |             |
|                                                                                                                                                       | <b>c</b> .....                                                                                 |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>d</b> All other revenue .....                                                               |                                                                                                |                            |                      |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |                            | 450,896.             |                                              |                                      |                                                                 |             |
|                                                                                                                                                       | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                |                            | 77,240,939.          | 1,902,673.                                   | 384,807.                             | 343,931.                                                        |             |

**PEOPLE FOR THE ETHICAL TREATMENT  
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**Part IX Statement of Functional Expenses**

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

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

☒ **X**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                          | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                           | 159,949.              | 159,949.                        |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                               | 5,185,329.            | 5,185,329.                      |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                       | 183,005.              | 182,225.                        | 523.                                   | 257.                        |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                   |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                       | 17,009,256.           | 16,936,726.                     | 48,520.                                | 24,010.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                             | 161,702.              | 161,012.                        | 462.                                   | 228.                        |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                        | 27,696.               | 27,578.                         | 79.                                    | 39.                         |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                                 | 1,182,524.            | 1,177,481.                      | 3,373.                                 | 1,670.                      |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                          | 1,262,078.            | 933,803.                        | 31,936.                                | 296,339.                    |
| <b>c</b> Accounting                                                                                                                                                                                                                                     | 81,587.               | 63,590.                         | 1,751.                                 | 16,246.                     |
| <b>d</b> Lobbying                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                        | 238,411.              |                                 |                                        | 238,411.                    |
| <b>f</b> Investment management fees                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                       | 21,652,024.           | 16,902,915.                     | 481,611.                               | 4,267,498.                  |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                                               | 1,082,699.            | 737,407.                        | 2,314.                                 | 342,978.                    |
| <b>14</b> Information technology                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                                     | 1,512,869.            | 1,464,666.                      | 7,035.                                 | 41,168.                     |
| <b>17</b> Travel                                                                                                                                                                                                                                        | 1,190,232.            | 1,157,691.                      | 356.                                   | 32,185.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>20</b> Interest                                                                                                                                                                                                                                      | 164,008.              | 122,133.                        | 814.                                   | 41,061.                     |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                                     | 335,136.              | 249,568.                        | 1,662.                                 | 83,906.                     |
| <b>23</b> Insurance                                                                                                                                                                                                                                     | 524,691.              | 390,725.                        | 2,603.                                 | 131,363.                    |
| <b>24</b> 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.)                                           |                       |                                 |                                        |                             |
| <b>a</b> <b>EDUCATIONAL AND PROMOTI</b>                                                                                                                                                                                                                 | 7,830,682.            | 4,168,540.                      | 258,082.                               | 3,404,060.                  |
| <b>b</b> <b>MEDIA AND PRESS SUPPORT</b>                                                                                                                                                                                                                 | 5,029,764.            | 3,453,032.                      | 73,769.                                | 1,502,963.                  |
| <b>c</b> <b>POSTAGE</b>                                                                                                                                                                                                                                 | 3,309,078.            | 2,687,270.                      | 5,172.                                 | 616,636.                    |
| <b>d</b> <b>GENERAL OPERATING EXPEN</b>                                                                                                                                                                                                                 | 2,556,796.            | 1,903,988.                      | 12,682.                                | 640,126.                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                             | 660,809.              | 364,909.                        | 19,185.                                | 276,715.                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 71,340,325.           | 58,430,537.                     | 951,929.                               | 11,957,859.                 |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 12,167,552.           | 7,469,347.                      | 104,336.                               | 4,593,869.                  |

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

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**Part X Balance Sheet**

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

|                                                                                  |                                                                                                                                                                                                                                      | (A)<br>Beginning of year |             | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                           | 2,040,453.               | <b>1</b>    | 2,868,513.         |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                | 295,370.                 | <b>2</b>    | 3,847,837.         |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                    | 2,424,759.               | <b>3</b>    | 4,049,301.         |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                              | 2,762,393.               | <b>4</b>    | 2,551,653.         |
|                                                                                  | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                                  |                          | <b>6</b>    |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                       |                          | <b>7</b>    |                    |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                           | 106,647.                 | <b>8</b>    | 101,103.           |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                 | 1,091,059.               | <b>9</b>    | 1,010,858.         |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....                                                                                                                              | <b>10a</b> 3,993,646.    |             |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                        | <b>10b</b> 2,624,892.    | <b>10c</b>  | 1,368,754.         |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                             | 24,987,686.              | <b>11</b>   | 27,521,699.        |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                 |                          | <b>12</b>   |                    |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                  |                          | <b>13</b>   |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                                    |                          | <b>14</b>   |                    |
|                                                                                  | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                                   | 9,547,716.               | <b>15</b>   | 9,376,727.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 44,355,512.                                                                                                                                                                                                                          | <b>16</b>                | 52,696,445. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                | 4,837,335.               | <b>17</b>   | 5,769,099.         |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                       |                          | <b>18</b>   |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                                     |                          | <b>19</b>   |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                          |                          | <b>20</b>   |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                |                          | <b>21</b>   |                    |
|                                                                                  | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                       |                          | <b>23</b>   |                    |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                         |                          | <b>24</b>   |                    |
|                                                                                  | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....                                          | 10,559,647.              | <b>25</b>   | 9,832,732.         |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                    | 15,396,982.              | <b>26</b>   | 15,601,831.        |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                          |                          |             |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                                | 22,663,753.              | <b>27</b>   | 31,632,600.        |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                                   | 6,294,777.               | <b>28</b>   | 5,462,014.         |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                                   |                          |             |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                                   |                          | <b>29</b>   |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                     |                          | <b>30</b>   |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                     |                          | <b>31</b>   |                    |
|                                                                                  | <b>32</b> <b>Total net assets or fund balances</b> .....                                                                                                                                                                             | 28,958,530.              | <b>32</b>   | 37,094,614.        |
|                                                                                  | <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....                                                                                                                                                                | 44,355,512.              | <b>33</b>   | 52,696,445.        |

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**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

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**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |             |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 77,240,939. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 71,340,325. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 5,900,614.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 28,958,530. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 2,235,477.  |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -7.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 37,094,614. |

**Part XII Financial Statements and Reporting**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes       | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |           |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>2b</b> | <b>X</b> |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <b>2c</b> | <b>X</b> |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           | <b>3a</b> | <b>X</b> |
| <b>b</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 _____                                                                                                                                                                                                       | <b>3b</b> |          |

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**52-1218336**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 59140068. | 58389976. | 66044867. | 67547814. | 74609528. | 325732253 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 59140068. | 58389976. | 66044867. | 67547814. | 74609528. | 325732253 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |           |           |           |           |           | 325732253 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                | 59140068. | 58389976. | 66044867. | 67547814. | 74609528. | 325732253                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    | 456,168.  | 498,070.  | 676,884.  | 759,383.  | 877,980.  | 3268485.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                 | 19,054.   | 231,534.  | 261,670.  | 389,136.  | 147,407.  | 1048801.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   | 539,079.  | 665,442.  | 102,830.  | 1064626.  | 496,558.  | 2868535.                 |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |           |           |           |           |           | 332918074                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |           |           |           |           | 12        | 2,523,568.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | 97.84 | %                                   |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | 97.67 | %                                   |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |           |       | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

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



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**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |  |
| <b>b</b> Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

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

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

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                                |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                                |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                                |
| 4                               | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                                |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                                |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                                |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                                |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                | Average monthly value of securities                                                                                             | 1a             |                                |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                                |

| Section C - Distributable Amount |                                                                                                                                                                           | (A) Prior Year | (B) 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6              |                  |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |                  |

Schedule A (Form 990) 2023

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Schedule A (Form 990) 2023

52-1218336 Page 7

**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                                                                               | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                           | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6                                                                                                | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                              | 10           |

| Section E - Distribution Allocations (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2023 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2023                                                                                                                                 |                             |                                        |                                           |
| a From 2018                                                                                                                                                                       |                             |                                        |                                           |
| b From 2019                                                                                                                                                                       |                             |                                        |                                           |
| c From 2020                                                                                                                                                                       |                             |                                        |                                           |
| d From 2021                                                                                                                                                                       |                             |                                        |                                           |
| e From 2022                                                                                                                                                                       |                             |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| h Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| i Carryover from 2018 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| 4 Distributions for 2023 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| b Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a Excess from 2019                                                                                                                                                                |                             |                                        |                                           |
| b Excess from 2020                                                                                                                                                                |                             |                                        |                                           |
| c Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| d Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| e Excess from 2023                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2023

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

|                      |                                                              |                                |                   |
|----------------------|--------------------------------------------------------------|--------------------------------|-------------------|
| Name of organization | <b>PEOPLE FOR THE ETHICAL TREATMENT<br/>OF ANIMALS, INC.</b> | Employer identification number | <b>52-1218336</b> |
|----------------------|--------------------------------------------------------------|--------------------------------|-------------------|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ .....

3 Volunteer hours for political campaign activities ..... ..

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... **Yes No**

4a Was a correction made? ..... **Yes No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter 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 number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | (a) Filing organization's totals   | (b) Affiliated group totals                              |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|----------------------------------------------------------|-------------------------------|------------------------------------------|--------------------------------------------------|--------------------------------------------|----------------------------------------------------|---------------------------------------------|---------------------------------------------------|--------------------|--------------|--|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | 25,161.                            |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | 266,867.                           |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | 292,028.                           |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | 71,048,297.                        |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | 71,340,325.                        |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 1,000,000.                         |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | not over \$500,000,                                      | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                 |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| not over \$500,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20% of the amount on line 1e.                      |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| over \$500,000 but not over \$1,000,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| over \$1,000,000 but not over \$1,500,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| over \$1,500,000 but not over \$17,000,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| over \$17,000,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,000,000.                                       |                                    |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | 250,000.                           |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 0.                                 |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 0.                                 |                                                          |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |  |

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

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

| Lobbying Expenditures During 4-Year Averaging Period                |            |            |            |            |            |
|---------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020   | (b) 2021   | (c) 2022   | (d) 2023   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 185,280.   | 303,287.   | 423,141.   | 292,028.   | 1,203,736. |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           | 62,507.    | 78,973.    | 73,093.    | 25,161.    | 239,734.   |

Schedule C (Form 990) 2023



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

OMB No. 1545-0047

**2023**Open to Public  
Inspection**Name of the organization** PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**Employer identification number**  
52-1218336**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                   | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                               |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                         |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                              |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                            |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds<br>are the organization's property, subject to the organization's exclusive legal control? .....                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only<br>for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring<br>impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 historically 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 conservation contribution in the form of a conservation easement on the last  
day of the tax year.

|                                                                                                                                                               | Held at the End of the Tax Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                                | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                    | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                                | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not<br>on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax  
year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  
violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
.....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
.....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and  
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the  
organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 furtherance of public  
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,  
provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023





**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule D (Form 990) 2023

52-1218336 Page **3**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) DEPOSITS                                                              | 32,371.        |
| (2) PROPERTY HELD FOR RESALE                                              | 2,583,654.     |
| (3) WORK IN PROCESS                                                       | 15,500.        |
| (4) PREPAID HOSTING ARRANGEMENTS                                          | 119,436.       |
| (5) LEASE - RIGHT OF USE ASSET                                            | 6,625,766.     |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 9,376,727.     |

**Part X Other Liabilities**

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

| 1. (a) Description of liability                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                  |                |
| (2) ANNUITIES PAYABLE                                                     | 2,999,092.     |
| (3) LEASE LIABILITY                                                       | 6,833,640.     |
| (4) .....                                                                 |                |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 9,832,732.     |

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 ☐

Schedule D (Form 990) 2023

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Schedule D (Form 990) 2023

52-1218336 Page 4

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

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

|   |                                                                                 |    |             |
|---|---------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 85,763,703. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | 2,235,477.  |
| b | Donated services and use of facilities                                          | 2b | 5,824,898.  |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIII.)                                                  | 2d | 462,389.    |
| e | Add lines 2a through 2d                                                         | 2e | 8,522,764.  |
| 3 | Subtract line 2e from line 1                                                    | 3  | 77,240,939. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIII.)                                                  | 4b |             |
| c | Add lines 4a and 4b                                                             | 4c | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 77,240,939. |

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

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

|   |                                                                                  |    |             |
|---|----------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 77,627,620. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities                                           | 2a | 5,824,898.  |
| b | Prior year adjustments                                                           | 2b |             |
| c | Other losses                                                                     | 2c |             |
| d | Other (Describe in Part XIII.)                                                   | 2d | 462,397.    |
| e | Add lines 2a through 2d                                                          | 2e | 6,287,295.  |
| 3 | Subtract line 2e from line 1                                                     | 3  | 71,340,325. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |             |
| b | Other (Describe in Part XIII.)                                                   | 4b |             |
| c | Add lines 4a and 4b                                                              | 4c | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 71,340,325. |

**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 \$1,576,671 ARE AVAILABLE FOR CAMPAIGNS AGAINST ANIMAL TESTING, FACTORY FARMING, AND ANIMAL CRUELTY.

ENDOWMENTS ARE COMPRISED OF SIX SEPARATE ENDOWMENT FUNDS WITH A TOTAL VALUE OF \$3,885,343 AS OF JULY 31, 2024. 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

**Part XIII** Supplemental Information (continued)

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  
UNRESTRICTED.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                       |          |
|---------------------------------------|----------|
| RENTAL EXPENSES                       | 26,391.  |
| COST OF GOODS SOLD                    | 95,474.  |
| FUNDRAISING EXPENSES                  | 340,524. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 462,389. |

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                                        |          |
|----------------------------------------|----------|
| RENTAL EXPENSES                        | 26,391.  |
| COST OF GOODS SOLD                     | 95,474.  |
| FUNDRAISING EXPENSES                   | 340,524. |
| ROUNDING                               | 8.       |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 462,397. |

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Employer identification number

52-1218336

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

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

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

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

| (a) Region                                              | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| AFRICA                                                  |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 300.                                                     |
| ASIA                                                    |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 4,257,137.                                               |
| AUSTRALIA                                               |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 691.                                                     |
| EUROPE                                                  |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 896,615.                                                 |
| NORTH AMERICA                                           |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 11,523.                                                  |
| SOUTH AMERICA                                           |                                     |                                                                            | GRANTS TO RECIPIENTS                                                                                                                               | ANIMAL PROTECTION                                                                                      | 1,000.                                                   |
|                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
|                                                         |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 5,167,266.                                               |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 0.                                                       |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 5,167,266.                                               |

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

Schedule F (Form 990) 2023

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule F (Form 990) 2023

**52-1218336**

Page **2**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                                             | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|-----------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
|                                             |                                                     | SOUTH ASIA                                                    | ANIMAL PROTECTION           | 696,214.                        |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | SOUTH ASIA -<br>AFGHANISTAN,<br>BANGLADESH,<br>BHUTAN, INDIA, | ANIMAL PROTECTION           | 62,435.                         |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EAST ASIA AND THE<br>PACIFIC                                  | ANIMAL PROTECTION           | 12,488.                         |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EAST ASIA AND THE<br>PACIFIC                                  | ANIMAL PROTECTION           | 1181000.                        |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                  | ANIMAL PROTECTION           | 185,239.                        |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                  | ANIMAL PROTECTION           | 400,000.                        |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                  | ANIMAL PROTECTION           | 211,376.                        |                                        | 0.                                      |                                              |                                                              |
|                                             |                                                     | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)                  | ANIMAL PROTECTION           | 100,000.                        |                                        | 0.                                      |                                              |                                                              |

**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 ..... **8**

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

**Schedule F (Form 990) 2023**

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

52-1218336

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| <b>1</b><br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                                                          | (d) Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-------------------------|-----------------------------|------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------|
|                                      |                                                 | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND) -<br>ALBANIA, ANDORRA, | ANIMAL PROTECTION       | 0.                          |                                    | 18,063.                                 | TRAUMAMAN SYSTEMS                            | FMV                                                         |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |
|                                      |                                                 |                                                                     |                         |                             |                                    |                                         |                                              |                                                             |





PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Schedule F (Form 990) 2023

52-1218336 Page 4

**Part IV** Foreign Forms

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

Schedule F (Form 990) 2023

Part V

Supplemental Information

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

PART I, LINE 2:

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PETA  
MONITORS THE USE OF GRANT FUNDS THROUGH AN INTERNAL DONATION REQUEST FORM  
SPECIFYING INFORMATION THAT ALLOWS MANAGEMENT TO EVALUATE THAT THE  
RECIPIENT WILL USE THE FUNDS EXCLUSIVELY FOR EXEMPT PURPOSES.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

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

|                                |
|--------------------------------|
| Employer identification number |
| 52-1218336                     |

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity            | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|--------------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |                          | Yes                                                            | No |                                   |                                                                   |                                                   |
| SD&A TELESERVICES, INC. -<br>5757 WEST CENTURY BLVD, LOS  | TELEFUNDRAISING          |                                                                | X  | 42,437.                           | 145,142.                                                          | -102,705.                                         |
| CAUSEWORX - 2 MCNAMARA CT.,<br>AJAX, ONTARIO, CANADA L1T  | TELEFUNDRAISING          |                                                                | X  | 3,630.                            | 46,004.                                                           | -42,374.                                          |
| ROI SOLUTIONS - 200 RIVERS<br>EDGE DR., MEDFORD, MA 02155 | TELEFUNDRAISING          |                                                                | X  | 0.                                | 9,323.                                                            | -9,323.                                           |
| MAL WARWICK DONORDIGITAL -<br>1625 K ST. NW #300,         | PROFESSIONAL FUNDRAISING |                                                                | X  | 0.                                | 37,500.                                                           | -37,500.                                          |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |                          |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                              |                          |                                                                |    | 46,067.                           | 237,969.                                                          | -191,902.                                         |

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

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MN  
NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

40

13030321 765826 5627184

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**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule G (Form 990) 2023

52-1218336 Page 2

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

|                 |                                                                       | (a) Event #1     | (b) Event #2                 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|-----------------------------------------------------------------------|------------------|------------------------------|------------------|--------------------------------------------------------|
|                 |                                                                       | LA<br>FUNDRAISER | SAN FRAN ALL<br>TOGETHER FUN | 9                |                                                        |
|                 |                                                                       | (event type)     | (event type)                 | (total number)   |                                                        |
| Revenue         | 1 Gross receipts .....                                                | 0.               | 102,260.                     | 340,163.         | 442,423.                                               |
|                 | 2 Less: Contributions .....                                           | 231,933.         | 95,980.                      | 300,781.         | 628,694.                                               |
|                 | 3 Gross income (line 1 minus line 2) .....                            | -231,933.        | 6,280.                       | 39,382.          | -186,271.                                              |
| Direct Expenses | 4 Cash prizes .....                                                   | 0.               | 0.                           | 0.               |                                                        |
|                 | 5 Noncash prizes .....                                                | 4,413.           | 1,342.                       | 29,783.          | 35,538.                                                |
|                 | 6 Rent/facility costs .....                                           | 0.               | 20,276.                      | 39,886.          | 60,162.                                                |
|                 | 7 Food and beverages .....                                            | 8,481.           | 760.                         | 65,171.          | 74,412.                                                |
|                 | 8 Entertainment .....                                                 | 19,525.          | 975.                         | 14,588.          | 35,088.                                                |
|                 | 9 Other direct expenses .....                                         | 17,069.          | 18,916.                      | 99,339.          | 135,324.                                               |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                  |                              |                  | 340,524.                                               |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                  |                              |                  | -526,795.                                              |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Schedule G (Form 990) 2023

52-1218336 Page 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:
- |                               |     |   |
|-------------------------------|-----|---|
| a 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 ☐ 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 \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

|                |                                                    |
|----------------|----------------------------------------------------|
| <b>Part IV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|----------------|----------------------------------------------------|

[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**52-1218336**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 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 |
|--------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| PAWS<br>PO BOX 1037<br>LYNNWOOD, WA 98046                                            | 91-6073154 | 501C3                           | 34,799.                  | 0.                               |                                                       |                                       | ANIMAL PROTECTION                  |
| PEACEABLE PRIMATE SANCTUARY<br>6415 NORTH 800 WEST<br>WINAMAC, IN 46996              | 36-4445147 | 501C3                           | 7,500.                   | 0.                               |                                                       |                                       | ANIMAL PROTECTION                  |
| JUSTICE FOR ANIMALS<br>1629 HARVARD AVE, APT 409<br>SEATTLE, WA 98122                | 87-4125402 | 501C3                           | 58,462.                  | 0.                               |                                                       |                                       | ANIMAL PROTECTION                  |
| FOUNDATION TO SUPPORT ANIMAL<br>PROTECTION - 501 FRONT STREET -<br>NORFOLK, VA 23510 | 52-1842274 | 501C3                           | 20,000.                  | 0.                               |                                                       |                                       | ANIMAL PROTECTION                  |
|                                                                                      |            |                                 |                          |                                  |                                                       |                                       |                                    |
|                                                                                      |            |                                 |                          |                                  |                                                       |                                       |                                    |

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

52-1218336

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

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

**PART I, LINE 2:**

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

|           |  |          |
|-----------|--|----------|
|           |  |          |
| <b>1b</b> |  |          |
| <b>2</b>  |  |          |
|           |  |          |
| <b>4a</b> |  | <b>X</b> |
| <b>4b</b> |  | <b>X</b> |
| <b>4c</b> |  | <b>X</b> |
|           |  |          |
| <b>5a</b> |  | <b>X</b> |
| <b>5b</b> |  | <b>X</b> |
|           |  |          |
| <b>6a</b> |  | <b>X</b> |
| <b>6b</b> |  | <b>X</b> |
|           |  |          |
| <b>7</b>  |  | <b>X</b> |
| <b>8</b>  |  | <b>X</b> |
| <b>9</b>  |  |          |

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

Schedule J (Form 990) 2023

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule J (Form 990) 2023

52-1218336

Page **2**

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

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

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

| (A) Name and Title                           |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                              |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) JEFFREY KERR<br>ASST. SECRETARY          | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                              | (ii) | 180,486.                                                           | 0.                                  | 0.                                  | 3,575.                                         | 13,800.                 | 197,861.                        | 0.                                                                    |
| (2) KATHLEEN GUILLERMO<br>SR. VICE PRESIDENT | (i)  | 142,655.                                                           | 0.                                  | 0.                                  | 3,437.                                         | 13,800.                 | 159,892.                        | 0.                                                                    |
|                                              | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) STEVEN KEHRLI<br>SR. VICE PRESIDENT      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                              | (ii) | 147,375.                                                           | 0.                                  | 0.                                  | 0.                                             | 7,141.                  | 154,516.                        | 0.                                                                    |
| (4) ANDREW COOK<br>VICE PRESIDENT            | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                              | (ii) | 141,831.                                                           | 0.                                  | 0.                                  | 2,412.                                         | 7,144.                  | 151,387.                        | 0.                                                                    |
| (5) ROSALIND ZAYAS<br>DIRECTOR               | (i)  | 147,704.                                                           | 0.                                  | 0.                                  | 2,233.                                         | 512.                    | 150,449.                        | 0.                                                                    |
|                                              | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                              | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

Employer identification number  
**52-1218336**

**Part I Types of Property**

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art .....                                            | X                             | 6                                                         | 1,410.                                                                             | FMV                                                          |
| 2 Art - Historical treasures .....                                    |                               |                                                           |                                                                                    |                                                              |
| 3 Art - Fractional interests .....                                    |                               |                                                           |                                                                                    |                                                              |
| 4 Books and publications .....                                        | X                             |                                                           | 1,844.                                                                             | FMV                                                          |
| 5 Clothing and household goods .....                                  | X                             |                                                           | 32,199.                                                                            | FMV                                                          |
| 6 Cars and other vehicles .....                                       |                               |                                                           |                                                                                    |                                                              |
| 7 Boats and planes .....                                              |                               |                                                           |                                                                                    |                                                              |
| 8 Intellectual property .....                                         |                               |                                                           |                                                                                    |                                                              |
| 9 Securities - Publicly traded .....                                  | X                             | 144                                                       | 1,160,435.                                                                         | FMV                                                          |
| 10 Securities - Closely held stock .....                              |                               |                                                           |                                                                                    |                                                              |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous .....                                   |                               |                                                           |                                                                                    |                                                              |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |                                                           |                                                                                    |                                                              |
| 14 Qualified conservation contribution - Other ...                    |                               |                                                           |                                                                                    |                                                              |
| 15 Real estate - Residential .....                                    | X                             | 1                                                         | 110,000.                                                                           | FMV                                                          |
| 16 Real estate - Commercial .....                                     |                               |                                                           |                                                                                    |                                                              |
| 17 Real estate - Other .....                                          |                               |                                                           |                                                                                    |                                                              |
| 18 Collectibles .....                                                 |                               |                                                           |                                                                                    |                                                              |
| 19 Food inventory .....                                               | X                             | 8,710                                                     | 31,329.                                                                            | FMV                                                          |
| 20 Drugs and medical supplies .....                                   |                               |                                                           |                                                                                    |                                                              |
| 21 Taxidermy .....                                                    |                               |                                                           |                                                                                    |                                                              |
| 22 Historical artifacts .....                                         |                               |                                                           |                                                                                    |                                                              |
| 23 Scientific specimens .....                                         |                               |                                                           |                                                                                    |                                                              |
| 24 Archeological artifacts .....                                      |                               |                                                           |                                                                                    |                                                              |
| 25 Other ( <u>CRYPTOCURRENCY</u> ) .....                              | X                             | 26                                                        | 144,691.                                                                           | FMV                                                          |
| 26 Other ( <u>VARIOUS</u> ) .....                                     | X                             | 1,708                                                     | 79,710.                                                                            | FMV                                                          |
| 27 Other ( ) .....                                                    |                               |                                                           |                                                                                    |                                                              |
| 28 Other ( ) .....                                                    |                               |                                                           |                                                                                    |                                                              |

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

29

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? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |
| 33  |     |    |

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

Schedule M (Form 990) 2023

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Schedule M (Form 990) 2023

52-1218336

Page 2

**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.

SCHEDULE M, LINE 32B:

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

EBAY IS USED TO SELL NONCASH DONATIONS (ART, CONCERT TICKETS) AND

CHARITY. BUZZ IS USED TO AUCTION NONCASH DONATIONS SUCH AS CELEBRITY

EXPERIENCES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.

Employer identification number  
52-1218336

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR 2024. THE CLINICS COMPLETED 998 OF THESE SURGERIES ON PIT BULLS  
AND 3,181 SURGERIES FOR FREE OR AT HALF THE USUAL COST OR LESS.

PETA'S ANNUAL MULTISHELTER ADOPTION EVENT, POOCHELLA, WAS WELL-ATTENDED  
BY THE PUBLIC AND ELECTED OFFICIALS. PETA'S ANIMAL SHELTER WAS JOINED  
BY CHESAPEAKE ANIMAL SERVICES UNIT, THE CHESAPEAKE HUMANE SOCIETY, THE  
NORFOLK ANIMAL CARE CENTER, THE NORFOLK SPCA, THE PORTSMOUTH HUMANE  
SOCIETY, REBA'S RESCUE, VIRGINIA BEACH ANIMAL CONTROL, AND THE VIRGINIA  
BEACH SPCA.

PETA PARTNERED AGAIN WITH THE HUMANE SOCIETY OF PUERTO RICO TO HOST A  
TWO-DAY SPAY/NEUTER EVENT IN THE UNDERSERVED COMMUNITY OF GUAYNABO,  
PUERTO RICO, WHICH IS FACING A COMPANION ANIMAL OVERPOPULATION AND  
HOMELESSNESS CRISIS. PETA STERILIZED AND VACCINATED 206 ANIMALS AND  
PROVIDED VALUABLE TRAINING AND SUPPORT TO SHELTER STAFF, WHO CLOSELY  
OBSERVED PETA VETERINARY CLINIC STAFF.

PETA CONTINUED TO EXPOSE THE RAMPANT SUFFERING INHERENT IN THE PET  
TRADE AND ENCOURAGE PEOPLE TO ADOPT ANIMALS INSTEAD BY HIGHLIGHTING  
ILLEGAL CRUELTY AT PUPPY MILLS IN ILLINOIS, KANSAS, MISSOURI, AND  
WISCONSIN.

PETA EXPOSED ILLEGAL NEGLECT AT AN IOWA PUPPY MILL AND A VIRGINIA PET  
STORE.

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

PETA EXPOSED FURTHER NEGLECT IN PENNSYLVANIA'S MASSIVE GUINEA PIG  
INDUSTRY.

PETA PARTNERED WITH DANVILLE AREA HUMANE SOCIETY FOR A SPAY/NEUTER  
CLINIC IN DANVILLE, VIRGINIA, WHERE PETA STERILIZED 115 DOGS AND CATS.  
PETA PARTNERED WITH HALIFAX COUNTY PAWS AND CLAWS FOR A CLINIC IN SOUTH  
BOSTON, VIRGINIA, WHERE PETA SPAYED AND NEUTERED 86 DOGS AND CATS.

PETA'S TEAM VISITED GALAX, VIRGINIA, FOR A TWO-DAY SPAY-A-THON, WHERE  
229 ANIMAL COMPANIONS WERE STERILIZED. IN ADDITION, FIELDWORKERS  
CANVASSED THE AREA, DELIVERED 25 DOGHOUSES TO DOGS WHO HAD INADEQUATE  
OR NO SHELTER AT ALL, ARRANGED VETERINARY CARE FOR AILING ANIMALS,  
CHECKED IN ON CHAINED DOGS THEY VISITED WHEN LAST IN THE AREA, AND  
FOUND DOZENS OF CHAINED AND PENNED DOGS WHOSE LIVES THEY HAD IMPROVED.

AFTER TALKS WITH PETA, THE TOWN OF RICH SQUARE, NORTH CAROLINA,  
UNANIMOUSLY PASSED A BAN ON UNATTENDED CHAINING. THE ORDINANCE ALSO  
REQUIRES THAT GUARDIANS PROVIDE ADEQUATE FOOD, WATER, SHELTER, AND  
VETERINARY CARE. IT WENT INTO EFFECT ON OCTOBER 1, 2024.

PETA COORDINATED WITH OFFICIALS IN EAST EARL, PENNSYLVANIA, TO  
NEGOTIATE THE SURRENDER OF 19 DOGS, WHO WERE RELEGATED TO A COLD GARAGE  
OR LEFT IN AN OUTDOOR PEN WITHOUT SHELTER.

IN FAIRFIELD, CONNECTICUT, PETA PUSHED FOR VIGOROUS PROSECUTION OF  
ACCUSED SERIAL CAT KILLER RAYMOND NEUBERGER, WHO WAS SENTENCED TO  
PRISON TIME, PROBATION, AND A LIFETIME BAN ON OWNING ANIMALS.

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PETA RESEARCH RESULTED IN THE SWIFT ARREST OF AND MULTIPLE CHARGES FOR AN UPPER DARBY, PENNSYLVANIA, WOMAN WHO HAD POSTED VIDEOS OF HERSELF TORTURING AND KILLING ANIMALS IN SEXUALLY SUGGESTIVE WAYS. SHE WAS RELEASED ON BAIL AND IS AWAITING TRIAL.

IN CLAYTON, GEORGIA, PETA ORGANIZED THE SEIZURE OF AND SANCTUARY FOR A DONKEY WITH SEVERELY OVERGROWN HOOVES, WHO'S NOW THRIVING IN A SANCTUARY.

PETA ARRANGED THE SEIZURE OF SEVERAL DEHYDRATED AND/OR WOUNDED DOGS USED TO GUARD AN ABANDONED PROPERTY IN PHILLIPSBURG, NEW JERSEY. THEIR OWNER WAS CHARGED WITH TWO COUNTS OF CRUELTY TO ANIMALS.

PETA PROCURED CHARGES AGAINST A PERPETRATOR WHO ALLEGEDLY BEAT SIX PUPPIES TO DEATH IN BUCHANAN, GEORGIA, AND THE SEIZURE OF THE REMAINING DOGS. PETA ASKED THE DISTRICT ATTORNEY TO ENSURE THAT HE RECEIVE THE MAXIMUM SENTENCE, UNDERGO A PSYCHIATRIC EVALUATION, AND BE PROHIBITED FROM OWNING ANIMALS IF CONVICTED.

PETA CONTINUED TO PRESS OFFICIALS TO ACT AFTER A FAYETTEVILLE, NORTH CAROLINA, POLICE OFFICER WAS RECORDED PUNCHING A K-9 REPEATEDLY AND YANKING HIM OFF THE GROUND BY HIS COLLAR. WHEN POLICE TOOK NO FURTHER ACTION PUBLICLY AGAINST THE OFFICER AND FAILED TO ENSURE THE DOG'S SAFETY, PETA DEMONSTRATED OUTSIDE THE AGENCY'S HEADQUARTERS AND PETA WILL CONTINUE TO KEEP THE PRESSURE ON.

IN WINDSOR, NORTH CAROLINA, PETA WORKED WITH THE POLICE DEPARTMENT TO CONFISCATE DAVE, A YOUNG PUPPY KEPT CHAINED OUTSIDE AND SUFFERING FROM



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A HORRIFIC FLEA INFESTATION AS WELL AS INTERNAL PARASITES, ANEMIA, AND MANGE. DAVE RECEIVED THE VETERINARY CARE HE DESPERATELY NEEDED AND SPENT SEVERAL WEEKS RECOVERING IN PROTECTIVE POLICE CUSTODY BEFORE HE WAS TRANSFERRED TO REBA'S RESCUE, WHERE HE WAS QUICKLY ADOPTED.

A WORKER AT A VIRGINIA GROOMING SALON WHO WAS RECORDED HITTING DOGS WAS FIRED AFTER PETA CONTACTED THE BUSINESS OWNER. FOLLOWING RELEASE OF THE VIDEO FOOTAGE, WHICH TRIGGERED LOCAL OUTRAGE, POLICE TRACKED DOWN AND CHARGED THE WOMAN WITH CRUELTY TO ANIMALS.

ANIMALS IN THE EXPERIMENTATION INDUSTRY

IN A HISTORIC PLEA AGREEMENT FOLLOWING PETA'S 2021 UNDERCOVER INVESTIGATION, ENVIGO PLEADED GUILTY TO A CRIMINAL CHARGE OF CONSPIRACY TO VIOLATE THE AWA AND A FELONY CHARGE OF CONSPIRACY TO VIOLATE THE FEDERAL CLEAN WATER ACT. THESE FIRST-EVER FEDERAL CONVICTIONS OF A SUPPLIER OF ANIMALS FOR EXPERIMENTATION LEAVE ENVIGO FACING MORE THAN \$35 MILLION IN PENALTIES, INCLUDING A \$22 MILLION FINE. PETA'S INVESTIGATOR TIPPED OFF THE GOVERNMENT TO MANY OF THE VIOLATIONS CITED IN THE DOJ'S FILINGS, INCLUDING THAT ENVIGO STAFF KILLED CONSCIOUS PUPPIES VIA EXCRUCIATING INJECTIONS INTO THE HEART, ADVISED OTHER EMPLOYEES TO WITHHOLD FOOD FROM NURSING MOTHER DOGS, FALSELY TOLD INSPECTORS THAT THE DOGS WERE BEING FED EVERY DAY, AND FALSIFIED RECORDS.

PETA SUCCESSFULLY WORKED WITH VIRGINIA LEGISLATORS TO PASS TWO IMPORTANT BILLS. AN ANIMAL TESTING TRANSPARENCY BILL CREATED A TASK FORCE TO IDENTIFY DEFICIENCIES AND MAKE RECOMMENDATIONS ABOUT

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TRANSPARENCY AT PUBLICLY FUNDED ANIMAL TESTING FACILITIES IN THE STATE.

THE TASK FORCE WILL EXAMINE FACILITIES' VIOLATIONS OF FEDERAL REGULATIONS AS WELL AS DETAILS ABOUT HOW AND HOW MANY ANIMALS ARE EXPERIMENTED ON, INCLUDING SPECIES PROTECTED BY THE AWA, SUCH AS DOGS, CATS, AND PRIMATES, AS WELL AS THOSE NOT COVERED, INCLUDING BIRDS, RATS, AND MICE. A BAN ON THE USE OF BULLHOOKS, A PAINFUL TOOL USED TO CONTROL ELEPHANTS, WAS ALSO PASSED.

ANIMALS IN THE FOOD INDUSTRY

BASED ON EVIDENCE GATHERED DURING PETA'S UNDERCOVER INVESTIGATION INTO PLAINVILLE FARMS, EIGHT MORE FORMER WORKERS WERE CONVICTED OF CRUELTY TO ANIMALS IN PENNSYLVANIA. EVEN THOUGH THE COMPANY CLAIMS THAT TURKEYS ARE "HUMANELY RAISED" IN A "STRESS-FREE ENVIRONMENT," PETA'S INVESTIGATOR FILMED WORKERS THERE REPEATEDLY KICKING AND THROWING TURKEYS. NINE OF THE MEN WERE SENTENCED TO PROBATION, DURING WHICH TIME THEY WILL BE PROHIBITED FROM WORKING WITH ANIMALS.

FOLLOWING A WHISTLEBLOWER TIP THAT ANIMALS SUFFERED IN FILTHY CONDITIONS AT THE ONTARIO WATER BUFFALO COMPANY, PETA INVESTIGATED AND FOUND SYSTEMIC ANIMAL SUFFERING THERE. CANADIAN PROVINCIAL OFFICIALS CLAIMED TO HAVE INVESTIGATED THE COMPANY, BUT A FOLLOW-UP VISIT TO THE FARM FOUND THAT ANIMALS WERE STILL BEING KEPT AMID FECES AND SWARMED BY FLIES. PETA'S FINDINGS LED THE OPERATOR'S MAIN CUSTOMER, A CHEESEMAKER, TO CUT TIES WITH THE FARM.

PETA WORKED WITH A WHISTLEBLOWER TO EXPOSE LONE STAR ORGANIC DAIRY IN TEXAS, WHERE A COW WAS FOUND TREADING WEAKLY IN A 14-FOOT-DEEP PIT OF

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FECES AND URINE. DEAD COWS AND CALVES WERE STREWN ACROSS THE GROUND IN THE FARM'S "CEMETERY." HORIZON ORGANIC, THE LARGEST SUPPLIER OF ORGANIC MILK IN NORTH AMERICA, SUSPENDED SOURCING MILK FROM THE FARM AFTER HEARING FROM PETA. THE VISUALS PROVIDED BY THE WHISTLEBLOWER REMIND CONSUMERS THAT "ORGANIC" IS JUST ANOTHER MEANINGLESS BUZZWORD THAT HAS NO BEARING ON ANIMAL WELFARE.

PETA CONTINUES TO UNCOVER AND SHARE WITH THE PUBLIC STORIES OF ANIMALS WHOSE SUFFERING AND VIOLENT DEATHS AT SLAUGHTERHOUSES WOULD OTHERWISE GO UNTOLD, WITH NO ONE HELD ACCOUNTABLE.

PETA EXPOSED THAT NEARLY 2,000 CHICKENS WERE BURNED ALIVE ON TRUCKS BOUND FOR A LOUISIANA SLAUGHTERHOUSE, THAT THOUSANDS OF CHICKENS DIED ON TRUCKS IN MISSOURI, THAT CATTLE SUFFOCATED IN SOUTH DAKOTA, THAT WORKERS REPEATEDLY SHOT A STEER IN THE HEAD AND CUT HIS THROAT WHILE HE WAS STILL CONSCIOUS IN PENNSYLVANIA, THAT A CHICKEN WAS PUNCHED, THAT A COW'S SPINAL CORD WAS HACKED INTO WHILE SHE WAS STILL CONSCIOUS, AND THAT A LAME STEER WAS WHIPPED FOR 20 MINUTES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

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PETA CALLED SHOPPERS' AND LAW-ENFORCEMENT AGENCIES' ATTENTION TO THE ILLEGAL SUFFERING OF A DOWNED COW WHO WAS REPEATEDLY ELECTROSHOCKED AND STRUCK IN IDAHO AS WELL AS THE LATEST INCIDENT INVOLVING A COW WHO WAS FOUND CONSCIOUS WHILE HANGING UPSIDE DOWN ON A SOUTH DAKOTA KILL FLOOR.

PETA EXPOSED EGREGIOUS SUFFERING IN NORTH DAKOTA, WHERE A COW WAS

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HOISTED UPSIDE DOWN AND CRYING OUT AS A WORKER SLASHED HER THROAT AND  
LEFT HER TO SLOWLY BLEED TO DEATH.

PETA HIGHLIGHTED THE PROLONGED DEATHS OF CATTLE IN SLAUGHTERHOUSES IN  
MAINE AND MISSOURI.

MEAT INDUSTRY WORKERS SPRAYED COWS WITH SCALDING-HOT WATER IN FLORIDA,  
BEAT PIGS IN MICHIGAN, AND FATALLY DENIED PIGS FOOD AND WATER FOR MORE  
THAN 35 HOURS WHILE HAULING THEM THROUGH EXTREME TEMPERATURES IN IDAHO.

PETA REVEALED THAT A NEW JERSEY MAN LIFTED A CROWBAR ABOVE HIS HEAD AND  
STRUCK A LAMB SO HARD THAT A FEDERAL INSPECTOR COULD HEAR THE IMPACT OF  
THE STRIKE. PROSECUTORS ARE INVESTIGATING.

ANIMALS IN THE ENTERTAINMENT INDUSTRY

PETA LAUNCHED AN UNDERCOVER INVESTIGATION INTO ATLANTA FILM ANIMALS A  
COMPANY THAT TRAINS AND PROVIDES ANIMALS FOR THE FILM, TELEVISION, AND  
ADVERTISING INDUSTRIES WHICH REVEALED THAT WORKERS WAREHOUSED ANIMALS  
IN COLD, BARREN CAGES; VIRTUALLY STARVED THEM TO MAKE THEM EASIER TO  
TRAIN; AND DENIED SICK ANIMALS VETERINARY CARE. AFTER THE HOLLYWOOD  
REPORTER BROKE THE STORY, THE USDA AND LOCAL LAW-ENFORCEMENT  
AUTHORITIES OPENED INVESTIGATIONS.

THE STARZ SERIES BMF AGREED TO STOP USING ALL ANIMALS AND SWITCH TO  
USING PROPS INSTEAD AFTER A WHISTLEBLOWER COMPLAINED TO PETA THAT A  
DEAD CHICKEN WAS DECAPITATED ON THE SET AND THAT THE PRODUCTION STILL  
PLANNED TO USE A DEAD DEER AND FILM A VIOLENT SCENE WITH A HORSE

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PRESENT.

THE VIRGINIA OFFICE OF THE ATTORNEY GENERAL AND STATE POLICE EXECUTED A SEARCH WARRANT AT NATURAL BRIDGE ZOO, WHICH HAS LONG BEEN THE SUBJECT OF PETA'S COMPLAINTS TO LOCAL, STATE, AND FEDERAL AGENCIES. NEARLY 100 ANIMALS OF 17 SPECIES WERE SEIZED INCLUDING BIRDS, REPTILES, MONKEYS, AND LEMURS AND IN MARCH, A JURY DETERMINED THAT 71 OF THOSE ANIMALS WOULD REMAIN IN THE CUSTODY OF THE GOVERNMENT.

PETA INVESTIGATORS RESCUED A FILTHY, MALNOURISHED THOROUGHBRED MARE JUST YARDS AWAY FROM AND MOMENTS BEFORE SHE WAS TO ENTER THE LARGEST HORSE SLAUGHTERHOUSE IN SOUTH KOREA. MY ELUSIVE DREAM WAS BORN IN THE U.S., USED FOR RACING FOR A SHORT TIME, AND THEN USED FOR BREEDING. SHE WAS SOLD TO THE SOUTH KOREAN RACING INDUSTRY, WHICH CONTINUED TO BREED HER UNTIL IT HAD NO FURTHER USE FOR HER. PETA ARRANGED FOR THE MARE TO BE FLOWN BACK HOME TO THE U.S. SHE NOW LIVES ON HUNDREDS OF ACRES ON A FLORIDA FARM WITH OTHER HORSES FORMERLY USED FOR RACING, SOME OF WHOM WERE ALSO RESCUED.

PROSECUTORS IN GEORGIA CHARGED SIX JOCKEYS WITH CRUELTY TO ANIMALS AND A BOOKIE WITH FELONY COMMERCIAL GAMBLING BASED ON EVIDENCE GATHERED IN PETA'S GROUNDBREAKING UNDERCOVER INVESTIGATION INTO UNREGULATED QUARTER HORSE RACES AT TWO "BUSH TRACKS" IN THAT STATE. PETA'S INVESTIGATORS CAPTURED FOOTAGE OF RAMPANT DOPING OF HORSES, INCLUDING INJECTIONS OF COCAINE, METHAMPHETAMINE, AND RITALIN; JOCKEYS USING ELECTROSHOCK DEVICES AND WHIPPING HORSES RELENTLESSLY; AND GRUESOME AND FATAL INJURIES TO HORSES AND JOCKEYS.

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CALIFORNIA BECAME THE FIRST STATE IN THE NATION TO BAN ITS LICENSEES FROM ANY INVOLVEMENT IN UNREGULATED QUARTER HORSE RACES. THIS FOLLOWS PETA'S PRESENTATION OF EVIDENCE TO THE CALIFORNIA HORSE RACING BOARD, WHICH THEN PASSED THE GROUNDBREAKING REGULATION TO PREVENT JOCKEYS, TRAINERS, AND OWNERS FROM PARTICIPATING IN OR EVEN ATTENDING UNREGULATED RACES.

PETA SUBMITTED COMPLAINTS, WITH SUPPORTING EVIDENCE, TO THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND THE TEXAS ANIMAL HEALTH COMMISSION ABOUT ISSUES AT UNREGULATED BUSH TRACKS IN THE STATE. THESE AGENCIES THEN CONDUCTED AN UNANNOUNCED INVESTIGATION INTO A BUSH TRACK IN HEREFORD, TEXAS, TO INSPECT ANIMAL DISEASE PAPERWORK, AFTER WHICH THE PARTICIPANTS LEFT AND THE RACES WERE CANCELED.

AFTER A COMPLAINT FROM PETA, NEW YORK STATE POLICE ARRESTED A HARNESS RACING TRAINER FOR ALLEGEDLY BEATING A HORSE SO VIOLENTLY THAT THE ANIMAL HAD TO BE EUTHANIZED. THE TRAINER WAS REPORTEDLY ANGRY AT THE HORSE, FINISH LINE, FOR ACCIDENTALLY STEPPING ON HIS FOOT. HE'S BEEN CHARGED WITH INTERFERENCE WITH OR INJURY TO CERTAIN DOMESTIC ANIMALS AND CRIMINAL MISCHIEF IN THE SECOND DEGREE, BOTH FELONIES.

A MAN WAS SENTENCED TO 15 YEARS IN PRISON AFTER PLEADING GUILTY TO SETTING FIRE TO A BARN AT THE TIOGA DOWNS HARNESS RACING TRACK IN NEW YORK AND BURNING MORE THAN TWO DOZEN HORSES AND A CAT ALIVE. PETA APPEALED TO THE TIOGA COUNTY DISTRICT ATTORNEY TO CHARGE THE MAN FOR EACH OF THE ANIMALS KILLED AND NOT JUST WITH A SINGLE COUNT OF ARSON AND ASSAULT. THE DISTRICT ATTORNEY AGREED AND HANDED DOWN A 105-COUNT INDICTMENT.

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FOLLOWING A COMPLAINT FROM PETA, THE RULING BODY OF INTERNATIONAL EQUESTRIAN SPORTS ISSUED A RARE YELLOW CARD WARNING TO BRAZILIAN TEAM MEMBER CARLOS PARRO. PETA ALERTED THE OFFICIALS AFTER RECEIVING PHOTOS OF PARRO ON THE OLYMPIC GROUNDS JUST DAYS BEFORE THE COMPETITION PULLING HIS HORSE'S HEAD INTO A PAINFUL, EXAGGERATED POSITION A VIOLATION OF INTERNATIONAL REGULATIONS. PETA CONTINUED TO KEEP THESE ONGOING VIOLATIONS AND ABUSE IN THE HEADLINES LEADING UP TO OUR RENEWED CALL FOR THE ELIMINATION OF HORSES, WHO ARE UNWILLING PARTICIPANTS, FROM THE OLYMPIC GAMES.

WORKING WITH SCRIPPS NEWS, PETA RELEASED EXCLUSIVE VIDEO FOOTAGE REVEALING HOW VERY YOUNG, INEXPERIENCED THOROUGHBREDS, WHOSE BODIES ARE STILL FRAGILE, ARE FORCED TO SPRINT AT TOP SPEED JUST TO DRIVE UP SALES PRICES AT AUCTION. THE RARE FOOTAGE OF A 2-YEAR-OLD HORSE'S INJURY AND EUTHANASIA ON THE TRACK WAS VIEWED MORE THAN 2 MILLION TIMES ON SOCIAL MEDIA. THE FOUNDER OF THE NATIONAL THOROUGHBRED ALLIANCE, A LEADING RACEHORSE OWNER, VOWED THAT HE WOULD NO LONGER BUY THESE JUVENILE HORSES AT AUCTIONS AND THAT HIS ORGANIZATION WOULD WORK TO END THE DEADLY SPRINTS.

#### OTHER CAMPAIGNS

THE NEW YORK POST BROKE PETA'S UNDERCOVER INVESTIGATION INTO THE VETERINARIANS' BLOOD BANK, A CRUDE OPERATION THAT PERPETUALLY CONFINES NEARLY 900 DOGS AND CATS AND SELLS THEIR BLOOD TO VETERINARY CLINICS. PETA'S INVESTIGATOR FOUND THAT WORKERS BLED ANIMALS EVERY THREE WEEKS EVEN WHEN THEY WERE ELDERLY, EMACIATED, AND SICK WITH BONE CANCER. A

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MANAGER OFFERED WORKERS \$200 FOR EACH CAT THEY BROUGHT TO THE FACILITY.

THIS WORKER AND OTHERS ACQUIRED CATS FROM ONLINE ADS AND FACEBOOK POSTS  
SEEKING A GOOD HOME FOR THEM. LOCAL LAW ENFORCEMENT INVESTIGATED.

AFTER PETA'S UNDERCOVER EXPOS, PEACEFUL PROTESTS, AND E-MAILS FROM MORE  
THAN 50,000 PETA SUPPORTERS, BLUEPEARL PET HOSPITAL AND VCA ANIMAL  
HOSPITALS CUT TIES WITH THE BLOOD BANK. PETVET CARE CENTERS WHICH  
OPERATES MORE THAN 450 VETERINARY CLINICS NATIONWIDE ALSO CUT TIES WITH  
IT.

AFTER THE INDIANA STATE BOARD OF ANIMAL HEALTH FAILED TO ACT ON ANY OF  
THE EVIDENCE PROVIDED BY PETA'S DAMNING INVESTIGATION, PETA SENT  
PERSONALIZED LETTERS TO ALL 150 MEMBERS OF THE INDIANA STATE  
LEGISLATURE AND REQUESTED THAT THEY INTRODUCE LEGISLATION TO REGULATE  
THE BLOOD BANKING INDUSTRY. SEVERAL LEGISLATORS WROTE BACK WITH  
POSITIVE RESPONSES AND ARE CONSIDERING ADDRESSING THE ISSUE DURING THE  
2025 LEGISLATIVE SESSION.

FOLLOWING PETA'S 2018 INVESTIGATION AND THE HARD-FOUGHT PASSAGE OF A  
LANDMARK CALIFORNIA BILL TO PHASE OUT THE OPERATION OF BUSINESSES THAT  
KEEP DOGS PERPETUALLY CAGED FOR THEIR BLOOD, HEMOPETA CAPTIVE-CANINE  
BLOOD BANK NEAR LOS ANGELES SHUT DOWN.

PETA'S UNDERCOVER INVESTIGATION FOUND THAT ANIMALS AT ISAIAH 11  
MINISTRY A SELF-PROCLAIMED "RESCUE" WERE LEFT TO SUFFER FROM SEVERE  
INFECTIONS, WOUNDS, AND MORE AND THAT DEAD ANIMALS WERE LEFT TO ROT.  
BASED ON OUR EVIDENCE, LOCAL AUTHORITIES OPENED A CRIMINAL  
INVESTIGATION INTO ITS OWNER. PETA STAFF TRAVELED TO INDIANA TO HELP



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THE KOSCIUSKO COUNTY SHERIFF'S OFFICE REMOVE ALL ANIMALS FROM THE FACILITY, AND PETA SECURED PLACEMENT AT REPUTABLE SANCTUARIES FOR VARIOUS FARMED ANIMALS. PETA IS PUSHING THE COUNTY PROSECUTOR TO ENSURE THAT THIS HOARDER IS BARRED FROM POSSESSING ANY ANIMALS.

AFTER PETA'S 2019 INVESTIGATION INTO THE WORLD'S LARGEST PRIVATELY OWNED ALPACA FARM REVEALED THAT ANIMALS WERE CUT UP AND LEFT WITH BLOODY WOUNDS, WHICH WERE SEWN UP WITHOUT ADEQUATE PAIN RELIEF AMONG OTHER VIOLENT ACTS OF ABUSE PERUVIAN AUTHORITIES CHARGED FIVE SHEARERS WITH CRUELTY TO DOMESTIC ANIMALS, A HISTORIC FIRST IN THE ALPACA INDUSTRY.

PETA EXPOSED AMERICAN OSTRICH FARMS, WHERE A WHISTLEBLOWER REPORTED THAT BIRDS WERE BEATEN AND FROZE TO DEATH IN THE MUDDY PENS WHERE OSTRICHES ARE CONFINED DURING THE HARSH IDAHO WINTER. LOCAL GROCERS THAT HAD SOLD THE BIRDS' FLESH QUICKLY DISTANCED THEMSELVES FROM THE FARM. PETA LATER CONNECTED SEVERAL WHISTLEBLOWERS WITH REPORTERS TO FURTHER EXPOSE THE SYSTEMIC CRUELTY TO BIRDS THEY WITNESSED AT THIS FACILITY.

990 PART III LN 4A

AFTER PETA MET WITH A PROSECUTOR IN TAIWAN ABOUT THE CRUELTY OF OVER-OCEAN PIGEON RACES THERE, THE OFFICIAL LED A RAID OF A PIGEON-RACING CLUB FOR SUSPECTED ILLEGAL GAMBLING AND CRUELTY TO ANIMALS, SEIZING CASH, COMPUTERS, AND OTHER EQUIPMENT AND RESCUING 734 PIGEONS WHO HAD BEEN LOADED INTO CRATES FOR A DEADLY OVER-OCEAN RACE.

AFTER PETA PROVIDED DETAILED DATA ABOUT THE EXTREMELY LOW NUMBER OF

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BIRDS WHO SURVIVED THE SPRING PIGEON RACES, THE PROSECUTOR LED ANOTHER TASK FORCE THAT BUSTED A PIGEON CLUB ON THE EVE OF THE START OF THE SUMMER RACES. THEY ARRESTED SEVEN PEOPLE AND SEIZED COMPUTERS, BANK ACCOUNTS, AND GAMBLING PARAPHERNALIA IN THE SECOND SUCH RAID IN A YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FISCAL YEAR 2024, PETA SECURED FREE ADVERTISING SPACE WORTH NEARLY \$4.4 MILLION AND LOGGED OVER 100,000 INTERACTIONS WITH THE MEDIA VIA NEWS RELEASES, LETTERS, SOCIAL MEDIA, AND RADIO, TV, PRINT, AND ONLINE INTERVIEWS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT THE NATIONAL INSTITUTES OF HEALTH (NIH) VIOLATED THE FIRST AMENDMENT BY BLOCKING CRITICISM OF ANIMAL TESTING. ITS DECISION CAME IN RESPONSE TO A LAWSUIT BROUGHT ON BEHALF OF PETA AND AN INDIVIDUAL PLAINTIFF BY LAWYERS AT THE FOUNDATION TO SUPPORT ANIMAL PROTECTION, THE KNIGHT FIRST AMENDMENT INSTITUTE AT COLUMBIA UNIVERSITY, AND THE ANIMAL LEGAL DEFENSE FUND. IT SAYS THAT NIH'S CURRENT AND PAST BLOCKING OF KEYWORDS INCLUDING "MONKEY(S)," "CATS," "MOUSE," "EXPERIMENT," "TESTING," "PETA," "TORTURE," AND "REVOLTING" ON ITS SOCIAL MEDIA PAGES IS ILLEGAL. THIS LANDMARK DECISION REINFORCES THAT NIH CAN NO LONGER DISTORT PUBLIC DISCOURSE OVER ITS WORK BY CENSORING CRITICS OF CRUEL, POINTLESS EXPERIMENTS ON ANIMALS. AS THE COURT EXPLAINED, ALLOWING NIH TO BLOCK "WORDS RELATED TO ANIMAL TESTING AS CATEGORICALLY OFF-TOPIC DEFIES COMMON SENSE."

THE CITES ANIMALS COMMITTEE, WHICH SETS INTERNATIONAL POLICY FOR THE

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TRADE IN WILD ANIMALS, HAS DECIDED TO MAINTAIN ADDITIONAL SCRUTINY OF  
ENDANGERED MONKEYS EXPORTED FROM CAMBODIA, THE PHILIPPINES, AND VIETNAM  
RATHER THAN DROPPING THESE ANIMALS OFF THE LIST. THIS WILL HELP KEEP  
THESE ANIMALS OUT OF U.S. LABORATORIES. PETA HAD REVIEWED DOCUMENTS  
FROM THESE COUNTRIES AND SUBMITTED ANALYSES RAISING LEGITIMATE  
QUESTIONS REGARDING THE RELIABILITY AND VALIDITY OF THE COUNTRIES'  
CLAIMS ABOUT THEIR SUCCESS WITH CAPTIVE BREEDING. PETA ALSO PETITIONED  
THE U.S. FISH & WILDLIFE SERVICE TO LIST THESE ANIMALS AS ENDANGERED  
UNDER THE FEDERAL ENDANGERED SPECIES ACT, WHICH WOULD PROVIDE THEM WITH  
ADDITIONAL PROTECTION.

THE LOUISIANA SUPREME COURT RULED IN PETA'S FAVOR AND ORDERED THAT  
LOUISIANA STATE UNIVERSITY (LSU) CAN'T KEEP PUBLIC RECORDS ABOUT  
CHRISTINE LATTIN'S DEADLY EXPERIMENTS ON SPARROWS HIDDEN. THE  
UNIVERSITY HAD FOUGHT PETA TO KEEP LATTIN'S RECORDS SECRET SINCE 2019,  
SAYING THAT IT HAD NO RECORDS OR OBLIGATION TO PROVIDE RECORDS THAT IT  
DID HAVE. AFTER PETA WON BOTH AT TRIAL AND BEFORE THE LOUISIANA COURT  
OF APPEAL, LSU APPEALED TO THE HIGHEST COURT IN THE STATE, WHICH  
AFFIRMED THE DECISIONS OF BOTH LOWER COURTS, FINDING THAT LSU MUST  
PRODUCE THE RECORDS INCLUDING VIDEOS OF LATTIN'S EXPERIMENTS THAT PETA  
HAD REQUESTED. IN ADDITION, LSU PAID PETA ATTORNEY'S FEES AND COSTS  
AWARDED BY THE TRIAL COURT IN THE AMOUNT OF \$73,501.

THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES, PART OF THE NIH,  
ANNOUNCED AT A RECENT CONFERENCE THAT IT WOULD STOP FUNDING THE MOST  
COMMON TYPES OF SEPSIS EXPERIMENTS ON ANIMALS AND INSTEAD SHIFT  
RESOURCES TOWARD SUPERIOR, HUMAN-RELEVANT METHODS. THE MOVE FOLLOWS  
YEARS OF PRESSURE FROM PETA AND ITS ONGOING LAWSUIT CHALLENGING THE

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AGENCY'S CONTINUED FUNDING OF FAILED SEPSIS EXPERIMENTS ON MICE AND OTHER ANIMALS. THIS LAWSUIT IS THE FIRST OF ITS KIND TO CHALLENGE AN ENTIRE AREA OF RESEARCH.

AFTER PRESSURE AND COMPLAINTS FROM PETA, A SLEEP FRAGMENTATION EXPERIMENT THAT UNIVERSITY OF MASSACHUSETTS AMHERST EXPERIMENTER AGNES LACREUSE HAD MOVED TO THE UNIVERSITY OF WISCONSIN MADISON'S WISCONSIN NATIONAL PRIMATE RESEARCH CENTER WAS HALTED. UW-MADISON HAD RECEIVED APPROVAL TO SUBJECT 32 MARMOSETS TO 24 NIGHTS, OVER TWO MONTHS, OF LOUD, BLARING NOISES TO WAKE THEM REPEATEDLY. INSTEAD, SIX MARMOSET MONKEYS WERE DEPRIVED OF SLEEP FOR JUST ONE NIGHT.

AFTER PETA PROVIDED THE UNIVERSITY OF WASHINGTON BOARD OF REGENTS WITH EVIDENCE OF DIRECTOR MICHELE BASSO'S FAILINGS AND CALLED FOR HER DISMISSAL, SHE WAS REMOVED AS DIRECTOR OF THE WASHINGTON NATIONAL PRIMATE RESEARCH CENTER (WANPRC). BASSO, WHO HAS LONG HISTORY OF UTTER DISREGARD FOR THE MONKEYS SHE EXPERIMENTS ON, HAD BOTCHED SURGICAL IMPLANTS IN THE SKULLS OF MONKEYS AND WAS RESPONSIBLE FOR MULTIPLE VIOLATIONS OF FEDERAL ANIMAL WELFARE LAWS.

LAWMAKERS IN WASHINGTON STATE INTRODUCED A BILL THAT WOULD REQUIRE TRANSPARENCY AT THE PUBLICLY FUNDED WANPRC, WHICH HAS RECEIVED HUNDREDS OF MILLIONS OF TAX DOLLARS IN THE PAST 10 YEARS ALONE. THE PRIMATE ACT WOULD HAVE REQUIRED THAT THE WANPRC PUBLISH DATA ANNUALLY ON THE NUMBER AND SPECIES OF PRIMATES IN ITS FACILITIES, HOW THEY'RE USED IN EXPERIMENTATION, INJURIES AND DEATHS, UNINTENDED INFECTIONS AND ILLNESSES, VIOLATIONS OF THE FEDERAL ANIMAL WELFARE ACT (AWA), PUBLIC FUNDING RECEIVED, AND THE COMPOSITION OF OVERSIGHT COMMITTEES AND

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BOARDS. THE BILL FOLLOWED PETA'S CAMPAIGNS AND LAWSUITS AND GAINED NINE COSPONSORS ON ITS FIRST DAY. WHILE IT ULTIMATELY DID NOT PASS IN THIS SESSION, IT WAS THE FIRST ACT OF THE WASHINGTON STATE LEGISLATURE CHALLENGING THE PRIMATE CENTER AND WILL LIKELY BE REINTRODUCED.

THE U.S. COURT OF APPEALS FOR THE NINTH CIRCUIT GRANTED PETA A VICTORY IN ITS APPEAL OF A RULING FROM THE U.S. DISTRICT COURT FOR THE WESTERN DISTRICT OF WASHINGTON THAT PERMITTED MEMBERS OF THE UNIVERSITY OF WASHINGTON INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE TO HAVE THEIR NAMES REDACTED IN PUBLIC RECORDS RESPONSES.

PETA'S SCIENCE ADVANCEMENT & OUTREACH DIVISION, IN COLLABORATION WITH A MULTIORGANIZATIONAL GROUP OF RESEARCHERS AND ADVOCATES, WON THE LUSH PRIZE, THE LARGEST AWARD OFFERED WITHIN THE ANIMAL-FREE RESEARCH COMMUNITY, IN MAJOR SCIENCE COLLABORATION. THE COVETED BIANNUAL PRIZE IS INTERNATIONALLY COMPETITIVE AND RECOGNIZES THE MOST PROMISING COLLABORATIONS THAT ARE WORKING TO DEVELOP AND PROMOTE ALTERNATIVES TO ANIMAL TESTING. PETA'S GROUP TRIUMPHED OVER TWO FIERCE COMPETITORS, SECURING A PRESTIGIOUS CENTER-STAGE SPOTLIGHT ON ITS WORK TO ADVANCE NON-ANIMAL RESEARCH METHODS.

PETA'S COMPLAINT TO THE U.S. DEPARTMENT OF AGRICULTURE (USDA) RESULTED IN A \$1,000 PENALTY AGAINST HAINAN AIRLINES AFTER CONFIRMING ITS ALLEGATION THAT THE COMPANY HAD VIOLATED FEDERAL LAW IN AUGUST 2022 BY FLYING 720 MONKEYS MORE THAN 8,000 MILES FROM CAMBODIA TO CHICAGO WITHOUT BEING REGISTERED WITH THE AGENCY AS REQUIRED. PETA HAS SINCE CONFIRMED THAT HAINAN AIRLINES STILL HAS NO REGISTRATION AND APPEARS TO BE OUT OF THE MONKEY-TRANSPORT INDUSTRY.

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LOCAL RESIDENTS IN BAINBRIDGE, GEORGIA, FILED A LAWSUIT AGAINST THE CITY GOVERNMENT AND MULTIPLE COUNTY AGENCIES THAT VOTED, IN VIOLATION OF GEORGIA'S OPEN MEETINGS ACT, TO APPROVE A PLAN WHICH INCLUDED \$58 MILLION IN TAX ABATEMENTS TO BUILD THE LARGEST MONKEY-BREEDING FACILITY IN THE U.S. THE PLANNED FACILITY WOULD IMPORT, BREED, AND WAREHOUSE MONKEYS DESTINED TO BE POISONED, MUTILATED, AND KILLED IN POINTLESS LABORATORY EXPERIMENTS, RISKING THE SPREAD OF INFECTIOUS DISEASES AND DEGRADING THE ENVIRONMENT.

ACCORDING TO THE LAWSUIT, THE AGENCIES FAILED TO PUBLISH NOTICES OR AGENDAS, RECORD THE PRESENCE OR ABSENCE OF THEIR MEMBERS, AND IDENTIFY INDIVIDUAL MEMBERS WHO VOTED TO APPROVE THE PROJECT, ALONG WITH VIOLATING THE ACT IN OTHER WAYS. LOCAL RESIDENTS HAVE ALSO FILED A NUISANCE LAWSUIT AGAINST THE COMPANY FOR THE HARM THAT WOULD COME TO THEM IF THE FACILITY IS BUILT.

MORE THAN 24,000 PETA SUPPORTERS EMAILED AGENCY OFFICIALS AT THE TAIWAN FOOD AND DRUG ADMINISTRATION TO FINALIZE REGULATIONS THAT REMOVES ANIMAL TESTING AS AN OPTION FOR COMPANIES WANTING TO MAKE HUMAN IRON HEALTH CLAIMS FOR MARKETING THEIR FOOD AND BEVERAGE PRODUCTS. THE TESTING INCLUDED FEEDING BABY RATS AN IRON-DEFICIENT DIET TO INDUCE ANEMIA AND THEN FEEDING THEM A TEST FOOD, AFTER WHICH THEIR BLOOD WAS REPEATEDLY TAKEN. THE AGENCY NOW REQUIRES ONLY SAFE AND EFFECTIVE HUMAN TESTS FOR THIS PURPOSE.

RECOMMENDATIONS FORMALLY AND REPEATEDLY MADE BY PETA, SOME NEARLY VERBATIM, WERE INCLUDED IN THE NIH APPROVING A PLAN TO INVEST IN AND

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STUDY ANIMAL-FREE, HUMAN-RELEVANT RESEARCH METHODS. THE PROGRAM IS EXPECTED TO FUND \$35 MILLION TO \$40 MILLION A YEAR TO "SIGNIFICANTLY ADVANCE UNDERSTANDING OF HUMAN HEALTH AND DISEASE."

AFTER THE MILITARY HEARD FROM PETA, A U.S. ARMY FUNDED BRAIN DAMAGE EXPERIMENT ON FERRETS ENDED MORE THAN SIX MONTHS AHEAD OF SCHEDULE AT MICHIGAN'S WAYNE STATE UNIVERSITY. FERRETS WILL NO LONGER BE PURPOSELY BOMBARDED WITH RADIO WAVES, KILLED, AND DISSECTED IN THIS GRUESOME EXPERIMENT. PETA IS URGING THE ARMY TO STOP SUBJECTING ANY SPECIES TO CRUDE AND POINTLESS WEAPON-WOUNDING TESTS AND SWITCH TO ANIMAL-FREE METHODS THAT ARE ACTUALLY RELEVANT TO HUMAN HEALTH.

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AS MANY AS 18 SHEEP EACH YEAR IN ALBANIA WILL NO LONGER BE CUT APART AND KILLED IN MEDICAL TRAINING COURSES, THANKS TO PETA'S DONATION OF TWO STATE-OF-THE-ART TRAUMAMAN SURGICAL SIMULATORS TO ALBANIA'S ADVANCED TRAUMA LIFE SUPPORT (ATLS) NATIONAL PROGRAM. THIS BRINGS THE TOTAL NUMBER OF COUNTRIES THAT HAVE ENDED THE CRUDE USE OF LIVE DOGS, PIGS, GOATS, AND SHEEP FOR ATLS MEDICAL TRAINING TO 23, FOLLOWING PETA'S DONATIONS OF 124 TRAUMAMAN SIMULATORS, WORTH MORE THAN \$3 MILLION, SINCE 2012.

CHARLES RIVER LABORATORIES' PLAN TO BUILD A PROPOSED MONKEY FACILITY ON ENVIRONMENTALLY SENSITIVE LAND IN BRAZORIA, TEXAS, WAS CANCELED AFTER A CAMPAIGN BY PETA AND HUNDREDS OF LOCAL RESIDENTS WHO OBJECTED TO THE FACILITY. CHARLES RIVER, A MAJOR CONTRACT RESEARCH ORGANIZATION, FACES INVESTIGATIONS BY FEDERAL AUTHORITIES INTO ALLEGED ILLEGAL SMUGGLING OF LONG-TAILED MACAQUES, AN ENDANGERED SPECIES, FROM ASIA TO SELL TO U.S.

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RESEARCH LABORATORIES.

FOLLOWING PRESSURE FROM PETA, THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER ENDED THE USE OF LIVE ANIMALS FOR INVASIVE MEDICAL PROCEDURES IN ITS OBSTETRICS AND GYNECOLOGY PHYSICIAN RESIDENCY TRAINING PROGRAM.

AFTER PETA ALERTED LOCAL AUTHORITIES TO THE HORRIFIC DEATHS OF 47 MONKEYS AT FUNDACIN INSTITUTO DE INMUNOLOGA DE COLOMBIA, A MONKEY TORTURE FACILITY, THE OFFICE OF THE ATTORNEY GENERAL OPENED AN INVESTIGATION INTO THE LABORATORY. EVIDENCE GATHERED BY PETA SHOWS THAT MONKEYS WERE DENIED VETERINARY CARE AND CHOKED TO DEATH OR DIED FROM HEART ATTACKS, SEPSIS, TETANUS, HEATSTROKE, HYPOTHERMIA, AND OTHER CONDITIONS.

AFTER PETA EXPOSED A SOUTH AMERICAN RESEARCH GROUP'S MISTREATMENT OF MONKEYS AND GOT THE FACILITY SHUT DOWN, A COLOMBIAN ENVIRONMENTAL AGENCY FOUND MALARIA EXPERIMENTERS AND OWNERS OF THE NIH-FUNDED CAUCASECO SCIENTIFIC RESEARCH CENTER AND MALARIA VACCINE AND DEVELOPMENT CENTER RESPONSIBLE FOR LACKING THE REQUIRED PERMITS TO CAPTURE, CONFINED, AND EXPERIMENT ON MONKEYS. EXPERIMENTERS SOCRADES HERRERA AND MYRIAM AREVALO WERE FINED MORE THAN \$281,000. THE RULING ALSO ESTABLISHED THAT "ANIMAL MISTREATMENT" HAD BEEN COMMITTED, AND THE AGENCY HAS FULL CUSTODY OF THE MONKEYS WHO WERE RESCUED FROM HERRERA'S AND AREVALO'S PRIMATE FACILITY (FUNDACION CENTRO DE PRIMATES) IN FEBRUARY 2023. SINCE ANIMAL MISTREATMENT IS A CRIME WHOSE INVESTIGATION AND PROSECUTION ARE NOT WITHIN THE AGENCY'S JURISDICTION, PETA EXPECTS THE OFFICE OF THE ATTORNEY GENERAL OF COLOMBIA TO FILE CRIMINAL



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# CHARGES.

AFTER PETA SHARED WITH UNIVERSIDAD DEL VALLE (UNIVALLE) OVERWHELMING EVIDENCE OF THE SCIENTIFIC INVALIDITY AND CRUELTY OF THE FORCED SWIM TEST IN WHICH RATS, MICE, OR OTHER SMALL ANIMALS ARE DROPPED INTO INESCAPABLE BEAKERS FILLED WITH WATER AND FORCED TO SWIM FOR THEIR LIVES UNIVALLE DECIDED TO BAN THE EXPERIMENT. UNIVALLE, THE MOST IMPORTANT RESEARCH INSTITUTION IN SOUTHWEST COLOMBIA, IS AN EXAMPLE FOR OTHER UNIVERSITIES IN LATIN AMERICA TO FOLLOW.

IT IS NOW ILLEGAL TO CONDUCT NEW FORCED SWIM TESTS ON ANIMALS IN NEW SOUTH WALES, AUSTRALIA. THIS ACTION FOLLOWS PETA'S WORK WITH LOCAL ACTIVIST GROUPS AND EXPERTISE OUR SCIENTISTS PROVIDED TO OFFICIALS.

# ANIMALS IN THE FOOD INDUSTRY

A COALITION OF ORGANIZATIONS, INCLUDING PETA, FILED A FEDERAL LAWSUIT SUCCESSFULLY CHALLENGING NORTH CAROLINA'S "AG-GAG" LAW, WHICH WAS DESIGNED TO STIFLE AND PUNISH THE FREE SPEECH OF WHISTLEBLOWERS WHO TRY TO INVESTIGATE AGRICULTURAL BUSINESSES IN THE STATE. BECAUSE THE COURTS AGREED THAT THE COALITION HAD PROVED THAT THE LAW COULD NOT BE CONSTITUTIONALLY APPLIED TO THEIR INVESTIGATIVE AND NEWSGATHERING ACTIVITY, THE COALITION WAS ENTITLED TO REIMBURSEMENT OF THE FEES INCURRED TO SUCCESSFULLY PROSECUTE THE CLAIM. IN MAY 2024, THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NORTH CAROLINA AWARDED THE COALITION OF PLAINTIFFS \$884,987 FOR LEGAL FEES.

FOLLOWING PRESSURE FROM PETA, ALASKA AIRLINES, DELTA AIR LINES, JETBLUE

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AIRWAYS, AND UNITED AIRLINES CONFIRMED THAT THEY'VE ADDED A VEGAN  
CREAMER TO FLIGHTS.

AFTER PETA PUSHED OSCAR MAYER TO INTRODUCE VEGAN HOT DOGS FOR YEARS,  
INCLUDING BY PURCHASING STOCK AND ASKING QUESTIONS IN SHAREHOLDER  
MEETINGS, HAVING ACTIVISTS IN PIG COSTUMES FOLLOW WIENERMOBILES AROUND,  
AND PUTTING OUT AN ACTION ALERT, E-MAIL ALERTS, AND SOCIAL MEDIA POSTS  
THAT CONVINCED TENS OF THOUSANDS OF PETA SUPPORTERS TO CONTACT THE  
COMPANY, THE BRAND RELEASED VEGAN HOT DOGS AND SAUSAGES IN 2024.

DUE TO POPULAR DEMAND, PANDA EXPRESS IS DOING ANOTHER TEST RUN OF  
BEYOND THE ORIGINAL ORANGE CHICKEN IN RESTAURANTS ACROSS THE COUNTRY.  
PETA ENCOURAGED THE CHAIN TO DO SO VIA ACTION ALERTS, DEMOS, AND  
GIVEAWAYS.

FOLLOWING DISCUSSIONS WITH PETA FRANCE AND INTENSE PRESSURE FROM PETA  
ENTITY SUPPORTERS, GLOBAL SUPERMARKET GIANT CARREFOUR CUT TIES WITH ITS  
SUPPLIER IN INDONESIA AND IS ENDING ITS SALE OF FROG LEGS FROM THE  
COUNTRY.

PETA LAUNCHED ITS "DON'T TAKE MY CHEESE" SUPER BOWL AD STARRING EDIE  
FALCO, WHICH PLAYED AHEAD OF THE GAME AND GOT OVER AN ESTIMATED 197,000  
IMPRESSIONS ALONG WITH EXTENSIVE MEDIA PICKUP. PETA ALSO RELEASED A  
COMPANION VIDEO TO THE AD ONLINE WITH EDIE SPEAKING PASSIONATELY ABOUT  
WHY SHE SPEAKS UP FOR MOTHER COWS. PETA POSTED ITS 2023 TOP FIVE  
VEGAN-FRIENDLY NFL STADIUMS, TOO.

PETA LAUNCHED A NEW TV AD CALLED "SAY CHEESE," POINTING OUT THAT PETA

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AND GEN ALPHA ARE SAYING "NO" TO THE OLD TRADITION OF SAYING "CHEESE" BEFORE A PHOTO. IT'S GOTTEN NEARLY A MILLION VIEWS ONLINE AND COUNTING.

PETA ASKED THE TORONTO MAPLE LEAFS HOCKEY TEAM TO DITCH ITS DAIRY SPONSORSHIP AHEAD OF NEXT SEASON FOR ANIMALS, THE PLAYERS' HEALTH, AND THE MELTING ICE CAPS.

PETA'S "HELL ON WHEELS" PIG AND CHICKEN TRUCKS DROVE ACROSS THE COUNTRY. PETA'S POWERFUL VISUALS PAIRED WITH THE SOUNDS OF ACTUAL SLAUGHTERHOUSE AUDIO CAPTURED HEADLINES AND ENGAGED THOUSANDS OF SPECTATORS.

AFTER A CHICKEN TRANSPORT TRUCK CRASHED IN RURAL WESTERN SOUTH CAROLINA, PETA MOBILIZED ADVOCATES TO GO OUT AND SEARCH FOR SURVIVING CHICKENS WHO HAD HIDDEN FROM THE CLEANUP CREWS. SURVIVORS WERE TAKEN TO A SANCTUARY FOR MEDICAL CARE.

PETA DISTRIBUTED THOUSANDS OF COPIES OF ITS NEW "GUIDE TO TRULY SUSTAINABLE EATING" TO COMBAT RAMPANT GREENWASHING, INCLUDING "REGENERATIVE AGRICULTURE." THE BOOKLET IS AVAILABLE IN PRINT OR A DOWNLOADABLE DIGITAL VERSION.

PETA SENT A FUN, PUN-LADEN PITCH WITH A CEASE-AND-DESIST LETTER FROM ITS ATTORNEYS TO JASON BATEMAN, TELLING HIM TO STOP MISLEADING HIS PODCAST LISTENERS WITH ADS FROM ORGANIC VALLEY. PETA WROTE A LETTER TO WILL ARNETT ABOUT SIMILAR PROMOTIONS FOR HAPPY EGG CO. ON THE PODCAST AND ARE WORKING ON REGULATORY COMPLAINTS ABOUT THE COMPANY'S MISLEADING ADVERTISEMENTS.

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PETA'S "I'M ME, NOT MEAT" MEMORIAL BILLBOARD WAS PLACED IN OVER A DOZEN CITIES ACROSS THE U.S. AND CANADA TO HELP BRING THE ANIMAL RIGHTS MESSAGE INTO THE OFTEN UNDERREPORTED NEWS STORIES OF CRASHES OF TRUCKS CARRYING ANIMALS USED FOR THEIR FLESH, EGGS, OR MILK.

PETA OFFERED A \$5,000 REWARD FOR INFORMATION LEADING TO THE ARREST AND CONVICTION OF THE PERSON OR PEOPLE WHO HAD SET THE ROCK ISLAND LIVESTOCK AUCTION BARN IN ILLINOIS ON FIRE WHILE COWS WERE INSIDE. ONE COW DIED IN THE FIRE, ONE ESCAPED, AND ABOUT 25 MORE WERE RELOCATED TO SAFETY. THREE SUSPECTS WERE ARRESTED ON ANIMAL TORTURE CHARGES A FEW DAYS LATER.

PETA CALLED FOR A SEX STRIKE AGAINST MEN ON THE HEELS OF A NEW STUDY SHOWING THAT MEN EAT MORE MEAT THAN WOMEN AROUND THE WORLD, THEREFORE CONTRIBUTING MORE TO THE CLIMATE CATASTROPHE. PETA ALSO PUT OUT AN AD THAT SAYS, "DON'T GIVE A F\*\*K. MEAT IS LINKED TO IMPOTENCE AND CLOGS OTHER ARTERIES, TOO."

PETA'S "SEA THINGS DIFFERENTLY" OPTICAL ILLUSION AD RAN IN MIAMI BEACH, FLORIDA, JUST IN TIME FOR THE OPENING OF STONE CRAB SEASON AND THE SOUTH BEACH SEAFOOD FESTIVAL. PETA ALSO HELD A VEGAN SEAFOOD GIVEAWAY NEARBY, WHERE ATTENDEES HAD A CHANCE TO GRAB A PACKET OF GOOD CATCH VEGAN TUNA WHILE THEY CHECKED OUT PETA'S SHIFTING MESSAGE THAT SHOWS A "FISHMONGER" ALTERNATELY HOLDING THE CORPSE OF A FISH AND THE CORPSE OF A CAT IN THEIR HANDS.

AFTER HASBRO AND MERLIN ENTERTAINMENTS ANNOUNCED PLANS FOR A NEW PEPPA

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PIG THEME PARK IN DALLAS, PETA URGED THE CORPORATIONS TO MAKE THE  
UPCOMING PARK FULLY VEGAN. THE APPEAL INSPIRED OVER 17,000 SUPPORTERS  
TO JOIN THE CAUSE.

PETA SECURED 350 VEGAN COOKBOOK DONATIONS FROM PUBLISHERS FOR ITS  
ANNUAL CONGRESSIONAL VEGGIE DOG LUNCH ON CAPITOL HILL IN WASHINGTON,  
D.C., SO THAT STAFF COULD PASS OUT BOOKS PROMOTING ETHICAL, HEALTHY,  
AND DELICIOUS EATING TO THE STAFF AT THE CENTER OF U.S. POLITICS.

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ASHLEY JACKSON ACTOR, ACTIVIST, AND DAUGHTER OF THE REVEREND JESSE  
JACKSON JOINED PETA TO LAUNCH OUR NATIONWIDE FOOD JUSTICE CAMPAIGN AT  
THE HISTORIC METROPOLITAN AME CHURCH IN WASHINGTON, D.C. PETA HANDED  
OUT ALMOST 200 FREE VEGAN MEALS AND BAGS PACKED WITH FRESH GROCERIES TO  
ATTENDEES. THE EVENT AND CAMPAIGN CALLING ON GOVERNMENT OFFICIALS TO  
STOP PROPPING UP THE MEAT, EGG, AND DAIRY INDUSTRIES WITH TAXPAYERS'  
MONEY AND INSTEAD, REDIRECT THOSE FUNDS TO SUBSIDIZE INCENTIVES FOR  
GROCERS IN FOOD DESERTS TO STOCK FRESH VEGETABLES, FRUITS, AND OTHER  
HEALTHY, HUMANE VEGAN FOODS WAS WIDELY COVERED.

ANIMALS IN THE CLOTHING INDUSTRY

AFTER RECEIVING INFORMATION FROM PETA ABOUT THE CRUEL WAYS SNAKES,  
CROCODILES, AND OTHER REPTILES ARE KILLED FOR THEIR SKIN IN THE FASHION  
INDUSTRY, UPSCALE BRAND TORY BURCH CONFIRMED THAT IT WILL NO LONGER USE  
REPTILE SKINS.

AFTER HEARING FROM PETA THAT GOATS IN THE CASHMERE INDUSTRY SCREAM IN

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PAIN AND FEAR AS THEY'RE TIED DOWN AND THEIR HAIR IS TORN OUT, VF CORPORATION WHICH OWNS TIMBERLAND, THE NORTH FACE, VANS, DICKIES, SUPREME, JANSPOUT, AND OTHER BRANDS CONFIRMED THAT NO NEW PRODUCTS IN DEVELOPMENT CONTAIN CASHMERE.

OUTDOOR RETAILER KRIMSON KLOVER MADE THE RESPONSIBLE DECISION TO REPLACE ALL DOWN WITH RECYCLED POLYESTER.

AFTER LEARNING FROM PETA ABOUT THE CRUEL WAYS BIRDS ARE RAISED AND KILLED FOR THEIR FEATHERS, FASHION AND ACCESSORIES RETAILER CLAIRE'S PLEDGED THAT IT WILL NO LONGER BUY FEATHERS FOR ITS PRODUCTS.

APPLE DROPPED THE USE OF LEATHER IN ALL OF ITS PRODUCTS AFTER A PUSH FROM PETA.

PETA WROTE TO GREATERGOOD, A RETAILER AND FUNDRAISER FOR ITS NONPROFIT ARM, REGARDING ITS MISLEADING CLAIMS THAT THE PRODUCTS IT SELLS ARE MADE FROM "100% VERIFIED AND CRUELTY FREE WOOL," "[H]UMANELY GATHERED ALPACA WOOL," AND "CRUELTY-FREE" SILK, WHEN NO SUCH PRODUCTS MEET THESE CRITERIA. AT PETA'S REQUEST, THE COMPANY REMOVED THESE CLAIMS FROM ITS WEBSITE.

FOLLOWING MULTIPLE LETTERS FROM PETA AND AN INVESTIGATIVE VIDEO NARRATED BY BRYAN ADAMS, THE CANADIAN ARMED FORCES (CAF) CONFIRMED THAT IT WILL TEST FAUX BEAR FUR ECOPEL SHOULD THE NEED FOR REPLACEMENT OF THE BEARSKIN CAPS ARISE. PETA WILL CONTINUE TO PUSH THE CANADIAN ARMED FORCES TO REMOVE BEARSKIN CAPS FROM ITS CEREMONIAL UNIFORMS ENTIRELY, BUT THIS IS A SIGNIFICANT STEP FORWARD.

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PETA ENTITIES LAUNCHED THE FIRST-EVER WORLDWIDE VEGAN CAR INTERIORS SURVEY TO HELP CONSCIENTIOUS CONSUMERS LOOKING FOR CRUELTY-FREE AUTOMOBILES. PETA CALLED ON AUDI, LEXUS, NISSAN, AND SUBARU TO OFFER VEGAN CAR INTERIORS TO THEIR CUSTOMERS.

FOLLOWING MULTIPLE INVESTIGATIONS AND YEARS OF CAMPAIGNING BY PETA ENTITIES INCLUDING HUNDREDS OF THOUSANDS OF E-MAILS FROM PETA SUPPORTERS AFRICAN UNION LEADERS HAVE APPROVED A BAN THAT MAKES THE SLAUGHTER OF DONKEYS FOR THEIR SKIN ILLEGAL ACROSS THE ENTIRE CONTINENT FOR THE NEXT 15 YEARS. THE MORATORIUM IS A MAJOR BLOW TO THE CHINESE EJIAO INDUSTRY, WHICH RELIES HEAVILY ON IMPORTS OF DONKEY SKINS FROM AFRICA TO FUEL ITSELF, AND WILL PREVENT MILLIONS OF DONKEYS FROM ENDURING PAINFUL, TERRIFYING DEATHS.

DESPITE ATTEMPTS FROM THE CITY'S PUBLIC ART COMMISSION TO PREVENT PETA FROM EXERCISING ITS FIRST AMENDMENT RIGHTS, PETA'S "E(N)D SHEARIN'" SHEEP STATUE WAS INSTALLED INSIDE THE CITY HALL ANNEX IN SAN ANGELO, TEXAS A CITY FORMERLY KNOWN AS THE "WOOL CAPITAL OF THE WORLD." THE STATUE'S ARTWORK, DESIGNED BY NEW YORKER CARTOONIST HARRY BLISS, DEPICTS IMAGES OF PROTESTING SHEEP HOLDING SIGNS THAT READ, "I'M SOMEONE, NOT A SWEATER" AND "I LOVE MY FAMILY DEEPLY."

ANIMALS IN THE ENTERTAINMENT INDUSTRY

A LAWSUIT BROUGHT BY PETA AND CONCERNED CITIZENS AGAINST NOTORIOUS ROADSIDE OUTFIT WACCATEE ZOO IN SOUTH CAROLINA REACHED A SETTLEMENT ENSURING THE PERMANENT CLOSURE OF THE FACILITY, BANNING THE OPERATORS

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FROM OWNING OR EXHIBITING "EXOTIC" ANIMALS IN THE FUTURE (WITH THE EXCEPTION OF FREE-ROAMING PEACOCKS CURRENTLY ON THE FACILITY PROPERTY), AND IMPOSING STRICT LIMITATIONS ON ITS OWNERSHIP OF DOMESTIC ANIMALS. THE SETTLEMENT CAME EXACTLY THREE MONTHS AFTER PETA RESCUED NINE CAPTIVE ANIMALS FROM WACCATEE WHO WERE THEN TRANSFERRED TO THE WILD ANIMAL REFUGE IN COLORADO. PETA IS MAKING EFFORTS TO RESCUE SEVERAL ADDITIONAL ANIMALS AND TRANSFER THEM TO SANCTUARIES BEFORE FORMALLY CONCLUDING THE LAWSUIT.

AFTER PETA ALERTED THE USDA TO ITS UNDERCOVER INVESTIGATION SHOWING A BEAR COUNTRY U.S.A. SUPERVISOR KICKING CUBS AND WORKERS ADMITTING TO USING FIREWORKS TO SCARE MOTHER BEARS OUT OF THEIR DENS SO THAT THEY COULD SNATCH THE CUBS TO PUT THEM ON DISPLAY, THE AGENCY CITED THE ROADSIDE ZOO FOR CAUSING "TRAUMA, BEHAVIORAL STRESS, PHYSICAL HARM, OR UNNECESSARY DISCOMFORT" TO BEARS. IN ADDITION, THE AGENCY CITED IT FOR ALLOWING LYNX TO REPEATEDLY ESCAPE FROM AN ENCLOSURE. THE U.S. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION ALSO INVESTIGATED AND ISSUED THE FACILITY A HAZARD ALERT WARNING, FINDING THAT CONDITIONS THERE WERE LIKELY TO CAUSE DEATH OR SERIOUS PHYSICAL HARM TO EMPLOYEES WHO ENTERED ENCLOSURES TO ABDUCT BABY BEAR CUBS FROM THEIR ANGUISHED MOTHERS.

FOLLOWING NUMEROUS COMPLAINTS FROM PETA TO VARIOUS FEDERAL AND STATE AUTHORITIES DETAILING EGREGIOUS ANIMAL WELFARE ISSUES AND NUMEROUS INJURIES TO CUSTOMERS AT SEAQUEST TRUMBULL IN CONNECTICUT, THE NOTORIOUS SHOPPING MALL PETTING ZOO CLOSED. AFTER SIMILAR COMPLAINTS FROM PETA, SEAQUEST LITTLETON IN COLORADO ALSO CLOSED ITS DOORS AND NEW JERSEY FISH & WILDLIFE SENT SEAQUEST WOODBRIDGE A 32-PAGE NOTICE OF



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VIOLATIONS LISTING DOZENS OF EXAMPLES OF ANIMALS WHO WERE DISEASED, INJURED, OR MISTREATED. THE AGENCY ORDERED SEAQUEST WOODBRIDGE TO IMMEDIATELY CHANGE ITS PRACTICES, INCLUDING BY CEASING ALL UNAUTHORIZED INTERACTIONS, AND TO PAY A \$2,500 PENALTY OR RISK INCURRING SUBSTANTIAL FINES AND LOSING ITS PERMITS AND ANIMALS.

IN A RARE MOVE BY THE USDA AND THE U.S. DEPARTMENT OF JUSTICE (DOJ), "EXOTIC"-ANIMAL DEALER ZACHERY KEELER, OWNER OF EVEN KEEL EXOTICS IN MICHIGAN, WAS STRIPPED OF HIS LICENSE TO EXHIBIT ANIMALS, HAD OVER 140 ANIMALS SEIZED BY THE FEDS, AND AGREED NEVER TO POSSESS ENDANGERED RING-TAILED LEMURS IN THE FUTURE. PETA HAD PREVIOUSLY REPORTED EVEN KEEL EXOTICS FOR ROUGHLY HANDLING A CAPYBARA FOR A NEWS STORY, AND THIS ISSUE WAS INCLUDED AMONG THE ALLEGED VIOLATIONS IN THE DOJ'S CASE.

FOLLOWING AN ALERT FROM PETA, THE USDA CITED ROADSIDE ZOO LINVILLA ORCHARDS IN PENNSYLVANIA FOR OVER 15 VIOLATIONS OF THE AWA, INCLUDING FOR FILTHY CONDITIONS AND IMPROPER CARE OF NEARLY 350 BIRDS, AND ISSUED IT AN OFFICIAL WARNING.

TIGER KING VILLAIN AND MYRTLE BEACH SAFARI OPERATOR BHAGAVAN "DOC" ANTLE WAS CONVICTED IN VIRGINIA OF TWO COUNTS OF WILDLIFE TRAFFICKING AND TWO COUNTS OF CONSPIRACY TO COMMIT WILDLIFE TRAFFICKING UNDER STATE LAW. THE LONGTIME PETA TARGET WAS ALSO GIVEN A \$10,000 FINE, A TWO-YEAR SUSPENDED SENTENCE, FIVE YEARS OF PROBATION, AND A FIVE-YEAR BAN ON WORKING WITH, TRADING, POSSESSING, OR ENGAGING IN OTHER ACTIVITIES WITH NON-NATIVE "EXOTIC" WILDLIFE.

THE USDA REVOKED THE LICENSE OF THOMAS EDMONDS, OPERATOR OF THE

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NOTORIOUS ROADSIDE ZOO WALNUT PRAIRIE WILDSIDE IN ILLINOIS, PERMANENTLY BANNING HIM FROM EXHIBITING ANIMALS REGULATED BY THE AWA, AND FINED HIM \$25,100. EDMONDS HAD RACKED UP MORE THAN 65 ALLEGED VIOLATIONS OF THE AWA OVER FOUR YEARS, AND MANY OF THE CITATIONS WERE ISSUED AFTER PETA REPEATEDLY ALERTED THE USDA TO ONGOING AND SERIOUS CONCERNS AT HIS FACILITY.

FOLLOWING MULTIPLE REQUESTS FOR INVESTIGATIONS FROM PETA, THE USDA ISSUED TIGER EXHIBITOR LISA LOPEZ, OPERATOR OF ALL THINGS WILD, A \$16,000 CIVIL PENALTY FOR ILLEGALLY EXHIBITING TIGERS WITHOUT A LICENSE AND OFFERING DANGEROUS PUBLIC FEEDING OPPORTUNITIES AT THE ALABAMA AND GEORGIA STATE FAIRS IN 2020.

FOLLOWING REPORTS REVEALING THAT ORGAN GRINDER MONKEY EXHIBITORS FEATURED AT THE SANDUSKY COUNTY FAIR IN OHIO HAD RACKED UP NUMEROUS VIOLATIONS OF THE AWA, INCLUDING MULTIPLE INCIDENTS IN WHICH CHILDREN WERE BITTEN BY A MONKEY, PETA SENT A LETTER TO FAIR ORGANIZERS, URGING THEM TO END THE USE OF MONKEYS IN FAIR EXHIBITS. AFTER PETA'S LETTER GOT THE ATTENTION OF LOCAL MEDIA, AN ORGANIZER REPORTEDLY CONFIRMED THAT THE ORGAN GRINDER EXHIBITS WOULD NOT BE INVITED TO RETURN TO ANY FUTURE FAIRS.

AFTER LEARNING FROM PETA THAT CAPUCHIN MONKEYS EXPERIENCE FEAR AND ANXIETY WHEN STRAPPED TO DOGS AND FORCED TO RACE AT HIGH SPEEDS IN EXPLOITATIVE EVENTS LIKE THE "BANANA DERBY," AMUSEMENT EVENT COORDINATOR AND AVON, OHIO, SUMMER FESTIVAL HOST KEVAWORKS TOLD US THAT IT "VALUES THE ETHICAL TREATMENT OF ANIMALS" AND PLEDGED THAT IT WILL NO LONGER BOOK THE NOTORIOUS SPECTACLE AT ANY EVENT IT MANAGES IN THE

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FUTURE.

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FOLLOWING A YEARS LONG PETA CAMPAIGN THAT INCLUDED SEVERAL LAWSUITS, CELEBRITY ADS, LETTERS TO COUNTY OFFICIALS, AND NUMEROUS RALLIES, MIAMI-DADE COUNTY ANNOUNCED THAT, DUE TO "NUMEROUS AND SIGNIFICANT VIOLATIONS," THE COUNTY HAD TERMINATED THE MIAMI SEAQUARIUM'S LEASE. THIS WAS POSSIBLE BECAUSE THE COUNTY, AT PETA'S URGING, INCORPORATED A PROVISION TO THE LEASE REQUIRING THAT THE FACILITY REMAIN IN COMPLIANCE WITH THE AWA, WHICH IT REPEATEDLY FAILED TO DO. FOUR PARROTS WHO WERE SUFFERING AT THE SEAQUARIUM WERE MOVED TO THE PEACEABLE PRIMATE SANCTUARY IN INDIANA TO RECEIVE PROPER CARE, HEALTHY FOOD, AND APPROPRIATE SOCIAL HOUSING. PETA IS HELPING TO FUND THE CONSTRUCTION OF THE BIRDS' SPACIOUS NEW ENCLOSURES.

PETA SENT REQUESTS TO THE USDA AND RIVERSIDE COUNTY OFFICIALS URGING THEM TO TAKE IMMEDIATE ACTION AGAINST WYLD JUNGLE, AN ILLEGAL ROADSIDE ZOO IN CALIFORNIA RUN BY MICHAEL HOLSTON A SOCIAL MEDIA INFLUENCER WITH A HISTORY OF VIOLATING STATE WILDLIFE LAWS. PETA POINTED OUT THAT HOLSTON WAS EXHIBITING "EXOTIC" ANIMALS WITHOUT A FEDERAL LICENSE AND OPERATING IN VIOLATION OF LOCAL COUNTY ZONING LAWS. FOLLOWING THE COMPLAINTS AND MEDIA ATTENTION, RIVERSIDE COUNTY, CALIFORNIA, ISSUED WYLD JUNGLE A CEASE-AND-DESIST ORDER.

AFTER PETA NOTIFIED THE USDA THAT AN ELDERLY ELEPHANT NAMED VIOLA ESCAPED FROM JORDAN WORLD CIRCUS WHILE IN BUTTE, MONTANA, FOR A PERFORMANCE, THE AGENCY CITED HER EXHIBITOR, THE NOTORIOUS CARSON & BARNES CIRCUS, FOR NOT PROPERLY SECURING HER AND FAILING TO PROTECT HER

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FROM POTENTIAL INJURY. VIOLA HAD ESCAPED AT LEAST TWICE BEFORE IN 2010  
AND 2014.

FOLLOWING A PETA CAMPAIGN, HALLMARK, THE WORLD'S LARGEST GREETING CARD  
COMPANY, HAS STOPPED PRODUCING AND SELLING CARDS FEATURING UNNATURAL  
AND DEGRADING IMAGES OF YOUNG CHIMPANZEES TAKEN AWAY FROM THEIR MOTHERS  
- DEPICTIONS THAT ARE KNOWN TO HINDER CONSERVATION EFFORTS. THE ACTION  
COMES AFTER PETA HELD LIVELY DEMONSTRATIONS NEAR THE COMPANY'S  
HEADQUARTERS, RAN CREATIVE ADS, AND ENLISTED THE HELP OF CELEBRITIES,  
INCLUDING JUDY GREER, TO WRITE HEARTFELT LETTERS - AND PETA SUPPORTERS  
SENT TENS OF THOUSANDS OF E-MAILS TO THE CARD COMPANY, WHICH ALSO FACED  
PRESSURE FROM DRUGSTORES THAT HAD STOPPED SELLING THESE CARDS. HALLMARK  
WAS THE LAST MAJOR CARD MANUFACTURER STILL SELLING CARDS WITH  
EXPLOITATIVE IMAGES OF GREAT APES.

FOR THE FIRST TIME EVER, PETA DISRUPTED A HOLLYWOOD MOVIE PREMIERE,  
TWISTERS, FOR STAGING A RODEO SCENE WITH HORSES AND GLAMORIZING THE  
BLOOD SPORT. THE PROTEST CAME ONLY AS A LAST RESORT AFTER PETA WROTE TO  
UNIVERSAL PICTURES, THE FILM'S DIRECTOR, AND ITS EXECUTIVE PRODUCER BUT  
HEARD NOTHING BACK. WITHIN 48 HOURS, VIDEO FOOTAGE OF THE DISRUPTION  
HAD GONE VIRAL, WITH 6.5 MILLION VIEWS AND WIDESPREAD MEDIA COVERAGE.  
JUST A FEW HOURS AFTER LAUNCH, PETA'S ACTION ALERT URGING THE STUDIO TO  
STOP EXPLOITING ANIMALS FOR ITS PRODUCTIONS HAD NEARLY 20,000  
SUPPORTERS.

AFTER PETA RELEASED AN UNDERCOVER INVESTIGATION REVEALING THAT  
ANHEUSER-BUSCH INBEV WAS CUTTING OFF THE TAILBONES OF THE ICONIC  
BUDWEISER CLYDESDALES AND LAUNCHED AN INTENSE CAMPAIGN, THE COMPANY

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ANNOUNCED THAT IT WAS ENDING THE CRUEL AMPUTATION PRACTICE, WHICH IT  
HAD SUBJECTED HORSES TO FOR DECADES.

PETA CONTACTED MULTNOMAH COUNTY ANIMAL SERVICES ASKING THE AGENCY TO  
INVESTIGATE THE PORTLAND PICKLES - AN OREGON COLLEGIATE SUMMER  
BASEBALL TEAM- FOR HOSTING "ANIMAL APPRECIATION NIGHT" AND ALLOWING AN  
ALLIGATOR TO BE DISPLAYED IN APPARENT VIOLATION OF A LOCAL ORDINANCE.  
IN RESPONSE, THE AGENCY SENT THE BASEBALL TEAM AND NEWPORT DISCOVERY  
ZOO (THE EXHIBITOR THAT HAD APPARENTLY SUPPLIED THE ALLIGATOR) A LETTER  
WARNING AGAINST INCLUDING DANGEROUS OR "EXOTIC" ANIMALS AT FUTURE  
EVENTS.

PETA'S PRESENCE IN ALASKA CALLING FOR AN END TO THE IDITAROD COULD NOT  
BE MISSED AT THE RACE'S MUSHERS BANQUET GALA, THE CEREMONIAL START, AND  
THE RESTART. AFTER HEARING FROM PETA AND OVER 60,000 OF PETA MEMBERS  
AND SUPPORTERS, AMERICAN PISTACHIO GROWERS DROPPED ITS SPONSORSHIP OF  
NOTORIOUS IDITAROD MUSHER DALLAS SEAVEY.

KRABLOONIK DOGSLEDDING IN COLORADO, ONCE THE LARGEST OPERATION OF ITS  
KIND IN THE COUNTRY, OFFICIALLY SHUT DOWN. THANKS TO DEDICATED,  
COMPASSIONATE RESIDENTS AND LOCAL PETA SUPPORTERS, THE TOWN OF SNOWMASS  
VILLAGE WAS MADE MORE AWARE OF ENTRENCHED ABUSE OF DOGS AND MOVED TO  
EVICT THE SHADY FACILITY.

UNIVERSOUL CIRCUS WENT ANIMAL-FREE AFTER DECADES OF EXPLOITING  
ELEPHANTS, TIGERS, ZEBRAS, CAMELS, AND OTHER ANIMALS IN CRUEL ACTS.  
THIS VICTORY FOLLOWED A MAJOR PETA CAMPAIGN THAT INCLUDED E-MAILS FROM  
OVER 100,000 SUPPORTERS, DOZENS OF PROTESTS, AND HELP FROM CELEBRITIES

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LIKE TLC'S CHILLI.

THE HADI SHRINE ANNOUNCED THAT IT WILL NO LONGER EXPLOIT ELEPHANTS IN ITS CIRCUS FOLLOWING MORE THAN 250,000 E-MAILS FROM PETA SUPPORTERS, EYE-CATCHING PROTESTS AT CIRCUS SHOWS AND SHRINE EVENTS, AND DROPPED SPONSORSHIPS. THE 2024 YAARAB SHRINE CIRCUS DIDN'T EXPLOIT ELEPHANTS OR ANY OTHER WILD ANIMALS.

OTHER CRUELTY TO ANIMALS

AFTER DESIGNER JUN TAKAHASHI SENT TERRARIUM DRESSES THAT INCLUDED LIVE CAPTIVE BUTTERFLIES DOWN THE RUNWAY AT PARIS FASHION WEEK, PETA URGED THE FOUNDER AND CREATIVE DIRECTOR OF UNDERCOVER NEVER TO DO SO AGAIN AND HE KINDLY AGREED, WRITING IN A HEARTFELT LETTER TO US THAT HE REGRETS TRAPPING BUTTERFLIES, WHO SHOULD "FLY FREELY IN THE SKY," AND PROMISING "NEVER TO USE BUTTERFLIES OR LIVING ANIMALS IN MY CREATIONS."

WHEN THEY HEARD FROM PETA THAT ENDANGERED MACAQUES ARE CHAINED, WHIPPED, AND FORCED INTO A LIFETIME OF LABOR PICKING COCONUTS IN THAILAND, COCONUT MILK PRODUCER CHEF'S CHOICE FOODS MANUFACTURER CO. STOPPED SOURCING COCONUTS FROM FARMS IN THAILAND AND SWITCHED TO IMPORTING THEM FROM OTHER COUNTRIES. IT MAKES THE BRANDS CHEF'S CHOICE AND NATURE'S CHARM, BOTH OF WHICH ARE SOLD THROUGHOUT THE U.S.

PETA ASKED THE GEORGIA DEPARTMENT OF NATURAL RESOURCES TO SUPPLEMENT ITS MESSAGE ABOUT HUMANELY KILLING TEGUS-LIZARDS WHO AREN'T NATIVE TO GEORGIA-AND THE AGENCY IMPLEMENTED PETA'S RECOMMENDATIONS AND ADDED CONTENT AND RESOURCES ON ITS WEBSITE TO PROVIDE THE PUBLIC WITH MORE

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## GUIDANCE.

AFTER LEARNING FROM PETA THAT BREATHING-IMPAIRED BREEDS (BIBS)-INCLUDING BULLDOGS, PUGS, BOXERS, AND OTHER FLAT-FACED DOGS-SUFFER FROM DEVASTATING HEALTH CONDITIONS, RITE AID STOPPED SELLING GREETING CARDS FEATURING THEM AT ITS MORE THAN 2,100 STORES NATIONWIDE. AND AFTER DISCUSSIONS WITH PETA, WIEDEN+KENNEDY - ONE OF THE LARGEST INDEPENDENT AD AGENCIES IN THE WORLD-COMMITTED TO LEAVING IMAGES OF BIBS OUT OF ITS ADS.

PETA'S ABDUCTION TOUR LANDED AT 16 SCHOOLS TO "ABDUCT" MORE THAN 900 STUDENTS INTO A VIRTUAL REALITY EXPERIENCE THAT SHOWS THEM WHAT IT'S LIKE FOR ANIMALS IN LABORATORIES. TOUR STOPS INCLUDED HIGH-PROFILE UNIVERSITIES SUCH AS YALE, PRINCETON, MIT, BROWN, AND JOHNS HOPKINS. PETA ALSO BROUGHT ABDUCTION TO THE PETA EXHIBIT AT THE SOUTH BY SOUTHWEST MEDIA CONVENTION IN AUSTIN, TEXAS. PROFESSIONALS AND CREATIVES AROUND THE WORLD WERE IMPRESSED BY THE EXHIBIT, USING WORDS LIKE "STRONG," "POWERFUL," AND "THOUGHT-PROVOKING."

PETA BROUGHT TO LIFE THE PETA2 "YOUR SIGN TO SAVE ANIMALS" CAMPAIGN AT MUSIC EVENTS THROUGHOUT THE U.S. ATTENDEES WERE INVITED TO SPIN A ZODIAC WHEEL TO DISCOVER THEIR ASTROLOGICAL CONSTELLATION AND HOW THEY SHOULD HELP ANIMALS ACCORDING TO THE STARS.

PETA'S "CUT OUT DISSECTION" CAMPAIGN FEATURES EVERYTHING A STUDENT NEEDS TO KNOW ABOUT ANIMAL DISSECTION AND HOW TO GET IT OUT OF THEIR SCHOOL. TEACHKIND SCIENCE, PETA'S HUMANE SCIENCE EDUCATION DIVISION, DONATED NEARLY 1,500 EMIND ACCOUNTS AND 600 SYNFGROGS TO HELP SCHOOLS

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REPLACE ARCHAIC ANIMAL DISSECTION WITH SUPERIOR, MODERN, HUMANE  
TEACHING METHODS.

PETA2'S REWARDS PROGRAM LAUNCHED IN FALL 2023, ALLOWING YOUNG PEOPLE TO  
TAKE ACTION FOR ANIMALS ON PETA2.COM, EARN POINTS, AND TURN THEM INTO  
FREE ANIMAL RIGHTS MERCH TO SPREAD THE WORD IN THEIR COMMUNITIES AND AT  
SCHOOL.

TEACHKIND RELEASED ITS FIRST KIDS' BOOK, UNLOCKING THE ANIMAL WORLD:  
INCREDIBLE FACTS AND HOW KIDS CAN BE SUPERHEROES FOR ANIMALS, BY INGRID  
NEWKIRK. PETA MAILED THOUSANDS OF COPIES TO PUBLIC LIBRARIES IN STATES  
INCLUDING CALIFORNIA, FLORIDA, AND TEXAS THE STATES WHERE PETA SEES THE  
MOST YOUTH-COMMITTED CRUELTY-TO-ANIMALS CASES, AHEAD OF SUMMER READING  
PROGRAMS.

AFTER A STRING OF UNSOLVED DOG ABUSE CASES IN THE YAKIMA, WASHINGTON,  
AREA, TEACHKIND OFFERED TO SEND BUNDLES OF EMPATHY-BUILDING BOOKS AND  
RESOURCES TO ALL ELEMENTARY SCHOOLS IN THE DISTRICT. THE SUPERINTENDENT  
ACCEPTED THE OFFER, SAYING: "YAKIMA SCHOOL DISTRICT VALUES THE  
IMPORTANCE OF NURTURING COMPASSION AND EMPATHY IN OUR STUDENTS. WE  
GRATEFULLY ACCEPT PETA'S BOOK DONATION AS A TOOL TO REINFORCE VALUES  
AND BELIEFS WITHIN PARTS OF OUR COMMUNITY."

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THE U.S. DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA DEALT A  
BLOW TO THE LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY  
(L.A. METRO) REGARDING PETA'S SUCCESSFUL FIRST AMENDMENT LAWSUIT  
AGAINST THE TRANSIT AGENCY. PETA FILED THE LAWSUIT AFTER L.A. METRO



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REJECTED ADS FEATURING A SIMPLE PLEA TO SHOW KINDNESS TO ANIMALS BY  
GOING VEGAN (WITH NO GRAPHIC IMAGERY).

THE COURT FOUND ASPECTS OF L.A. METRO'S ADVERTISEMENT POLICY  
"UNREASONABLE," "UNCONSTITUTIONAL," AND "VIEWPOINT DISCRIMINATORY." IT  
ISSUED AN INJUNCTION TO PREVENT L.A. METRO FROM ENFORCING THESE  
UNCONSTITUTIONAL POLICIES, WHICH INCLUDED A STIPULATION PROHIBITING ADS  
FOR NONCOMMERCIAL SPEECH UNLESS THE AD WAS SPONSORED BY A GOVERNMENT  
AGENCY. THE INJUNCTION PROMPTED L.A. METRO TO REVISE ITS POLICY TO,  
AMONG OTHER THINGS, REMOVE THE GOVERNMENT AGENCY EXCEPTION, AND IT THEN  
FILED A MOTION TO VACATE THE INJUNCTION. AFTER EXTENSIVE BRIEFING, THE  
COURT DENIED L.A. METRO'S REQUEST. AS A RESULT AND PER THE PARTIES'  
AGREEMENT, THE U.S. COURT OF APPEALS FOR THE NINTH CIRCUIT ALSO  
DISMISSED A PENDING APPEAL FROM L.A. METRO AS MOOT. IN JUNE 2024, THE  
DISTRICT COURT AWARDED PETA \$250,815 PLUS INTEREST TO COVER COSTS AND  
FEES.

SOUTHWEST WYOMING REGIONAL AIRPORT APPARENTLY HAD NO ADVERTISING  
GUIDELINES WHEN PETA FIRST INQUIRED ABOUT RUNNING AN AD ENCOURAGING  
TRAVELERS TO CHOOSE VEGAN LUGGAGE. BUT RATHER THAN ALLOWING THE AD TO  
RUN, THE AIRPORT, AS ALLEGED IN A PETA LAWSUIT, SCRAMBLED TO CREATE A  
SET OF POLICY GUIDELINES TO ATTEMPT TO JUSTIFY REJECTING IT. PETA'S  
LAWSUIT, FILED IN THE U.S. DISTRICT COURT OF WYOMING, ALLEGES THAT THE  
AIRPORT'S NEWFOUND "POLICY" IS BEING APPLIED IN A DISCRIMINATORY MATTER  
AND IS BOTH UNCONSTITUTIONALLY VAGUE AND INHERENTLY  
VIEWPOINT-DISCRIMINATORY, IN VIOLATION OF THE FIRST AMENDMENT. PETA  
SUPPORTS ITS ALLEGATIONS, IN PART, BY CLAIMING THAT THE AIRPORT HAS  
HISTORICALLY PROMOTED THE SALE OF GUNS AND SHOOTING SUPPLIES AS WELL AS

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RODEOS, HUNTING, AND OTHER INDUSTRIES THAT KILL ANIMALS. THE LAWSUIT ALSO QUOTES AIRPORT DIRECTOR DEVON BRUBAKER, WHO REMARKED DURING A RECORDED BOARD MEETING THAT HE THOUGHT THE CONTENT OF THE PETA AD WAS "LESS THAN APPROPRIATE FOR A FAMILY ENVIRONMENT."

PETA SUBMITTED A SHAREHOLDER RESOLUTION TO CHALLENGE WHOLE FOODS' CLAIMS THAT IT LEADS THE INDUSTRY IN "RESPONSIBLE SOURCING," BECAUSE IT CONTINUES TO SELL THAI COCONUT MILK INCLUDING THROUGH ITS OWN 365 BRAND DESPITE HAVING RECEIVED AMPLE EVIDENCE OF WIDESPREAD CRUELTY IN THE THAI COCONUT MILK INDUSTRY, AS REVEALED IN PETA ASIA'S PREVIOUS INVESTIGATIONS.

PETA LAUNCHED AN ACTION ALERT AGAINST OCEANIA CRUISES, WHICH OFFERS EXCURSION TOURS TO KO SAMUI, THAILAND, WHERE GUESTS CAN SEE EXPLOITED MONKEYS FORCED TO PICK COCONUTS. WITHIN 24 HOURS OF ITS GOING LIVE, 15,000 SUPPORTERS HAD ALREADY SENT A LETTER TO THE COMPANY TO EXPRESS THEIR OUTRAGE AND DEMAND THAT IT STOP THESE EXCURSIONS. THAT NUMBER QUICKLY CLIMBED UP AND OVER 50,000.

GERMAN GROCERY STORE CHAIN LIDL MOVED ITS SUPPLY CHAIN OUTSIDE OF THAILAND AND APPLIED THIS TO ALL ITS STORES, INCLUDING THOSE IN THE U.S. PETA LAUNCHED ITS POWERFUL PLATFORM, "EVERY ANIMAL IS SOMEONE," ALONG WITH ITS NEW EMPATHY KITS, ONE OF WHICH WAS SENT TO MARK ZUCKERBERG AFTER HE ANNOUNCED THAT HE WAS RAISING COWS FOR SLAUGHTER ON HIS HAWAII RANCH. PETA SENT ANOTHER TO NEW YORK CITY MAYOR ERIC ADAMS AFTER HE DISCUSSED HIS "HATRED" FOR RATS.

PETA WORKED WITH CALIFORNIA REP. TED LIEU'S OFFICE TO INTRODUCE THE

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GLUE TRAP PROHIBITION ACT. IT SEEKS TO BAN THE USE AND SALE OF GLUE TRAPS, WHICH PERMANENTLY DISABLE, INJURE, AND KILL COUNTLESS ANIMALS EVERY SINGLE YEAR. SINCE THE BILL'S INTRODUCTION IN JANUARY 2024, PETA HAS COLLECTED ENDORSEMENTS FROM 125 ORGANIZATIONS AROUND THE COUNTRY AND THE BILL HAS INSPIRED ELECTED OFFICIALS AT THE STATE AND CITY LEVELS TO PURSUE THEIR OWN GLUE TRAP BANS.

THE OJAI CITY COUNCIL VOTED UNANIMOUSLY TO BAN THE USE AND SALE OF ALL GLUE TRAPS FROM THE CALIFORNIA CITY. OJAI IS NOW THE SECOND CITY IN THE COUNTRY, AFTER WEST HOLLYWOOD, CALIFORNIA, TO BAN THESE CRUEL DEVICES. PETA INITIATED THE ORDINANCE, WORKED CLOSELY WITH CITY STAFF, AND GAVE A PRESENTATION TO THE COUNCIL BEFORE THEIR VOTE.

PETA WORKED WITH LOCAL ACTIVISTS AND A STATE REPRESENTATIVE IN NEW HAMPSHIRE TO INTRODUCE AND BUILD SUPPORT FOR A BILL THAT WOULD BAN THE USE AND SALE OF GLUE TRAPS ACROSS THE STATE. THE BILL IS IN "INTERIM STUDY" FOR FUTURE CONSIDERATION.

PETA WORKED WITH NEW HAMPSHIRE REP. ELLEN READ ON H.B. 1102, A FIRST-OF-ITS-KIND BILL THAT WOULD HAVE BANNED THE BREEDING AND SALE OF BRACHYCEPHALIC DOGS AND CATS AS WELL AS ANY OTHER ANIMAL BRED TO HAVE PAINFUL DEFORMITIES. WHILE THE BILL WAS EVENTUALLY TABLED, 140 STATE REPRESENTATIVES VOTED TO CONTINUE DISCUSSION OF THE BILL AND IT'S EXPECTED TO BE REINTRODUCED IN THE NEXT LEGISLATIVE SESSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PETA ENCOURAGES AND FACILITATES CRUELTY-FREE LIVING BY PROVIDING

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COMPASSIONATE PEOPLE AROUND THE WORLD WITH CONSUMER PRODUCTS SUCH AS COSMETICS AND HOUSEHOLD CLEANERS THAT AREN'T TESTED ON ANIMALS, ANIMAL-CARE PRODUCTS, AND ANIMAL RIGHTS T-SHIRTS INFORMATIONAL VIDEOS AND BOOKS, ANIMAL-RESCUE EQUIPMENT, AND CAMPAIGN MATERIALS. THESE ITEMS ARE AVAILABLE ONLINE THROUGH THE PETA SHOPPING GUIDE AND THE PETA SHOP. THIS FISCAL YEAR, BEAUTY WITHOUT BUNNIES ADDED 381 NEW COMPANIES TO PETA'S CRUELTY-FREE LIST, BRINGING OUR NEW TOTAL TO 6,711. SOME NOTABLE BRANDS INCLUDE AXE AND LYNX (UNILEVER) AND ROC SKINCARE. EXPENSES \$ 484,794. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

REGULAR CONFIRMATION AND CERTIFICATION BY BOARD MEMBERS AND THROUGH INTERNAL CONTROLS PUT INTO PLACE.

FORM 990, PART VI, SECTION B, LINE 15:

DATA IS REVIEWED FOR INTERNAL AND EXTERNAL QUALITY. DECISIONS ARE MADE BY THE PRESIDENT AFTER REVIEW OF RESEARCH AND ADVICE PROVIDED BY THE HUMAN RESOURCES GENERALIST OR HR COMPLIANCE OFFICER AT THE SUPPORTING ORGANIZATION. PERSONS WHO RECEIVE COMPENSATION ARE PRECLUDED FROM VOTING ON

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MATTERS PERTAINING TO THEIR COMPENSATION. THE PRESIDENT AND THE HR COMPLIANCE OFFICER EVALUATE THE REASONABLENESS OF OFFICERS' COMPENSATION, WHICH IS BASED ON COMPARABLE REMUNERATION FOR SIMILARLY QUALIFIED PERSONS WITH CONSIDERATION OF BACKGROUND, EXPERIENCE, EDUCATION, AND ORGANIZATIONAL KNOWLEDGE IN SIMILARLY SITUATED ENVIRONMENTS. DELIBERATIONS OF THE GOVERNING BODY ARE VERBAL WITH DECISIONS REGARDING COMPENSATION ARRANGEMENTS DOCUMENTED IN PERSONNEL FILES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IA,ID,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,MT  
NC,ND,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,VT,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:  
THE DOCUMENTS ARE MADE AVAILABLE AT THE PRESIDENT'S DISCRETION UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

|                                                        |             |
|--------------------------------------------------------|-------------|
| PROGRAM SERVICE EXPENSES                               | 16,902,915. |
| MANAGEMENT AND GENERAL EXPENSES                        | 481,611.    |
| FUNDRAISING EXPENSES                                   | 4,267,498.  |
| TOTAL EXPENSES                                         | 21,652,024. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 21,652,024. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING -7.

FORM 990, PART XII, LINE 2C:

Employer identification number  
52-1218336

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

|                                                                                          |                                                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>PEOPLE FOR THE ETHICAL TREATMENT<br/>OF ANIMALS, INC.</b> | Employer identification number<br><b>52-1218336</b> |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
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|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization                                    | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                             |                           |                                                     |                               |                                                           |                                     | Yes                                                | No |
| FOUNDATION TO SUPPORT ANIMAL PROTEC -<br>52-1842274, 501 FRONT STREET, NORFOLK, VA<br>23510 | SUPPORT ANIMAL PROTECTION | DELAWARE                                            | 501(C)(3)                     | LINE 12A, I                                               |                                     |                                                    | X  |
| PETA ASIA<br>ROOM 706 FEDMAN BLDG, 199 SALCEDO ST<br>MAKATI, PHILIPPINES 1229               | ANIMAL PROTECTION         | PHILIPPINES                                         |                               |                                                           |                                     |                                                    | X  |
| PETA DEUTSCHLAND, E.V<br>FRIOLZHEIMER STR. 3A<br>STUTTGART, GERMANY 70499                   | ANIMAL PROTECTION         | GERMANY                                             |                               |                                                           |                                     |                                                    | X  |
| PETA FOUNDATION UK<br>P.O BOX 70315<br>LONDON, UNITED KINGDOM N1P 2RG                       | ANIMAL PROTECTION         | UNITED KINGDOM                                      |                               |                                                           |                                     |                                                    | X  |

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

Schedule R (Form 990) 2023

[illegible]



**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule R (Form 990) 2023

**52-1218336** Page **2**

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
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|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                | Yes                                                   | No |
| PETA EUROPE LIMITED                                      |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| PO BOX 36668                                             |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| LONDON, UNITED KINGDOM SE1 1WA                           | ANIMAL PROTECTION       | UNITED KINGDOM                                            |                                     | C CORP                                                 |                                 |                                          |                                |                                                       | X  |
| PETA AUSTRALIA                                           |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| PO BOX 20308, WORLD SQUARE                               |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| SYDNEY, AUSTRALIA NSW 2002                               | ANIMAL PROTECTION       | AUSTRALIA                                                 |                                     | C CORP                                                 |                                 |                                          |                                |                                                       | X  |
| PETA CANADA                                              |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| 40 KING STREET WEST, SUITE 5800                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| TORONTO, CANADA M5H 3S1                                  | ANIMAL PROTECTION       | CANADA                                                    |                                     | C CORP                                                 |                                 |                                          |                                |                                                       | X  |
| PETA INT'L SCIENCE CONSORTIUM LTD                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| ALL SAINTS BLDG., 8 ALL SAINTS ST                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
| LONDON, UNITED KINGDOM N1 9 RL                           | ANIMAL PROTECTION       | UNITED KINGDOM                                            |                                     | C CORP                                                 |                                 |                                          |                                |                                                       | X  |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

Schedule R (Form 990) 2023

52-1218336 Page 3

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

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

**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?

|                                                                                                                | Yes       | No       |
|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... | <b>1a</b> | <b>X</b> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | <b>1b</b> | <b>X</b> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | <b>1c</b> | <b>X</b> |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      | <b>1d</b> | <b>X</b> |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                             | <b>1e</b> | <b>X</b> |
| <b>f</b> Dividends from related organization(s) .....                                                          | <b>1f</b> | <b>X</b> |
| <b>g</b> Sale of assets to related organization(s) .....                                                       | <b>1g</b> | <b>X</b> |
| <b>h</b> Purchase of assets from related organization(s) .....                                                 | <b>1h</b> | <b>X</b> |
| <b>i</b> Exchange of assets with related organization(s) .....                                                 | <b>1i</b> | <b>X</b> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      | <b>1j</b> | <b>X</b> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    | <b>1k</b> | <b>X</b> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | <b>1l</b> | <b>X</b> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | <b>1m</b> | <b>X</b> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | <b>1n</b> | <b>X</b> |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                          | <b>1o</b> | <b>X</b> |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | <b>1p</b> | <b>X</b> |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | <b>1q</b> | <b>X</b> |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   | <b>1r</b> | <b>X</b> |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 | <b>1s</b> | <b>X</b> |

**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)<br>Name of related organization         | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) FOUNDATION TO SUPPORT ANIMAL PROTECTION | M                                | 21,539,099.            | CASH                                         |
| (2) FOUNDATION TO SUPPORT ANIMAL PROTECTION | K                                | 1,283,658.             | CASH                                         |
| (3) PETA ASIA                               | B                                | 1,181,000.             | CASH                                         |
| (4) PETA FOUNDATION UK                      | B                                | 185,239.               | CASH                                         |
| (5) PETA DEUTSCHLAND                        | B                                | 400,000.               | CASH                                         |
| (6) PETA SCHWEIZ                            | B                                | 211,376.               | CASH                                         |

**PEOPLE FOR THE ETHICAL TREATMENT  
OF ANIMALS, INC.**

52-1218336

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization           | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (7) FOUNDATION TO SUPPORT ANIMAL PROTECTION | B                                | 20,000.                | CASH                                            |
| (8)                                         |                                  |                        |                                                 |
| (9)                                         |                                  |                        |                                                 |
| (10)                                        |                                  |                        |                                                 |
| (11)                                        |                                  |                        |                                                 |
| (12)                                        |                                  |                        |                                                 |
| (13)                                        |                                  |                        |                                                 |
| (14)                                        |                                  |                        |                                                 |
| (15)                                        |                                  |                        |                                                 |
| (16)                                        |                                  |                        |                                                 |
| (17)                                        |                                  |                        |                                                 |
| (18)                                        |                                  |                        |                                                 |
| (19)                                        |                                  |                        |                                                 |
| (20)                                        |                                  |                        |                                                 |
| (21)                                        |                                  |                        |                                                 |
| (22)                                        |                                  |                        |                                                 |
| (23)                                        |                                  |                        |                                                 |
| (24)                                        |                                  |                        |                                                 |

## Schedule R (Form 990) 2023

Page 4

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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.



FEIN: 52-1218336

A  
B  
C  
D  
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**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                                                                                            |                                                                                                                                      |                                                               |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br><b>PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.</b> | Taxpayer identification number (TIN)<br><br><b>52-1218336</b> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>501 FRONT ST</b>                                        |                                                               |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NORFOLK, VA 23510</b>                 |                                                               |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **KELLY FIDLER**  
**501 FRONT ST - NORFOLK, VA 23510**

Telephone No. **757-962-8364** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JUNE 16**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **AUG 1**, 20 **23**, and ending **JUL 31**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                               |           |    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))**2023**For calendar year 2023 or other tax year beginning **AUG 1, 2023**, and ending **JUL 31, 2024**Department of the Treasury  
Internal Revenue ServiceGo 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

|                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                              |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> Check box if address changed.                                                                                                                                                                                                                                                        | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.</b> | <b>D</b> Employer identification number<br><br><b>52-1218336</b>  |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A                                       |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>501 FRONT ST</b>                                                                | <b>E</b> Group exemption number (see instructions)                |
|                                                                                                                                                                                                                                                                                                                        |                      | City or town, state or province, country, and ZIP or foreign postal code<br><b>NORFOLK, VA 23510</b>                                                         | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
|                                                                                                                                                                                                                                                                                                                        |                      | <b>C</b> Book value of all assets at end of year ..... <b>52,696,445.</b>                                                                                    |                                                                   |
| <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university<br><input type="checkbox"/> 6417(d)(1)(A) Applicable entity |                      |                                                                                                                                                              |                                                                   |
| <b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800                                                                                                               |                      |                                                                                                                                                              |                                                                   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>                                                                                                                                                                             |                      |                                                                                                                                                              |                                                                   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>                                                                                                                                                                                                                                          |                      |                                                                                                                                                              |                                                                   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation                                        |                      |                                                                                                                                                              |                                                                   |
| <b>L</b> The books are in care of <b>KELLY FIDLER</b> Telephone number <b>757-962-8364</b>                                                                                                                                                                                                                             |                      |                                                                                                                                                              |                                                                   |

**Part I Total Unrelated Business Taxable Income**

|                                                                                                                                         |    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...                    | 1  | 147,407. |
| 2 Reserved .....                                                                                                                        | 2  |          |
| 3 Add lines 1 and 2 .....                                                                                                               | 3  | 147,407. |
| 4 Charitable contributions (see instructions for limitation rules) .....                                                                | 4  | 0.       |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                                | 5  | 147,407. |
| 6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>                                                           | 6  | 147,407. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction.<br>Subtract line 6 from line 5 ..... | 7  |          |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....                                                     | 8  | 1,000.   |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....                                                                         | 9  |          |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....                                                                                     | 10 | 1,000.   |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....          | 11 | 0.       |

**Part II Tax Computation**

|                                                                                                                                                                                                                                      |   |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....                                                                                                                                         | 1 | 0.   |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |      |
| 3 <b>Proxy tax.</b> See instructions .....                                                                                                                                                                                           | 3 |      |
| 4 Other tax amounts. See instructions .....                                                                                                                                                                                          | 4 |      |
| 5 Alternative minimum tax .....                                                                                                                                                                                                      | 5 | 315. |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....                                                                                                                                                                 | 6 |      |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....                                                                                                                                                        | 7 | 315. |

**Part III Tax and Payments**

|                                                                                                                                                                               |    |  |  |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....                                                                                          | 1a |  |  |      |
| b Other credits (see instructions) .....                                                                                                                                      | 1b |  |  |      |
| c General business credit. Attach Form 3800 (see instructions) .....                                                                                                          | 1c |  |  |      |
| d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....                                                                                                          | 1d |  |  |      |
| e <b>Total credits.</b> Add lines 1a through 1d .....                                                                                                                         | 1e |  |  |      |
| 2 Subtract line 1e from Part II, line 7 .....                                                                                                                                 | 2  |  |  | 315. |
| 3a Amount due from Form 4255 .....                                                                                                                                            | 3a |  |  |      |
| b Amount due from Form 8611 .....                                                                                                                                             | 3b |  |  |      |
| c Amount due from Form 8697 .....                                                                                                                                             | 3c |  |  |      |
| d Amount due from Form 8866 .....                                                                                                                                             | 3d |  |  |      |
| e Other amounts due (see instructions) .....                                                                                                                                  | 3e |  |  |      |
| f <b>Total amounts due.</b> Add lines 3a through 3e .....                                                                                                                     | 3f |  |  | 0.   |
| 4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here ..... | 4  |  |  | 315. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....                                                                                               | 5  |  |  | 0.   |

**Part III Tax and Payments** (continued)

|            |                                                                                                           |           |         |         |
|------------|-----------------------------------------------------------------------------------------------------------|-----------|---------|---------|
| <b>6 a</b> | Payments: Preceding year's overpayment credited to the current year .....                                 | <b>6a</b> |         |         |
| <b>b</b>   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>  | <b>6b</b> | 37,000. |         |
| <b>c</b>   | Tax deposited with Form 8868 .....                                                                        | <b>6c</b> |         |         |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions) .....                            | <b>6d</b> |         |         |
| <b>e</b>   | Backup withholding (see instructions) .....                                                               | <b>6e</b> | 8,005.  |         |
| <b>f</b>   | Credit for small employer health insurance premiums (attach Form 8941) .....                              | <b>6f</b> |         |         |
| <b>g</b>   | Elective payment election amount from Form 3800 .....                                                     | <b>6g</b> |         |         |
| <b>h</b>   | Payment from Form 2439 .....                                                                              | <b>6h</b> |         |         |
| <b>i</b>   | Credit from Form 4136 .....                                                                               | <b>6i</b> |         |         |
| <b>j</b>   | Other (see instructions) .....                                                                            | <b>6j</b> |         |         |
| <b>7</b>   | <b>Total payments.</b> Add lines 6a through 6j .....                                                      | <b>7</b>  |         | 45,005. |
| <b>8</b>   | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>         | <b>8</b>  |         |         |
| <b>9</b>   | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....         | <b>9</b>  |         |         |
| <b>10</b>  | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  | <b>10</b> |         | 44,690. |
| <b>11</b>  | Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 44,690. <b>Refunded</b> ..... | <b>11</b> |         | 0.      |

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

|            |                                                                                                                                                                                                                                                                                                                                                                                  |                                   |           |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <b>1</b>   | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>CANADA</b> | <b>Yes</b>                        | <b>No</b> |
| <b>2</b>   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....<br>If "Yes," see instructions for other forms the organization may have to file.                                                                                                                                                       |                                   | <b>X</b>  |
| <b>3</b>   | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....                                                                                                                                                                                                                                                                                   |                                   |           |
| <b>4</b>   | Enter available pre-2018 NOL carryovers here \$ <b>243,748.</b> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                                              |                                   |           |
| <b>5</b>   | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.                                                                                                                                               |                                   |           |
|            | Business Activity Code                                                                                                                                                                                                                                                                                                                                                           | Available post-2017 NOL carryover |           |
|            | <b>455000</b>                                                                                                                                                                                                                                                                                                                                                                    | \$ <b>489,812.</b>                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                                  | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                                  | \$                                |           |
|            |                                                                                                                                                                                                                                                                                                                                                                                  | \$                                |           |
| <b>6 a</b> | Reserved for future use .....                                                                                                                                                                                                                                                                                                                                                    |                                   |           |
| <b>b</b>   | Reserved for future use .....                                                                                                                                                                                                                                                                                                                                                    |                                   |           |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |                          |                 |                                                 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|-------------------------------------------------|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                          |                 |                                                 |
|                               | Signature of officer                                                                                                                                                                                                                                                                                                   | Date                     | Title           |                                                 |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                                                                                                                                                                                                                                             | Preparer's signature     | Date            | Check <input type="checkbox"/> if self-employed |
|                               | <b>SUSAN J ROSENBERG</b>                                                                                                                                                                                                                                                                                               | <b>SUSAN J ROSENBERG</b> | <b>03/21/25</b> |                                                 |
|                               | Firm's name                                                                                                                                                                                                                                                                                                            | Firm's EIN               |                 | PTIN                                            |
|                               | <b>SIKICH LLC</b>                                                                                                                                                                                                                                                                                                      | <b>36-3168081</b>        |                 | <b>P00059813</b>                                |
|                               | Firm's address                                                                                                                                                                                                                                                                                                         | Phone no.                |                 |                                                 |
|                               | <b>1 CHURCH STREET, SUITE 700<br/>ROCKVILLE, MD 20850-4163</b>                                                                                                                                                                                                                                                         | <b>301-738-9040</b>      |                 |                                                 |

|                                                                                   |                                                |                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|

Form 990-T (2023)

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

|                                                   |          |
|---------------------------------------------------|----------|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR        | 243,748. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 147,407. |

| SCHEDULE A PORTION OF PRE-2018 NOL<br>SCHEDULE A ENTITY | SCHEDULE A SHARE |
|---------------------------------------------------------|------------------|
|---------------------------------------------------------|------------------|

|   |    |
|---|----|
| 1 | 0. |
| 2 | 0. |

|                                        |          |
|----------------------------------------|----------|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0.       |
| NET OPERATING DEDUCTION                | 147,407. |
| BALANCE AFTER PRE-2018 NOL DEDUCTION   | 0.       |
| EXPIRING NET OPERATING LOSSES          | 0.       |
| CARRY FORWARD OF NET OPERATING LOSS    | 96,341.  |

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 07/31/13                          | 53,247.        | 13,902.                       | 39,345.           | 39,345.                |
| 07/31/14                          | 76,740.        | 0.                            | 76,740.           | 76,740.                |
| 07/31/15                          | 75,646.        | 0.                            | 75,646.           | 75,646.                |
| 07/31/16                          | 32,907.        | 0.                            | 32,907.           | 32,907.                |
| 07/31/18                          | 19,110.        | 0.                            | 19,110.           | 19,110.                |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 243,748.          | 243,748.               |

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

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2023**

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

|                                                                                                |                                                              |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization <b>PEOPLE FOR THE ETHICAL TREATMENT<br/>OF ANIMALS, INC.</b> | <b>B</b> Employer identification number<br><b>52-1218336</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>541800</b>                     | <b>D</b> Sequence: <b>1</b> of <b>2</b>                      |

**E** Describe the unrelated trade or business **ADVERTISING AND RELATED SERVICES**

| <b>Part I</b> Unrelated Trade or Business Income                                                  |                  | (A) Income         | (B) Expenses    | (C) Net         |
|---------------------------------------------------------------------------------------------------|------------------|--------------------|-----------------|-----------------|
| <b>1 a</b> Gross receipts or sales                                                                |                  |                    |                 |                 |
| <b>b</b> Less returns and allowances                                                              | <b>c</b> Balance | <b>1c</b>          |                 |                 |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                    |                  | <b>2</b>           |                 |                 |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                               |                  | <b>3</b>           |                 |                 |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |                  | <b>4a</b>          |                 |                 |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                         |                  | <b>4b</b>          |                 |                 |
| <b>c</b> Capital loss deduction for trusts                                                        |                  | <b>4c</b>          |                 |                 |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                  |                  | <b>5</b>           |                 |                 |
| <b>6</b> Rent income (Part IV)                                                                    |                  | <b>6</b>           |                 |                 |
| <b>7</b> Unrelated debt-financed income (Part V)                                                  |                  | <b>7</b>           |                 |                 |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)       |                  | <b>8</b>           |                 |                 |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)            |                  | <b>9</b>           |                 |                 |
| <b>10</b> Exploited exempt activity income (Part VIII)                                            |                  | <b>10</b>          |                 |                 |
| <b>11</b> Advertising income (Part IX)                                                            |                  | <b>11</b> 375,365. | <b>227,958.</b> | <b>147,407.</b> |
| <b>12</b> Other income (see instructions; attach statement)                                       |                  | <b>12</b>          |                 |                 |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                                |                  | <b>13</b> 375,365. | <b>227,958.</b> | <b>147,407.</b> |

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

|                                                                                                                            |           |                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>  |                 |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>  |                 |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>  |                 |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>  |                 |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>  |                 |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>  |                 |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>  |                 |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> | <b>8b</b>       |
| <b>9</b> Depletion                                                                                                         | <b>9</b>  |                 |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b> |                 |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b> |                 |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |                 |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b> |                 |
| <b>14</b> Other deductions (attach statement)                                                                              | <b>14</b> |                 |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b> | <b>0.</b>       |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | <b>147,407.</b> |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b> | <b>0.</b>       |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b> | <b>147,407.</b> |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |                                                                                                                          |   |                                                          |
|---|--------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
| 1 | Inventory at beginning of year .....                                                                                     | 1 |                                                          |
| 2 | Purchases .....                                                                                                          | 2 |                                                          |
| 3 | Cost of labor .....                                                                                                      | 3 |                                                          |
| 4 | Additional section 263A costs (attach statement) .....                                                                   | 4 |                                                          |
| 5 | Other costs (attach statement) .....                                                                                     | 5 |                                                          |
| 6 | <b>Total.</b> Add lines 1 through 5 .....                                                                                | 6 |                                                          |
| 7 | Inventory at end of year .....                                                                                           | 7 |                                                          |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | 8 |                                                          |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

|   |                                                                                                                                                 |    |   |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.                                |    |   |   |   |
| A | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| B | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| C | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| D | <input type="checkbox"/>                                                                                                                        |    |   |   |   |
| 2 | Rent received or accrued                                                                                                                        | A  | B | C | D |
| a | 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) ..... |    |   |   |   |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....                                                     |    |   |   |   |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           | 0. |   |   |   |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) .....                                                       |    |   |   |   |
| 5 | <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

|    |                                                                                                                        |    |   |   |   |
|----|------------------------------------------------------------------------------------------------------------------------|----|---|---|---|
| 1  | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  |    |   |   |   |
| A  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| B  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| C  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| D  | <input type="checkbox"/>                                                                                               |    |   |   |   |
| 2  | Gross income from or allocable to debt-financed property .....                                                         | A  | B | C | D |
| 3  | Deductions directly connected with or allocable to debt-financed property                                              |    |   |   |   |
| a  | Straight line depreciation (attach statement) .....                                                                    |    |   |   |   |
| b  | Other deductions (attach statement) .....                                                                              |    |   |   |   |
| c  | Total deductions (add lines 3a and 3b, columns A through D) .....                                                      |    |   |   |   |
| 4  | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                  |    |   |   |   |
| 5  | Average adjusted basis of or allocable to debt-financed property (attach statement) .....                              |    |   |   |   |
| 6  | Divide line 4 by line 5 .....                                                                                          | %  | % | % | % |
| 7  | Gross income reportable. Multiply line 2 by line 6 .....                                                               |    |   |   |   |
| 8  | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....        | 0. |   |   |   |
| 9  | Allocable deductions. Multiply line 3c by line 6 .....                                                                 |    |   |   |   |
| 10 | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... | 0. |   |   |   |
| 11 | <b>Total dividends-received deductions</b> included in line 10 .....                                                   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |  | 2. Employer identification number                 | Exempt Controlled Organizations                   |                                                                                      |                                                                                     | 6. Deductions directly connected with income in column 5 |
|------------------------------------|--|---------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |  |                                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made                                                  | 5. Part of column 4 that is included in the controlling organization's gross income |                                                          |
| (1)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (2)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (3)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (4)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| Nonexempt Controlled Organizations |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| 7. Taxable Income                  |  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |                                                          |
| (1)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (2)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (3)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
| (4)                                |  |                                                   |                                                   |                                                                                      |                                                                                     |                                                          |
|                                    |  |                                                   |                                                   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B).                 |                                                          |
| <b>Totals</b>                      |  |                                                   |                                                   | 0.                                                                                   | 0.                                                                                  |                                                          |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                    | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| (1)                      |                                                                        |                                                     |                                  |                                                                        |
| (2)                      |                                                                        |                                                     |                                  |                                                                        |
| (3)                      |                                                                        |                                                     |                                  |                                                                        |
| (4)                      |                                                                        |                                                     |                                  |                                                                        |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            | 0.                                                                     |                                                     |                                  | 0.                                                                     |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Description of exploited activity:                                                                                                       |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |  |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |  |

Schedule A (Form 990-T) 2023

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ ADVERTISING INCOME

B ☐C ☐

**D** ☐

mounts

Enter amounts for each periodical listed above in the corresponding column.

|                                                                        | A        | B | C | D        |
|------------------------------------------------------------------------|----------|---|---|----------|
| 2 Gross advertising income                                             | 375,365. |   |   |          |
| Add columns A through D. Enter here and on Part I, line 11, column (A) |          |   |   | 375,365. |

**a**

|          |                                        |          |  |  |  |
|----------|----------------------------------------|----------|--|--|--|
| <b>3</b> | Direct advertising costs by periodical | 227,958. |  |  |  |
|----------|----------------------------------------|----------|--|--|--|

**a**

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) 227,958.

**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 -0- on line 8.

147,407.

## 5 Readership costs

**6** Circulation income

**7** Excess readership costs. If line 6 is less than

line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

**8** Excess readership costs allowed as a

deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 ..... 0.

|               |                                                                             |
|---------------|-----------------------------------------------------------------------------|
| <b>Part X</b> | <b>Compensation of Officers, Directors, and Trustees</b> (see instructions) |
|---------------|-----------------------------------------------------------------------------|

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|-------------------------------------------|----------------------------------------------------|
| (1)     |          | %                                         |                                                    |
| (2)     |          | %                                         |                                                    |
| (3)     |          | %                                         |                                                    |
| (4)     |          | %                                         |                                                    |

**Total.** Enter here and on Part II, line 1 0.

|                |                                                    |
|----------------|----------------------------------------------------|
| <b>Part XI</b> | <b>Supplemental Information</b> (see instructions) |
|----------------|----------------------------------------------------|



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

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990T](http://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).

2  
OMB No. 1545-0047

**2023**

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

|                                                                                                   |                                                              |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization<br><b>PEOPLE FOR THE ETHICAL TREATMENT<br/>OF ANIMALS, INC.</b> | <b>B</b> Employer identification number<br><b>52-1218336</b> |
| <b>C</b> Unrelated business activity code (see instructions)<br><b>455000</b>                     | <b>D</b> Sequence: <b>2</b> of <b>2</b>                      |

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

| <b>Part I</b> Unrelated Trade or Business Income                                                  |                | (A) Income                | (B) Expenses | (C) Net       |
|---------------------------------------------------------------------------------------------------|----------------|---------------------------|--------------|---------------|
| <b>1 a</b> Gross receipts or sales                                                                | <b>41,244.</b> |                           |              |               |
| <b>b</b> Less returns and allowances                                                              |                | <b>1 c</b> <b>41,244.</b> |              |               |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                    |                | <b>2</b> <b>31,802.</b>   |              |               |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                               |                | <b>3</b> <b>9,442.</b>    |              | <b>9,442.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |                | <b>4 a</b>                |              |               |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                         |                | <b>4 b</b>                |              |               |
| <b>c</b> Capital loss deduction for trusts                                                        |                | <b>4 c</b>                |              |               |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                  |                | <b>5</b>                  |              |               |
| <b>6</b> Rent income (Part IV)                                                                    |                | <b>6</b>                  |              |               |
| <b>7</b> Unrelated debt-financed income (Part V)                                                  |                | <b>7</b>                  |              |               |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)       |                | <b>8</b>                  |              |               |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)            |                | <b>9</b>                  |              |               |
| <b>10</b> Exploited exempt activity income (Part VIII)                                            |                | <b>10</b>                 |              |               |
| <b>11</b> Advertising income (Part IX)                                                            |                | <b>11</b>                 |              |               |
| <b>12</b> Other income (see instructions; attach statement)                                       |                | <b>12</b>                 |              |               |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                                |                | <b>13</b> <b>9,442.</b>   |              | <b>9,442.</b> |

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

|                                                                                                                            |            |                        |
|----------------------------------------------------------------------------------------------------------------------------|------------|------------------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>   |                        |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>   | <b>5,088.</b>          |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>   |                        |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>   |                        |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>   |                        |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>   | <b>9,360.</b>          |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>   |                        |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8 a</b> |                        |
| <b>9</b> Depletion                                                                                                         | <b>9</b>   |                        |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b>  |                        |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b>  |                        |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b>  |                        |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b>  |                        |
| <b>14</b> Other deductions (attach statement)                                                                              | <b>14</b>  | <b>SEE STATEMENT 3</b> |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b>  | <b>145,338.</b>        |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b>  | <b>-135,896.</b>       |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b>  | <b>0.</b>              |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b>  | <b>-135,896.</b>       |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

N/A

|   |                                                                                                                                                                                        |   |         |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1 | Inventory at beginning of year .....                                                                                                                                                   | 1 | 47,044. |
| 2 | Purchases .....                                                                                                                                                                        | 2 | 12,239. |
| 3 | Cost of labor .....                                                                                                                                                                    | 3 | 0.      |
| 4 | Additional section 263A costs (attach statement) .....                                                                                                                                 | 4 | 0.      |
| 5 | Other costs (attach statement) .....                                                                                                                                                   | 5 | 0.      |
| 6 | <b>Total.</b> Add lines 1 through 5 .....                                                                                                                                              | 6 | 59,283. |
| 7 | Inventory at end of year .....                                                                                                                                                         | 7 | 27,481. |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                                                                                         | 8 | 31,802. |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |         |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

|                                                                                                                                                   | A | B | C | D  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----|
| 2 Rent received or accrued                                                                                                                        |   |   |   |    |
| a 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) ..... |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....                                                     |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....                                                       |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

|                                                                                                                           | A | B | C | D  |
|---------------------------------------------------------------------------------------------------------------------------|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....                                                          |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property                                               |   |   |   |    |
| a Straight line depreciation (attach statement) .....                                                                     |   |   |   |    |
| b Other deductions (attach statement) .....                                                                               |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....                                                       |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....                                                                                           | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....                                                                |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....                                                                  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....                                                   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

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

  

| Nonexempt Controlled Organizations |                                                   |                                     |                                                                                      |                                                                     |
|------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |
| (1)                                |                                                   |                                     |                                                                                      |                                                                     |
| (2)                                |                                                   |                                     |                                                                                      |                                                                     |
| (3)                                |                                                   |                                     |                                                                                      |                                                                     |
| (4)                                |                                                   |                                     |                                                                                      |                                                                     |
|                                    |                                                   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |
| <b>Totals</b>                      |                                                   |                                     | 0.                                                                                   | 0.                                                                  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                    | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------|
| (1)                      |                                                                        |                                                     |                                  |                                                                        |
| (2)                      |                                                                        |                                                     |                                  |                                                                        |
| (3)                      |                                                                        |                                                     |                                  |                                                                        |
| (4)                      |                                                                        |                                                     |                                  |                                                                        |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                                                                        | 0.                                                  |                                  | 0.                                                                     |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                |   |  |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Description of exploited activity: _____                                                                                                       |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____                                                                         | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____                                                                                        | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |

Schedule A (Form 990-T) 2023

2023.05060 PEOPLE FOR THE ETHICAL TR 56271841

| FORM 990-T (A)                        |  | OTHER DEDUCTIONS | STATEMENT 3 |
|---------------------------------------|--|------------------|-------------|
| DESCRIPTION                           |  |                  | AMOUNT      |
| OTHER OPERATING                       |  |                  | 3,523.      |
| PROFESSIONAL SERVICES                 |  |                  | 71,047.     |
| TELEPHONE                             |  |                  | 12,451.     |
| TRAVEL                                |  |                  | 184.        |
| MEDIA & PRESS                         |  |                  | 2,023.      |
| POSTAGE                               |  |                  | 17,726.     |
| PRINTING                              |  |                  | 661.        |
| RENT                                  |  |                  | 23,275.     |
| TOTAL TO SCHEDULE A, PART II, LINE 14 |  |                  | 130,890.    |

| 990-T SCH A                       |                | POST-2017 NET OPERATING LOSS DEDUCTION |                | STATEMENT 4         |
|-----------------------------------|----------------|----------------------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED                | LOSS REMAINING | AVAILABLE THIS YEAR |
| 07/31/22                          | 489,812.       | 0.                                     | 489,812.       | 489,812.            |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                                        | 489,812.       | 489,812.            |

Name  
**PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC.**

Employer identification number  
**52-1218336**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ..... ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
*If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.*

|                                                                                                                                                                                                                                 | (a) First Preceding<br>Year Ended | (b) Second Preceding<br>Year Ended | (c) Third Preceding<br>Year Ended |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):                                                                                                                                             |                                   |                                    |                                   |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation .....                                                                                                                                                   | <b>1a</b>                         |                                    |                                   |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....                                                                                                               | <b>1b</b>                         |                                    |                                   |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....                                                                                                                     | <b>1c</b>                         |                                    |                                   |
| <b>d</b> Adjustment for certain consolidating entries (see instructions) .....                                                                                                                                                  | <b>1d</b>                         |                                    |                                   |
| <b>e</b> Specified additional net income or loss item B. Reserved for future use                                                                                                                                                | <b>1e</b>                         |                                    |                                   |
| <b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d .....                                                                                                         | <b>1f</b>                         |                                    |                                   |
| <b>2</b> Adjustments:                                                                                                                                                                                                           |                                   |                                    |                                   |
| <b>a</b> Financial statements covering different tax years .....                                                                                                                                                                | <b>2a</b>                         |                                    |                                   |
| <b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions) .....                                                                                                                      | <b>2b</b>                         |                                    |                                   |
| <b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG) | <b>2c</b>                         |                                    |                                   |
| <b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)                                                                        | <b>2d</b>                         |                                    |                                   |
| <b>e</b> Certain taxes (see instructions) .....                                                                                                                                                                                 | <b>2e</b>                         |                                    |                                   |
| <b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)                                                                                                                                                | <b>2f</b>                         |                                    |                                   |
| <b>g</b> Alaska native corporations .....                                                                                                                                                                                       | <b>2g</b>                         |                                    |                                   |
| <b>h</b> Certain credits (see instructions) .....                                                                                                                                                                               | <b>2h</b>                         |                                    |                                   |
| <b>i</b> Mortgage servicing income .....                                                                                                                                                                                        | <b>2i</b>                         |                                    |                                   |
| <b>j</b> Tax-exempt entities (organizations subject to tax under section 511) ...                                                                                                                                               | <b>2j</b>                         |                                    |                                   |
| <b>k</b> Depreciation .....                                                                                                                                                                                                     | <b>2k</b>                         |                                    |                                   |
| <b>l</b> Qualified wireless spectrum .....                                                                                                                                                                                      | <b>2l</b>                         |                                    |                                   |
| <b>m</b> Covered transactions .....                                                                                                                                                                                             | <b>2m</b>                         |                                    |                                   |
| <b>n</b> Adjustments related to bankruptcy and insolvency .....                                                                                                                                                                 | <b>2n</b>                         |                                    |                                   |
| <b>o</b> Certain insurance company adjustments .....                                                                                                                                                                            | <b>2o</b>                         |                                    |                                   |
| <b>p</b> Adjustment P - Reserved for future use .....                                                                                                                                                                           | <b>2p</b>                         |                                    |                                   |
| <b>q</b> Adjustment Q - Reserved for future use .....                                                                                                                                                                           | <b>2q</b>                         |                                    |                                   |
| <b>r</b> Adjustment R - Reserved for future use .....                                                                                                                                                                           | <b>2r</b>                         |                                    |                                   |
| <b>s</b> Adjustment S - Reserved for future use .....                                                                                                                                                                           | <b>2s</b>                         |                                    |                                   |
| <b>z</b> Other (see instructions) .....                                                                                                                                                                                         | <b>2z</b>                         |                                    |                                   |
| <b>3</b> Specified adjustment. Reserved for future use .....                                                                                                                                                                    | <b>3</b>                          |                                    |                                   |
| <b>4</b> Total adjustments. Combine lines 2a through 2z .....                                                                                                                                                                   | <b>4</b>                          |                                    |                                   |
| <b>5</b> AFSI. Combine lines 1f and 4 .....                                                                                                                                                                                     | <b>5</b>                          |                                    |                                   |
| <b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....                                                                                                                | <b>6</b>                          |                                    |                                   |
| <b>7</b> 3-year average annual AFSI (see instructions) .....                                                                                                                                                                    | <b>7</b>                          |                                    |                                   |

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?  
☐ **Yes.** Continue to line 9.  
☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
☐ **Yes.** Continue to line 10.  
☐ **No.** Continue to Part II.

|                                                                                                                                                                                       | (a)<br>First Preceding<br>Year Ended | (b)<br>Second Preceding<br>Year Ended | (c)<br>Third Preceding<br>Year Ended |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <b>10</b> AFSI for purposes of the \$100 million test before adjustments:                                                                                                             |                                      |                                       |                                      |
| <b>a</b> AFSI from line 5 .....                                                                                                                                                       | <b>10a</b>                           |                                       |                                      |
| <b>b</b> Aggregation differences (see instructions) .....                                                                                                                             | <b>10b</b>                           |                                       |                                      |
| <b>c</b> Total AFSI for purposes of the \$100 million test before adjustments.<br>Combine lines 10a and 10b .....                                                                     | <b>10c</b>                           |                                       |                                      |
| <b>11</b> Adjustments:                                                                                                                                                                |                                      |                                       |                                      |
| <b>a</b> Income not effectively connected to a U.S. trade or business .....                                                                                                           | <b>11a</b>                           |                                       |                                      |
| <b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3)<br>(attach worksheet) (see instructions) .....                                                               | <b>11b</b>                           |                                       |                                      |
| <b>c</b> Reserved for future use - Other adjustments 1 .....                                                                                                                          | <b>11c</b>                           |                                       |                                      |
| <b>d</b> Reserved for future use - Other adjustments 2 .....                                                                                                                          | <b>11d</b>                           |                                       |                                      |
| <b>12</b> Total adjustments. Combine lines 11a and 11b .....                                                                                                                          | <b>12</b>                            |                                       |                                      |
| <b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines<br>10c and 12 .....                                                                                        | <b>13</b>                            |                                       |                                      |
| <b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....                                                                    |                                      |                                       | <b>14</b>                            |
| <b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....                                                                                                     |                                      |                                       | <b>15</b>                            |
| <b>16</b> Is line 15 \$100 million or more?<br><input type="checkbox"/> <b>Yes.</b> Continue to Part II.<br><input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return. |                                      |                                       |                                      |

Form **4626** (2023)

**Part II Corporate Alternative Minimum Tax**

|                                                                                                                                                                                                                    |           |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):                                                                                                                        |           |                       |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation .....                                                                                                                                      | <b>1a</b> | 10,511.               |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....                                                                                                  | <b>1b</b> |                       |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....                                                                                                        | <b>1c</b> |                       |
| <b>d</b> Adjustment for certain consolidating entries (see instructions) .....                                                                                                                                     | <b>1d</b> |                       |
| <b>e</b> Specified additional net income or loss item D. Reserved for future use .....                                                                                                                             | <b>1e</b> |                       |
| <b>f</b> AFS net income or loss before adjustments. Combine lines 1a through 1d .....                                                                                                                              | <b>1f</b> | 10,511.               |
| <b>2</b> Adjustments:                                                                                                                                                                                              |           |                       |
| <b>a</b> Financial statements covering different tax years .....                                                                                                                                                   | <b>2a</b> |                       |
| <b>b</b> Reserved for future use - Adjustment 2b .....                                                                                                                                                             | <b>2b</b> |                       |
| <b>c</b> Corporations that are not included on the taxpayers - consolidated return (see instructions) .....                                                                                                        | <b>2c</b> |                       |
| <b>d</b> The corporation's distributive share of adjusted financial statement income of partnerships .....                                                                                                         | <b>2d</b> |                       |
| <b>e</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) .....                                   | <b>2e</b> |                       |
| <b>f</b> Amounts that are not effectively connected to a U.S. trade or business .....                                                                                                                              | <b>2f</b> |                       |
| <b>g</b> Certain taxes. Enter the amount from Part III, line 7 .....                                                                                                                                               | <b>2g</b> |                       |
| <b>h</b> Patronage dividends and per-unit retain allocations (cooperatives only) .....                                                                                                                             | <b>2h</b> |                       |
| <b>i</b> Alaska native corporations .....                                                                                                                                                                          | <b>2i</b> |                       |
| <b>j</b> Certain credits (see instructions) .....                                                                                                                                                                  | <b>2j</b> |                       |
| <b>k</b> Mortgage servicing income .....                                                                                                                                                                           | <b>2k</b> |                       |
| <b>l</b> Covered benefit plans described in section 56A(c)(11)(B) .....                                                                                                                                            | <b>2l</b> |                       |
| <b>m</b> Tax-exempt entities (organizations subject to tax under section 511) .....                                                                                                                                | <b>2m</b> |                       |
| <b>n</b> Depreciation .....                                                                                                                                                                                        | <b>2n</b> |                       |
| <b>o</b> Qualified wireless spectrum .....                                                                                                                                                                         | <b>2o</b> |                       |
| <b>p</b> Covered transactions .....                                                                                                                                                                                | <b>2p</b> |                       |
| <b>q</b> Adjustments related to bankruptcy and insolvency .....                                                                                                                                                    | <b>2q</b> |                       |
| <b>r</b> Certain insurance company adjustments .....                                                                                                                                                               | <b>2r</b> |                       |
| <b>s</b> AFSI adjustment S - Reserved for future use .....                                                                                                                                                         | <b>2s</b> |                       |
| <b>t</b> AFSI adjustment T - Reserved for future use .....                                                                                                                                                         | <b>2t</b> |                       |
| <b>u</b> AFSI adjustment U - Reserved for future use .....                                                                                                                                                         | <b>2u</b> |                       |
| <b>z</b> Other (see instructions) .....                                                                                                                                                                            | <b>2z</b> |                       |
| <b>3</b> Total adjustments. Combine lines 2a through 2z .....                                                                                                                                                      | <b>3</b>  |                       |
| <b>4</b> AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....                                                                                                                | <b>4</b>  | 10,511.               |
| <b>5</b> Financial statement net operating loss (FSNOL) (see instructions) .....                                                                                                                                   | <b>5</b>  | STATEMENT 5<br>8,409. |
| <b>6</b> AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....                                                                                                                                       | <b>6</b>  | 2,102.                |
| <b>7</b> Multiply line 6 by 15% (0.15) .....                                                                                                                                                                       | <b>7</b>  | 315.                  |
| <b>8</b> Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....                                                                            | <b>8</b>  |                       |
| <b>9</b> Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....                                                                                                                      | <b>9</b>  | 315.                  |
| <b>10</b> Regular tax liability (see instructions) .....                                                                                                                                                           | <b>10</b> |                       |
| <b>11</b> Base erosion minimum tax (see instructions) .....                                                                                                                                                        | <b>11</b> | 0.                    |
| <b>12</b> Combine lines 10 and 11 .....                                                                                                                                                                            | <b>12</b> |                       |
| <b>13</b> Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return ..... | <b>13</b> | 315.                  |

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

|                                                                                      |           |  |
|--------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Current income tax provision - Foreign .....                                | <b>1</b>  |  |
| <b>2</b> Current income tax provision - Federal .....                                | <b>2</b>  |  |
| <b>3</b> Deferred income tax provision - Foreign .....                               | <b>3</b>  |  |
| <b>4</b> Deferred income tax provision - Federal .....                               | <b>4</b>  |  |
| <b>5</b> Income taxes included in equity method investment income .....              | <b>5</b>  |  |
| <b>6a</b> Adjustment A - Reserved for future use .....                               | <b>6a</b> |  |
| <b>b</b> Adjustment B - Reserved for future use .....                                | <b>6b</b> |  |
| <b>c</b> Adjustment C - Reserved for future use .....                                | <b>6c</b> |  |
| <b>d</b> Adjustment D - Reserved for future use .....                                | <b>6d</b> |  |
| <b>e</b> Adjustment E - Reserved for future use .....                                | <b>6e</b> |  |
| <b>f</b> Adjustment F - Reserved for future use .....                                | <b>6f</b> |  |
| <b>g</b> Adjustment G - Reserved for future use .....                                | <b>6g</b> |  |
| <b>h</b> Adjustment H - Reserved for future use .....                                | <b>6h</b> |  |
| <b>z</b> Income taxes in other places .....                                          | <b>6z</b> |  |
| <b>7</b> Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g ..... | <b>7</b>  |  |



**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit****Section I - AMT Foreign Tax Credit**

|          |                                                                                                             |           |           |  |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Domestic corporation AMT foreign income taxes:                                                              |           |           |  |
| <b>a</b> | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....         | <b>1a</b> |           |  |
| <b>b</b> | Adjustment .....                                                                                            | <b>1b</b> |           |  |
| <b>c</b> | Adjustment .....                                                                                            | <b>1c</b> |           |  |
| <b>d</b> | Adjustment .....                                                                                            | <b>1d</b> |           |  |
| <b>e</b> | Adjustment .....                                                                                            | <b>1e</b> |           |  |
| <b>f</b> | Adjustment .....                                                                                            | <b>1f</b> |           |  |
| <b>g</b> | Adjustment .....                                                                                            | <b>1g</b> |           |  |
| <b>2</b> | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....                      |           | <b>2</b>  |  |
| <b>3</b> | Allowable controlled foreign corporation (CFC) AMT foreign income taxes:                                    |           |           |  |
| <b>a</b> | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....          | <b>3a</b> |           |  |
| <b>b</b> | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....                   | <b>3b</b> |           |  |
| <b>c</b> | Total CFC AMT foreign income taxes. Add lines 3a and 3b .....                                               |           | <b>3c</b> |  |
| <b>d</b> | Percentage specified in section 55(b)(2)(A)(i) .....                                                        | <b>3d</b> | 15%       |  |
| <b>e</b> | Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) ..... | <b>3e</b> |           |  |
| <b>f</b> | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....                                   |           | <b>3f</b> |  |
| <b>g</b> | Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....                                 |           | <b>3g</b> |  |
| <b>4</b> | CAMT FTC Line 4 - Reserved for future use .....                                                             |           | <b>4</b>  |  |
| <b>5</b> | CAMT FTC Line 5 - Reserved for future use .....                                                             |           | <b>5</b>  |  |
| <b>6</b> | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....          |           | <b>6</b>  |  |

Form **4626** (2023)

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 5

| TAX YEAR                              | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING |
|---------------------------------------|----------------|-------------------------|----------------|
| 07/31/13                              | 53,247.        | 13,902.                 | 39,345.        |
| 07/31/14                              | 76,740.        | 0.                      | 76,740.        |
| 07/31/15                              | 75,646.        | 0.                      | 75,646.        |
| 07/31/16                              | 32,907.        | 0.                      | 32,907.        |
| 07/31/18                              | 19,110.        | 0.                      | 19,110.        |
| AMT NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 243,748.       |

Electronic Filing PDF Attachment

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|                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                      |                                            |                                                                                    |                                                              |                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br>STATE STREET RETIREE SERVICES FOR<br>BASIC LIFE INSURANCE PLAN OF HOFFMANN-LA ROCHE INC<br>1-833-882-3585<br>P O BOX 5149<br>BOSTON, MA 02206-5149 |                                                                 | 1 Gross distribution<br>\$ 4,000.00<br>2a Taxable amount<br>\$ 4,000.00<br>2b Taxable amount not determined <input type="checkbox"/> |                                            | OMB No. 1545-0119<br><b>2023</b><br>FORM 1099-R                                    |                                                              | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.<br><br><b>Copy B</b><br>Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.<br><br>This information is being furnished to the IRS. |
| PAYER'S TIN<br>04-3581074                                                                                                                                                                                                                                               | RECIPIENT'S TIN<br>***-**-8336                                  | 3 Capital gain (included in box 2a)<br>\$                                                                                            | 4 Federal income tax withheld<br>\$ 800.00 | 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$ | 6 Net unrealized appreciation in employer's securities<br>\$ |                                                                                                                                                                                                                                                                                                                                     |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><br>PETA COREY MISHLER<br>ATTN: COREY MISHLER - TIM ENSTICE<br>501 FRONT ST<br>NORFOLK, VA 23510                                     |                                                                 | 7 Distribution code(s)<br>4                                                                                                          | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$ N %                                                                  | 9a Your percentage of total distribution<br>%                | 9b Total employee contributions<br>\$                                                                                                                                                                                                                                                                                               |
| 10 Amount allocable to IRR within 5 years<br>\$                                                                                                                                                                                                                         | 11 1st year of desig. Roth contrib.<br><input type="checkbox"/> | 12 FATCA filing requirement<br><input type="checkbox"/>                                                                              | 13 Date of payment                         | 14 State tax withheld<br>\$ 0.00                                                   | 15 State/Payer's state no.<br>VA/30-043581074F-001           | 16 State distribution<br>\$ 4,000.00                                                                                                                                                                                                                                                                                                |
| Account number (see instructions)<br>ROCHE-DETH-RMT11T                                                                                                                                                                                                                  |                                                                 | 17 Local tax withheld<br>\$                                                                                                          |                                            | 18 Name of locality                                                                | 19 Local distribution<br>\$                                  |                                                                                                                                                                                                                                                                                                                                     |

Form 1099-R

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Department of the Treasury-Internal Revenue Service

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|                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                      |                                            |                                                                                    |                                                              |                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br>STATE STREET RETIREE SERVICES FOR<br>BASIC LIFE INSURANCE PLAN OF HOFFMANN-LA ROCHE INC<br>1-833-882-3585<br>P O BOX 5149<br>BOSTON, MA 02206-5149 |                                                                 | 1 Gross distribution<br>\$ 4,000.00<br>2a Taxable amount<br>\$ 4,000.00<br>2b Taxable amount not determined <input type="checkbox"/> |                                            | OMB No. 1545-0119<br><b>2023</b><br>FORM 1099-R                                    |                                                              | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.<br><br><b>Copy C</b><br>For Recipient's Records<br><br>This information is being furnished to the IRS. |
| PAYER'S TIN<br>04-3581074                                                                                                                                                                                                                                               | RECIPIENT'S TIN<br>***-**-8336                                  | 3 Capital gain (included in box 2a)<br>\$                                                                                            | 4 Federal income tax withheld<br>\$ 800.00 | 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$ | 6 Net unrealized appreciation in employer's securities<br>\$ |                                                                                                                                                                                                                    |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><br>PETA COREY MISHLER<br>ATTN: COREY MISHLER - TIM ENSTICE<br>501 FRONT ST<br>NORFOLK, VA 23510                                     |                                                                 | 7 Distribution code(s)<br>4                                                                                                          | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$ N %                                                                  | 9a Your percentage of total distribution<br>%                | 9b Total employee contributions<br>\$                                                                                                                                                                              |
| 10 Amount allocable to IRR within 5 years<br>\$                                                                                                                                                                                                                         | 11 1st year of desig. Roth contrib.<br><input type="checkbox"/> | 12 FATCA filing requirement<br><input type="checkbox"/>                                                                              | 13 Date of payment                         | 14 State tax withheld<br>\$ 0.00                                                   | 15 State/Payer's state no.<br>VA/30-043581074F-001           | 16 State distribution<br>\$ 4,000.00                                                                                                                                                                               |
| Account number (see instructions)<br>ROCHE-DETH-RMT11T                                                                                                                                                                                                                  |                                                                 | 17 Local tax withheld<br>\$                                                                                                          |                                            | 18 Name of locality                                                                | 19 Local distribution<br>\$                                  |                                                                                                                                                                                                                    |

Form 1099-R (keep for your records)

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Department of the Treasury-Internal Revenue Service

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|                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                      |                                            |                                                                                    |                                                              |                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br>STATE STREET RETIREE SERVICES FOR<br>BASIC LIFE INSURANCE PLAN OF HOFFMANN-LA ROCHE INC<br>1-833-882-3585<br>P O BOX 5149<br>BOSTON, MA 02206-5149 |                                                                 | 1 Gross distribution<br>\$ 4,000.00<br>2a Taxable amount<br>\$ 4,000.00<br>2b Taxable amount not determined <input type="checkbox"/> |                                            | OMB No. 1545-0119<br><b>2023</b><br>FORM 1099-R                                    |                                                              | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.<br><br><b>Copy 2</b><br>File this copy with your state, city, or local income tax return, when required. |
| PAYER'S TIN<br>04-3581074                                                                                                                                                                                                                                               | RECIPIENT'S TIN<br>***-**-8336                                  | 3 Capital gain (included in box 2a)<br>\$                                                                                            | 4 Federal income tax withheld<br>\$ 800.00 | 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$ | 6 Net unrealized appreciation in employer's securities<br>\$ |                                                                                                                                                                                                                      |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><br>PETA COREY MISHLER<br>ATTN: COREY MISHLER - TIM ENSTICE<br>501 FRONT ST<br>NORFOLK, VA 23510                                     |                                                                 | 7 Distribution code(s)<br>4                                                                                                          | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$ N %                                                                  | 9a Your percentage of total distribution<br>%                | 9b Total employee contributions<br>\$                                                                                                                                                                                |
| 10 Amount allocable to IRR within 5 years<br>\$                                                                                                                                                                                                                         | 11 1st year of desig. Roth contrib.<br><input type="checkbox"/> | 12 FATCA filing requirement<br><input type="checkbox"/>                                                                              | 13 Date of payment                         | 14 State tax withheld<br>\$ 0.00                                                   | 15 State/Payer's state no.<br>VA/30-043581074F-001           | 16 State distribution<br>\$ 4,000.00                                                                                                                                                                                 |
| Account number (see instructions)<br>ROCHE-DETH-RMT11T                                                                                                                                                                                                                  |                                                                 | 17 Local tax withheld<br>\$                                                                                                          |                                            | 18 Name of locality                                                                | 19 Local distribution<br>\$                                  |                                                                                                                                                                                                                      |

Form 1099-R

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Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked) Date Printed 01/20/2024

|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      |                                                                                                                  |                       |                                                                                                                                                           |                                                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><b>EMPOWER PLAN SERVICES LLC</b><br>PO BOX 173764 D999<br>DENVER, CO 80217-3764<br>1-877-457-1900                                               |  |                                     | 1 Gross distribution<br><b>\$57,381.14</b>                                   |                                                      | OMB No. 1545-0119<br><b>2023</b><br>Form 1099-R                                                                  |                       | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>                                        |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 2a Taxable amount<br><b>\$57,381.14</b>                                      |                                                      |                                                                                                                  |                       |                                                                                                                                                           |                                                    |                       |
| PAYER'S TIN<br><b>20-3691708</b>                                                                                                                                                                                                                                         |  |                                     | RECIPIENT'S TIN<br><b>**_***8336</b>                                         |                                                      | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> |                       | <b>Copy B</b><br>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      | 3 Capital gain (included in box 2a)                                                                              |                       |                                                                                                                                                           | 4 Federal income tax withheld<br><b>\$5,241.87</b> |                       |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><b>PEOPLE FOR ETHICAL TREATMENT OF ANIMALS THE</b><br><b>CO INGRID E NEWKIRK - PRESIDENT</b><br>501 FRONT STREET<br>NORFOLK, VA 23510 |  |                                     | 5 Employee contributions/Designated Roth contributions or insurance premiums |                                                      | 6 Net unrealized appreciation in employer's securities                                                           |                       | This information is being furnished to the IRS.                                                                                                           |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 7 Distribution code(s) <b>4</b> IRA / SEP / SIMPLE <input type="checkbox"/>  |                                                      | 8 Other %                                                                                                        |                       |                                                                                                                                                           |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 9a Your percentage of total distribution %                                   |                                                      | 9b Total employee contributions                                                                                  |                       |                                                                                                                                                           |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 14 State tax withheld<br><b>\$2,096.75</b>                                   |                                                      | 15 State/Payer's state no.<br><b>VA/203691708</b>                                                                |                       |                                                                                                                                                           |                                                    |                       |
| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                                |  | 11 1st year of desig. Roth contrib. |                                                                              | 12 FATCA filing requirement <input type="checkbox"/> |                                                                                                                  | 17 Local tax withheld |                                                                                                                                                           | 18 Name of locality                                | 19 Local distribution |
| Account number (see instructions)<br><b>98966</b>                                                                                                                                                                                                                        |  |                                     | 13 Date of payment                                                           |                                                      |                                                                                                                  |                       |                                                                                                                                                           |                                                    |                       |

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|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><b>EMPOWER PLAN SERVICES LLC</b><br>PO BOX 173764 D999<br>DENVER, CO 80217-3764<br>1-877-457-1900                                               |  |                                     | 1 Gross distribution<br><b>\$57,381.14</b>                                   |                                                      | OMB No. 1545-0119<br><b>2023</b><br>Form 1099-R                                                                  |                       | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b> |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 2a Taxable amount<br><b>\$57,381.14</b>                                      |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |
| PAYER'S TIN<br><b>20-3691708</b>                                                                                                                                                                                                                                         |  |                                     | RECIPIENT'S TIN<br><b>**_***8336</b>                                         |                                                      | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> |                       | <b>Copy C</b><br>For Recipient's Records                                                                           |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      | 3 Capital gain (included in box 2a)                                                                              |                       |                                                                                                                    | 4 Federal income tax withheld<br><b>\$5,241.87</b> |                       |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><b>PEOPLE FOR ETHICAL TREATMENT OF ANIMALS THE</b><br><b>CO INGRID E NEWKIRK - PRESIDENT</b><br>501 FRONT STREET<br>NORFOLK, VA 23510 |  |                                     | 5 Employee contributions/Designated Roth contributions or insurance premiums |                                                      | 6 Net unrealized appreciation in employer's securities                                                           |                       | This information is being furnished to the IRS.                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 7 Distribution code(s) <b>4</b> IRA / SEP / SIMPLE <input type="checkbox"/>  |                                                      | 8 Other %                                                                                                        |                       |                                                                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 9a Your percentage of total distribution %                                   |                                                      | 9b Total employee contributions                                                                                  |                       |                                                                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 14 State tax withheld<br><b>\$2,096.75</b>                                   |                                                      | 15 State/Payer's state no.<br><b>VA/203691708</b>                                                                |                       |                                                                                                                    |                                                    |                       |
| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                                |  | 11 1st year of desig. Roth contrib. |                                                                              | 12 FATCA filing requirement <input type="checkbox"/> |                                                                                                                  | 17 Local tax withheld |                                                                                                                    | 18 Name of locality                                | 19 Local distribution |
| Account number (see instructions)<br><b>98966</b>                                                                                                                                                                                                                        |  |                                     | 13 Date of payment                                                           |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked) Date Printed 01/20/2024

|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><b>EMPOWER PLAN SERVICES LLC</b><br>PO BOX 173764 D999<br>DENVER, CO 80217-3764<br>1-877-457-1900                                               |  |                                     | 1 Gross distribution<br><b>\$57,381.14</b>                                   |                                                      | OMB No. 1545-0119<br><b>2023</b><br>Form 1099-R                                                                  |                       | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b> |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 2a Taxable amount<br><b>\$57,381.14</b>                                      |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |
| PAYER'S TIN<br><b>20-3691708</b>                                                                                                                                                                                                                                         |  |                                     | RECIPIENT'S TIN<br><b>**_***8336</b>                                         |                                                      | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> |                       | <b>Copy 2</b><br>File this copy with your state, city, or local income tax return, when required.                  |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     |                                                                              |                                                      | 3 Capital gain (included in box 2a)                                                                              |                       |                                                                                                                    | 4 Federal income tax withheld<br><b>\$5,241.87</b> |                       |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br><b>PEOPLE FOR ETHICAL TREATMENT OF ANIMALS THE</b><br><b>CO INGRID E NEWKIRK - PRESIDENT</b><br>501 FRONT STREET<br>NORFOLK, VA 23510 |  |                                     | 5 Employee contributions/Designated Roth contributions or insurance premiums |                                                      | 6 Net unrealized appreciation in employer's securities                                                           |                       |                                                                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 7 Distribution code(s) <b>4</b> IRA / SEP / SIMPLE <input type="checkbox"/>  |                                                      | 8 Other %                                                                                                        |                       |                                                                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 9a Your percentage of total distribution %                                   |                                                      | 9b Total employee contributions                                                                                  |                       |                                                                                                                    |                                                    |                       |
|                                                                                                                                                                                                                                                                          |  |                                     | 14 State tax withheld<br><b>\$2,096.75</b>                                   |                                                      | 15 State/Payer's state no.<br><b>VA/203691708</b>                                                                |                       |                                                                                                                    |                                                    |                       |
| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                                |  | 11 1st year of desig. Roth contrib. |                                                                              | 12 FATCA filing requirement <input type="checkbox"/> |                                                                                                                  | 17 Local tax withheld |                                                                                                                    | 18 Name of locality                                | 19 Local distribution |
| Account number (see instructions)<br><b>98966</b>                                                                                                                                                                                                                        |  |                                     | 13 Date of payment                                                           |                                                      |                                                                                                                  |                       |                                                                                                                    |                                                    |                       |

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

|                                                                                                                                                                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="checkbox"/> CORRECTED (if checked)                                                                                                                                                                                                            |  |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>TRANSAMERICA LIFE INSURANCE COMPANY<br>6400 C STREET SW<br>CEDAR RAPIDS, IA 52499                                                 |  |  |
| FOR QUESTIONS CALL 800-525-6205                                                                                                                                                                                                                            |  |  |
| PAYER'S TIN<br>42-6362604                                                                                                                                                                                                                                  |  |  |
| RECIPIENT'S TIN<br>**-***8336                                                                                                                                                                                                                              |  |  |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br>PEOPLE FOR THE ETHICAL TREATMENT OF ANI<br>ATTN TIMOTHY ENSTICE VICE PRES<br>501 FRONT STREET<br>NORFOLK, VA 23510-0000 |  |  |
| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                  |  |  |
| 11 1st year of desig. Roth contrib.                                                                                                                                                                                                                        |  |  |
| 12 FATCA filing requirement                                                                                                                                                                                                                                |  |  |
| 13 Date of payment                                                                                                                                                                                                                                         |  |  |
| Account number (see instructions)<br>103126PPM                                                                                                                                                                                                             |  |  |
| 1 Gross distribution<br>\$44,626.97                                                                                                                                                                                                                        |  |  |
| 2a Taxable amount<br>\$19,626.97                                                                                                                                                                                                                           |  |  |
| 2b Taxable amount not determined                                                                                                                                                                                                                           |  |  |
| 3 Capital gain (included in box 2a)                                                                                                                                                                                                                        |  |  |
| 4 Federal income tax withheld<br>\$1,962.70                                                                                                                                                                                                                |  |  |
| 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$25,000.00                                                                                                                                                                |  |  |
| 6 Net unrealized appreciation in employer's securities                                                                                                                                                                                                     |  |  |
| 7 Distribution code(s)<br>D4 IRA / SEP / SIMPLE                                                                                                                                                                                                            |  |  |
| 8 Other                                                                                                                                                                                                                                                    |  |  |
| 9a Your percentage of total distribution<br>50%                                                                                                                                                                                                            |  |  |
| 9b Total employee contributions                                                                                                                                                                                                                            |  |  |
| 14 State tax withheld                                                                                                                                                                                                                                      |  |  |
| 15 State/Payer's state no.<br>VA/30426362604F001                                                                                                                                                                                                           |  |  |
| 16 State distribution                                                                                                                                                                                                                                      |  |  |
| 17 Local tax withheld                                                                                                                                                                                                                                      |  |  |
| 18 Name of locality                                                                                                                                                                                                                                        |  |  |
| 19 Local distribution                                                                                                                                                                                                                                      |  |  |
| Form 1099-R                                                                                                                                                                                                                                                |  |  |
| www.irs.gov/Form1099R                                                                                                                                                                                                                                      |  |  |
| Department of the Treasury-Internal Revenue Service                                                                                                                                                                                                        |  |  |

|                                                                                                                                                                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="checkbox"/> CORRECTED (if checked)                                                                                                                                                                                                            |  |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>TRANSAMERICA LIFE INSURANCE COMPANY<br>6400 C STREET SW<br>CEDAR RAPIDS, IA 52499                                                 |  |  |
| FOR QUESTIONS CALL 800-525-6205                                                                                                                                                                                                                            |  |  |
| PAYER'S TIN<br>42-6362604                                                                                                                                                                                                                                  |  |  |
| RECIPIENT'S TIN<br>**-***8336                                                                                                                                                                                                                              |  |  |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br>PEOPLE FOR THE ETHICAL TREATMENT OF ANI<br>ATTN TIMOTHY ENSTICE VICE PRES<br>501 FRONT STREET<br>NORFOLK, VA 23510-0000 |  |  |
| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                  |  |  |
| 11 1st year of desig. Roth contrib.                                                                                                                                                                                                                        |  |  |
| 12 FATCA filing requirement                                                                                                                                                                                                                                |  |  |
| 13 Date of payment                                                                                                                                                                                                                                         |  |  |
| Account number (see instructions)<br>103126PPM                                                                                                                                                                                                             |  |  |
| 1 Gross distribution<br>\$44,626.97                                                                                                                                                                                                                        |  |  |
| 2a Taxable amount<br>\$19,626.97                                                                                                                                                                                                                           |  |  |
| 2b Taxable amount not determined                                                                                                                                                                                                                           |  |  |
| 3 Capital gain (included in box 2a)                                                                                                                                                                                                                        |  |  |
| 4 Federal income tax withheld<br>\$1,962.70                                                                                                                                                                                                                |  |  |
| 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$25,000.00                                                                                                                                                                |  |  |
| 6 Net unrealized appreciation in employer's securities                                                                                                                                                                                                     |  |  |
| 7 Distribution code(s)<br>D4 IRA / SEP / SIMPLE                                                                                                                                                                                                            |  |  |
| 8 Other                                                                                                                                                                                                                                                    |  |  |
| 9a Your percentage of total distribution<br>50%                                                                                                                                                                                                            |  |  |
| 9b Total employee contributions                                                                                                                                                                                                                            |  |  |
| 14 State tax withheld                                                                                                                                                                                                                                      |  |  |
| 15 State/Payer's state no.<br>VA/30426362604F001                                                                                                                                                                                                           |  |  |
| 16 State distribution                                                                                                                                                                                                                                      |  |  |
| 17 Local tax withheld                                                                                                                                                                                                                                      |  |  |
| 18 Name of locality                                                                                                                                                                                                                                        |  |  |
| 19 Local distribution                                                                                                                                                                                                                                      |  |  |
| Form 1099-R                                                                                                                                                                                                                                                |  |  |
| (keep for your records)                                                                                                                                                                                                                                    |  |  |
| www.irs.gov/Form1099R                                                                                                                                                                                                                                      |  |  |
| Department of the Treasury-Internal Revenue Service                                                                                                                                                                                                        |  |  |

|                                                                                                                                                                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="checkbox"/> CORRECTED (if checked)                                                                                                                                                                                                            |  |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>TRANSAMERICA LIFE INSURANCE COMPANY<br>6400 C STREET SW<br>CEDAR RAPIDS, IA 52499                                                 |  |  |
| FOR QUESTIONS CALL 800-525-6205                                                                                                                                                                                                                            |  |  |
| PAYER'S TIN<br>42-6362604                                                                                                                                                                                                                                  |  |  |
| RECIPIENT'S TIN<br>**-***8336                                                                                                                                                                                                                              |  |  |
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| 10 Amount allocable to IRR within 5 years                                                                                                                                                                                                                  |  |  |
| 11 1st year of desig. Roth contrib.                                                                                                                                                                                                                        |  |  |
| 12 FATCA filing requirement                                                                                                                                                                                                                                |  |  |
| 13 Date of payment                                                                                                                                                                                                                                         |  |  |
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| 1 Gross distribution<br>\$44,626.97                                                                                                                                                                                                                        |  |  |
| 2a Taxable amount<br>\$19,626.97                                                                                                                                                                                                                           |  |  |
| 2b Taxable amount not determined                                                                                                                                                                                                                           |  |  |
| 3 Capital gain (included in box 2a)                                                                                                                                                                                                                        |  |  |
| 4 Federal income tax withheld<br>\$1,962.70                                                                                                                                                                                                                |  |  |
| 5 Employee contributions/Designated Roth contributions or insurance premiums<br>\$25,000.00                                                                                                                                                                |  |  |
| 6 Net unrealized appreciation in employer's securities                                                                                                                                                                                                     |  |  |
| 7 Distribution code(s)<br>D4 IRA / SEP / SIMPLE                                                                                                                                                                                                            |  |  |
| 8 Other                                                                                                                                                                                                                                                    |  |  |
| 9a Your percentage of total distribution<br>50%                                                                                                                                                                                                            |  |  |
| 9b Total employee contributions                                                                                                                                                                                                                            |  |  |
| 14 State tax withheld                                                                                                                                                                                                                                      |  |  |
| 15 State/Payer's state no.<br>VA/30426362604F001                                                                                                                                                                                                           |  |  |
| 16 State distribution                                                                                                                                                                                                                                      |  |  |
| 17 Local tax withheld                                                                                                                                                                                                                                      |  |  |
| 18 Name of locality                                                                                                                                                                                                                                        |  |  |
| 19 Local distribution                                                                                                                                                                                                                                      |  |  |
| Form 1099-R                                                                                                                                                                                                                                                |  |  |
| www.irs.gov/Form1099R                                                                                                                                                                                                                                      |  |  |
| Department of the Treasury-Internal Revenue Service                                                                                                                                                                                                        |  |  |