DLN: 93493063003023

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

2011

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	46- 2	011			12		
		C Name of or	or tax year beginning 08-01-2011	and ending 07-31-20	12	D Employer	identification number
_	k if ap ess cha	People for t	he Ethical Treatment			52-1218	336
_		Doing Busine				E Telephone	
_	e char					(757)962	2-8304
Inıtıa	ıl retur	Nulliber and	street (or P O box if mail is not delivere	ed to street address) Room/s	suite		ots \$ 41,747,999
Term	nnated	501 Front St	treet			<b>u</b> dioss receip	713 \$ 41,747,999
- Ame	nded r		n, state or country, and ZIP + 4				
– Appli	cation	Norfolk, VA	23510				
		F Name	e and address of principal officer		H/a) Tath		6
		Ingrid E	Newkirk		affilia	s a group reti	TYes ▼ No
		501 From	nt Street VA 23510				
		Norioik,	7A 23310		1 '	l affiliates incl	
Tax-	-exem	pt status	3)	4947(a)(1) or	_	-	st (see instructions)
			7 7 301(0) ( 7 4 (111301) 110 7	1317(4)(1) 01 1 327	H(c) Grou	p exemption	number <b>F</b>
We	bsite	: • www peta org					
<b>(</b> Form	of org	anızatıon 🔽 Corporatıo	n		<b>L</b> Year of fo	rmation 1980	<b>M</b> State of legal domicile VA
Par	t I	Summary					
	<b>1</b> E	Briefly describe the o	organization's mission or most sigi	nificant activities			
,	<u>P</u>	rotection of animal i	rights				
raovellialice	-						
≦	-						
<u> </u>	2 0	heck this box 🛏 if	f the organization discontinued its	operations or disposed	of more than 2	5% of its net	assets
š		•	mbers of the governing body (Part			з	1
<u>ة</u>		_	nt voting members of the governing	·			
wornkines o			iduals employed in calendar year			5	
1			nteers (estimate if necessary)			6	
ŧ			ness revenue from Part VIII, colur			7a	
			ss taxable income from Form 990	,		7a 7b	· ·
$\rightarrow$	<u> </u>	vet differenced busine	Taxable income from 1 offin 9 90	-1, IIIIe 54	Deia	r Year	
	•	C t t			Prio		Current Year
9	8		grants (Part VIII, line 1h)		•	30,591,252	
E	9		evenue (Part VIII, line 2g)	•	660,816		
# l	10		e (Part VIII, column (A), lines 3, 4		•	248,267	,
	11	,	rt VIII, column (A), lines 5, 6d, 8d			311,780	463,342
	12		d lines 8 through 11 (must equal P		ne	31,812,115	31,014,236
	13		amounts paid (Part IX, column (A			3,158,194	
	14		for members (Part IX, column (A)			, ,	0
	15		npensation, employee benefits (Pa				
8		5-10)	, , , , , , , , , , , , , , , , , , , ,	(··/,		7,644,965	7,088,857
Expenses	16a	Professional fundra	aısıng fees (Part IX, column (A), lı	ne 11e)		514,071	639,116
<u> ਡੇ</u>	b	Total fundraising exper	nses (Part IX, column (D), line 25) 🛌 5,10	6,673			
	17		art IX, column (A), lines 11a-11c			25,552,084	23,125,543
	18		dd lines 13–17 (must equal Part I			36,869,314	
	19	·	nses Subtract line 18 from line 1			-5,057,199	
× 00		· .			Beginning	of Current	·
9 8						ear	End of Year
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	Total assets (Part	X, line 16)			18,023,301	16,064,507
Net Assets of Fund Balances	21	Total liabilities (Pa	art X, line 26)			5,875,320	4,895,829
2.2	22	Net assets or fund	balances Subtract line 21 from li	ne 20		12,147,981	11,168,678
Part	II:	Signature Bloo	ck				
nder	penali dge a	ties of perjury, I decla	are that I have examined this return, prect, and complete. Declaration of				
		*****			20	13-03-01	
Sign		Signature of officer				ite	
lere		Ingrid E Newkirk Pre	esident				
		Type or print name a					
		Preparer's L		Date	Check If	Preparer's tax	payer identification number
Paid		signature Susan J	Rosenberg		self-	(see instruction	
zaid Prepar	ror' c	F			employed 🕨		
repai Jse Oi		Firm's name (or yours if self-employed),	Saggar & Rosenberg PC			EIN Þ	
ise U	шу	address, and ZIP + 4	One Church Street Suite 204				
			Pockville MD 20850			Phone no 🕨	(301) 738-9040

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

_	n 990 (2011) Page <b>2</b>
Par	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
<u>P rot</u>	ection of animal rights
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
_	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?
4	If "Yes," describe these changes on Schedule O
	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 and section 4947(a)(1) trusts 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 \$ 10,195,601 including grants of \$ 421,232 ) (Revenue \$ )
	RESEARCH, INVESTIGATIONS & RESCUE* PETA receives complaints of cruelty to animals, works for the release of and obtains care for abused, neglected, and at risk animals, investigates cruelty cases, conducts undercover investigations, gathers evidence of law civiley targeting the issue of "dehorings" in the dairy industry, PETA's undercover investigation of Adiondack Famis, LLC, a factory farm that supplies milk for the maker of Cabota and McCadam cheeses revealed how calves have their hom buds burned off as they thrash in agony without pain relief and showed cows subjected to being electro-shocked and jabbed and hit with poles. The relieves have their hom buds burned off as they thrash in agony without pain relief and showed cows subjected to being electro-shocked and jabbed and hit with poles. The release of the investigation ratcheted up the pressure on the dairy industry to adopt crucial reforms demanded by TETA. PETA PETA released wide forotage from a military whistleblower showing Coast Guard medical training drills in which instructors cut off the limbs of live goats with tree trimmers, stabbed the animals, and pulled out their internation or an internation or presented research at one of the largest military medical conferences in the U.S. in a construction of the U.S. is NATO allies of not use animals for medical training, but employ superior methods its simulations in numerous medical training courses in the U.S. Egypt, and Germany, persuaded dozens of high schools and universites to stop animal dissections in bloody classes, convinced the Manhagota, D.C. Omaha and Detroit school districts to implement dissection choice policies, and donated virtual dissections offware to dozens of schools in the U.S. and abroad. As a result of PETA's efforts and fruiding of some price of the productive toxicity tests for the massive REACH chemical testing program, prompted Boqual to end the use of chimpanzees in experiments, and persuaded China Southern Arilines to any countries for use in experiments, and Nippon Cargo
4b	(Code ) (Expenses \$ 8,589,573 including grants of \$ 60 ) (Revenue \$ )
	PUBLIC OUTREACH & EDUCATION - PETA conducts educational campaigns and publishes materials that are distributed to students, teachers, the general public, and supporters. These efforts include materials made available through our programs for younger children, high school and college students, and educators as well as publications such as factsheets, booklets, fliers, posters, and PETA's magazine, Animal Times. Campaigns involve renowned celebrities, extensive media attention, interactive social networking, Web site features and blogs that reach millions of viewers, and public service announcements, which are typically placed for free in high-exposure outlets. In fiscal year 2012, PETA booked more than 4,000 radio, TV, and print interviews, had more than 29 million people visit its various websites.
4c	(Code ) (Expenses \$ 7,252,825 including grants of \$ 649,911 ) (Revenue \$ )
	INTERNATIONAL GRASSROOTS CAMPAIGNS - PETA organizes campaigns to inform the public about how animals are abused in the food, clothing, experimentation, and entertainment industries, among other places. In 2012, PETA helped organize more than 1,900 demonstrations and sent out more than 9 million letters and emails to urge companies and individuals to make changes that benefit animals. After pressure from PETA, Hormel agreed to phase out gestation crates, irron-maiden-like cages that virtually immobilize mother pigs for months at a time, within five years. PETA also convinced New York City-based online grocery-shopping service FreshDirect and the nation's eighth largest retailer, Sam's Club, to stop offering foie gras, worked with communications giant Comcast to implement a nationwide training requirement for line technicians in humanely handling birds' nests, prompted Mendian Group, Inc. to end declawing requirement for cats at its 100 residential properties, and got four major companies to ban Pocket Pets, which sells squirrel-like marsupials called sugar gliders from 690 retail properties. PETA's youth division, peta2, reached out to more than 90,000 young people at colleges, music festivals, and other events, including an LA and Chicago-based conference series which taught student activists about effective advocacy. PETA kept up the pressure on the Canadian government to stop Canada's annual seal salughter by helping to persuade Russia, which had been importing 95% of Canadan seal pelts to ban seal pelt imports, and working with Canadian Senator Mac Harb to introduce a bill to end the slaughter. The PUMA Group, which distributes sports footwear and apparel in more than 120 countries, and Mango, a clothing retailer with 2,060 stores in 104 countries, banned the use of fur and exotic skins in their product lines after hearing from PETA As a result of PETA's newly launched campaign against down, the first such campaign in the animal protection movement, online clothing retailer Haband stopped selling products ma

**4e** Total program service expenses►\$ 26,576,098

Other program services (Describe in Schedule O )

538,099 including grants of \$

4d

(Expenses \$

)

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠١	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Į.	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	<b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
·_	Was the arganization a porty to a graph-h-h-d toy shelter to a section of a section	F		NI -
ia h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N o
a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
•	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	ļ		
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
)	Sponsoring organizations maintaining donor advised funds.	-		140
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
u	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
<b>4</b> ~	Did the organization receive any payments for indoor tanning services during the tax year?	1/1-		N.o.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No No
_	2			

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Part VI O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		N. a
L	more members of the governing body?	7a 7b		No No
Ь	or persons other than the governing body?	76		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in contribute access to or participate in a joint venture or similar arrangement with a			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		No
		_ JD		110

- 17 List the States with which a copy of this Form 990 is required to be filed WI , VT , VA , UT , SC , OR , NY , NM , NC , MS , MO , MN , ME , MD , MA , LA , IN , IL , IA , GA , FL , DC , CT , CO , CA,AZ,AL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

501 Front Street Norfolk, VA 23510 (757)622-7382

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

Check if Schedule O contains a response to any question 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, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) Average hours per week (describe hours	Positi more unles an	on (de tha	C) o no n one son er ar	t che e bo is bo id a tee	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		
(1) Jeanne Roush Director	1 00	Х		х				0	0	0	
(2) Michael Rodman Chairman,Treas	1 00	х		Х				0	0	0	
(3) Ingrid E Newkirk President	40 00	х		х				35,604	0	2,518	
(4) Jeff Kerr Asst Secretary	40 00			х				0	121,656	3,207	
(5) Tracy Reiman Vice President	40 00			х				79,020	0	2,965	
			_								

Form 990 (2011)

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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ai	e bo is b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	5	(F) Estimated amount of othe compensation from the organization an	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		rela organiz	1
											-		
1b Sub-Total				•	•		<b>*</b>						
	o Part VII, Sec						<u>-</u>		114,624	121,6	556		8,690
Total number of individuals (inclu \$100,000 of reportable compens					ted	above	) who	receive	d more tha	ın			
												Yes	No
3 Did the organization list any form on line 1a? If "Yes," complete Sch							ee, o	r highes • • •	t compens	ated employee	3		No
4 For any individual listed on line 1 organization and related organization and related organization.													
5 Did any person listed on line 1a	eceive or accru	· · ıe comı	• oensa	• ition	fror	n any	• unrel	· · · lated org	- • • anızatıon (	or individual for	4	+	No
services rendered to the organize										•	5		No
Section B. Independent Cont	ractors												
1 Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	the organizatio												
Nam	(A) ne and business add	dress							Desc	(B) ription of services			C) ensation
Production Solutions 1953 Gallows Rd Suite 600 Vienna, VA 22182									Postage/Prir	tıng			1,967,569
oore Wallace Response Mktg Svcs D Box 93514 Direct Mail hicago, IL 60673										709,590			
Foundation to Support Animal Protection 501 Front Street Norfolk, VA 23510									Supporting S	ervices		1	0,646,802
Communication Corp of America 13195 Freedom Way Boston, VA 22713									Printing & Po	estage			792,929
Brokers Worldwide 701 Ashland Ave Folcroft, PA 19032  Postage/Fulfillment										397,371			

\$100,000 of compensation from the organization 1-23

Form 99								Page <b>9</b>
Part	<b>/1111</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated cam	paigns 1a	492,883				
죮	ь	Membership du	ıes <b>1b</b>					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents <b>1c</b>	477,704				
£ a	d	Related organiz	zations 1d					
% E	e	Government grant	s (contributions) <b>1e</b>					
<u>`</u> ≅.	f	All other contribution	ons, gifts, grants, and <b>1f</b>	28,777,692				
돌	_	sımılar amounts no	ot included above ibutions included in					
# # F	g	lines 1a-1f \$ _	34,554					
S S	h	Total. Add lines	s 1a-1f	▶	29,748,279			
				Business Code				
Program Serwoe Revenue	2a	Spay/Neuter Progr	ram	900099	546,863	546,863		
eve	ь	Advertising revenu		900004	43,107	310,003	43,107	
or GE	_ c			300001	13,107		13,107	
ž	d							
38	e	-						
Ē	ءَ ا	All other progra						
Ş	'	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		589,970			
	3		ome (including dividen	· ·				
			aramounts)	-	192,752			192,752
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties			0			
		Cuana manta	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental	17,370					
	"	expenses						
	C	Rental income or (loss)	4,268					
	d	Net rental inco	me or (loss)		4,268			4,268
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	10,316,063	950				
	ь	Less cost or other basis and	10,286,893	10,227				
		sales expenses	20.470	0.277				
	c	Gain or (loss)	29,170	-9,277 <b>▶</b> -	19,893			19,893
	d 8a	Net gain or (los			19,893			19,693
Other Revenue	Od	events (not inc \$	rom fundraising luding 1,704 s reported on line 1c)					
é			ne 18					
<u>-</u>	_		a	41,527				
ŧ	b	Less direct ex		173,958	-132,431			-132,431
Ü	9a	Gross income f	(loss) from fundraising from gaming activities ne 19		132,+31			132,431
	b c		a penses b (loss) from gaming acti		ol			
	10a	Gross sales of returns and allo	inventory, less owances .					
	L	Loca cast of	a and sold b	570,031				
	b c	=	oods sold <b> b</b> (loss) from sales of inv	249,583 entory . •	320,448	317,932	2,516	
	۲	Miscellaneous		Business Code			_,0	
	11a	Royalties		900099	66,645			66,645
	ь	Miscellaneous	Income	900099	204,412			204,412
	c							
	d	All other reven	ue					
	e		s 11a-11d	·				
	12		See Instructions .	<b>*</b>	271,057	864,795	4E (22)	255 520
	1				31,014,236	004,/95	45,623	355,539

## 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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

(B)

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
_	·	108,278	108,278		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	250	250		
_		250	250		
3	Grants and other assistance to governments, organizations, and individuals outside the United				
	States See Part IV, lines 15 and 16	962,675	962,675		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	129,976	129,563	204	209
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	6,179,831	6,160,179	9,702	9,950
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	170	170		· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits	298,828	297,883	491	454
10	Payroll taxes	480,052	478,525	754	773
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	741,158	624,129	14,349	102,680
C	Accounting	53,616	45,150	1,038	7,428
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	639,116			639,116
f	Investment management fees	0			
g	Other	9,889,964	8,332,186	191,047	1,366,731
12	Advertising and promotion	0			
13	Office expenses	812,349	687,500	3,005	121,844
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,143,482	1,117,998	4,510	20,974
17	Travel	852,862	727,412	9,188	116,262
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	122,706	97,287	535	24,884
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	106,698	84,596	465	21,637
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	General Operating Expenses	1,283,025	1,017,250	5,594	260,181
b	Printing and Publications	2,179,979	1,333,232	65	846,682
С	Education, Promo Communication	2,212,375	1,743,887	107	468,381
d	Postage and Shipping	2,969,559	1,958,701	809	1,010,049
e					
f	All other expenses	757,770	669,247	85	88,438
25	<b>Total functional expenses.</b> Add lines 1 through 24f	31,924,719	26,576,098	241,948	5,106,673
26	<b>Joint costs.</b> Check here ► 🔽 If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	8,194,036	5,292,496	50,661	2,850,879
				Га	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 504,987 984,383 1 1 225.626 3.961.825 2 2 Savings and temporary cash investments . . . . . . . 3 117,781 443,093 636.272 381.613 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 7 0 70.306 8 39,499 9 338,215 9 304,799 Prepaid expenses and deferred charges . . . . . . 1,551,062 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 869,248 b Less accumulated depreciation . . . . . 660,684 10c 681,814 15,369,482 11 9,219,857 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 99,948 15 47,624 15 18,023,301 16,064,507 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,186,339 17 2,316,404 17 Accounts payable and accrued expenses . 18 18 19 326,225 19 293,862 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,362,756 25 2,285,563 D . . . . 26 5,875,320 26 4,895,829 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 6,351,698 27 5,007,836 Unrestricted net assets . . . . 2,665,421 28 3,020,075 28 Temporarily restricted net assets . . . . . Fund 29 3,130,862 29 3,140,767 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 12.147.981 33 11,168,678 34 Total liabilities and net assets/fund balances . . . . . 18.023.301 16.064.507

14:1	ιχι	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		31,0	014,236
2	Total	expenses (must equal Part IX, column (A), line 25)	2			924,719
3	Rever	nue less expenses Subtract line 2 from line 1	3		- 9	910,483
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,:	147,981
5	Other	changes in net assets or fund balances (explain in Schedule O )	5			-68,820
6	Net a: (B))	ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		11,:	168,678
Par	t XII	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	<del></del>
1		unting method used to prepare the Form 990			Yes	No
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
c	audıt, If the	s," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? organization changed either its oversight process or selection process during the tax year, explain in dule O		<b>2</b> c	Yes	
d	on a s	s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both eparate basis	ssued			
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the r or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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As Filed Data -

DLN: 93493063003023

OMB No 1545-0047

### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

**Employer identification number** 

People for the Ethical Treatment of Animals Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

<b>(i)</b> Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	1
-									
Total									

Support Schedule for Organizations Described in IRC 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.)

	under Fait III. II til	e organization	ians to quanty t	inuer the tests	listed below, pr	case complete	rait III.)
	ection A. Public Support	1	1				
Cale	<b>endar year</b> (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	30,746,69	31,977,871	32,987,039	30,591,252	29,748,279	156,051,132
	not include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						0
	paid to or expended on its						O
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without						0
	charge						
4	<b>Total.</b> Add lines 1 through 3	30,746,69	31,977,871	32,987,039	30,591,252	29,748,279	156,051,132
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						24 002 045
	supported organization) included on line 1 that exceeds 2% of the						21,003,945
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						135,047,187
	from line 4						155,047,107
	ection B. Total Support		<u> </u>		<u> </u>	ı	
Care	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	A mounts from line 4	30,746,691	31,977,871	32,987,039	30,591,252	29,748,279	156,051,132
8	Gross income from interest,						
-	dividends, payments received						
	on securities loans, rents,	902,913	575,592	572,316	389,082	276,767	2,716,670
	royalties and income from						
_	similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						0
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						0
	from the sale of capital						
11	assets Total support (Add lines 7						
	through 10)						158,767,802
12	Gross receipts from related activit	ties, etc (See ins	tructions )	•	•	12	8,882,235
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	, third, fourth, or i	fifth tax year as a	501(c)(3) organ	ızatıon,
	check this box and <b>stop here</b>	-	,		,	. , , ,	<b>▶</b> □
	ation C. Commutation of Du	hlia Carana	D				
<u> </u>	ection C. Computation of Pu Public Support Percentage for 201			11 column (f))		14	85 060 %
15	Public Support Percentage for 201	-		11 (0)(1)(1)		<del>                                     </del>	
	-	•	•		l	15	84 850 %
Loa	<b>33 1/3% support test—2011.</b> If th and <b>stop here.</b> The organization qu				iine 14 is 33 1/3%	o or more, cneck	this dox ►✓
b	33 1/3% support test—2010. If th				5a, and line 15 is	33 1/3% or more	
	box and <b>stop here.</b> The organization						<b>▶</b> ┌
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organiz						
	in Part IV how the organization me	ets the "facts ar	a circumstances"	test The organiz	ation qualifies as	a publicly suppo	rted •
b	organization 10%-facts-and-circumstances test	t— <b>2010.</b> If the on	ganization did not a	check a box on lu	ne 13.16a.16b.o	or 17a and line	FI
_	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz						
	supported organization						<b>►</b> □
18	Private Foundation If the organiza	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	<b>▶</b> □
	ınstructions						F"

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493063003023

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

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. ► See separate instructions.

f the or	ganization answered '	"Yes,"	to Form	990, I	Part IV,	, Line 3, or	Form 9	990-EZ, Par	t V, line 4	6 (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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the	e organ	nızatıon
People for the	Ethical	Treatment
of Animals Inc		

Employer identification number

52-1218336

Part I-A	Complete if the organiz	ation is exempt unde	r section 501(c)	) or is a s	section 527	organızatıon.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete	if the or	ganization	is exemp	ot under	section	501(c)	(3).	

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- 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?
- Was a correction made?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes

┌ Yes

☐ Yes

✓ No

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>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

CI	nedule C (Form 990 or 990-EZ) 2011				Page
P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3)	and fi	led Form 5768	(election
۱ 3	expenses, and share of excess lob	an affiliated group (and list in Part IV each affil bying expenditures) ox A and "limited control" provisions apply	iated gro	oup member's name	, address, EII
_	Limits on Lobbying I (The term "expenditures" means a	Expenditures		(a) Filing O rganization's Totals	<b>(b)</b> Affiliate Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		15,169	
b	Total lobbying expenditures to influence a legisl	latıve body (dırect lobbyıng)		4,089	
c	Total lobbying expenditures (add lines 1a and 1	b)		19,258	
d	O ther exempt purpose expenditures			32,092,906	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		32,112,164	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			

**g** Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

250,000

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
c	Total lobbying expenditures	68,458	23,897	42,763	19,258	154,376					
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000					
f	Grassroots lobbying expenditures	67,536	949	·	15,169	<u>`</u>					

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493063003023

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	me of the organization  pple for the Ethical Treatment		Employer ide	Employer identification number			
of A	Animals Inc		52-1218336				
Pa	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		r Funds or Acco	unts. Comple	te if the		
	organization answered Tes to Form 33	(a) Donor advised funds	(b) Funds	and other accou	nts		
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<u> </u>		┌ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendant property and property benefit.			e □ Yes	□ No		
Рa	rt II Conservation Easements. Complete	if the organization answered "Yes	s" to Form 990 P		, 110		
1	Purpose(s) of conservation easements held by the or		3 (0 101111 220, 1	arciv, me 7.			
_	Preservation of land for public use (e.g., recreation		f an historically imp	ortantly land are	a		
	Protection of natural habitat		f a certified historic				
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the f	orm of a conservati	on			
	easement on the last day of the tax year						
			Held	at the End of the	Year		
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
<b>C</b>	Number of conservation easements on a certified his	• •	2c				
d	Number of conservation easements included in (c) ac		2d				
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or termir	nated by the organiz	ation during			
4	Number of states where property subject to conserva	ation easement is located 🗠					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		nandling of violation	s, and <b>Yes</b>	┌ No		
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation eas	sements during the	year <b>►</b>			
7	A mount of expenses incurred in monitoring, inspecting	- ng, and enforcing conservation easem	ents during the yea	r			
•	<b>▶</b> \$	-					
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of	section	☐ Yes	┌ No		
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's finan					
Par	<b>t IIII</b> Organizations Maintaining Collectio Complete if the organization answered "			ilar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or res	earch in furtherance		≘,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>▶</b> ¢				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		·				

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	ections of Art, H	ISTO	rica	<u>ai ireasu</u>	res, or Otne	r Similar Asse	ts (co	ntinued)
3	Using the organization's accession and other relatems (check all that apply)	ecords, check any of	the f	follo	wing that are	e a significant u	se of its collection	า	
а	Public exhibition	d	Γ	- ı	Loan or exch	ange programs			
b	Scholarly research	e	. 「	- ,	Other				
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain h	iow th	hevi	further the o	rganization's ex	cempt purpose in		
•	Part XIV			,					
5	During the year, did the organization solicit or r							.,	<b></b> .
Dar	assets to be sold to raise funds rather than to be to be sold to raise funds rather than to be to be assets to be sold to raise funds rather than to be assets to be sold to raise funds rather than to be assets to be sold to raise funds rather than to be sold to raise funds rather than to be assets to be sold to raise funds rather than the rathe						<u> </u>	Yes	l No
1461	Part IV, line 9, or reported an amo					answered i	es to rollin 550	,	
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	n or other intermedia	ry fo	rcor	ntrıbutıons o	r other assets	not $\Gamma$	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	owing	g tab	ole				
							Amou	ınt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 2:	1?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if t		nswe (b)Pri					<b>N</b> Eour V	ears Back
1a	Beginning of year balance	5,796,283	(0)-11		50,543	5,105,785	Tillee Teals back (e	iji our i	ears back
b	Contributions	4,692,373		3,9	94,610	4,462,220			
c	Investment earnings or losses	9,905			94,596	17,832			
d	Grants or scholarships								
e	Other expenditures for facilities and programs	4,337,719		4,5	43,466	3,335,294			
f	Administrative expenses								
g	End of year balance	6,160,842		5,7	96,283	6,250,543			
2	Provide the estimated percentage of the year e	nd balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ► 51 000 %								
c	Term endowment ► 49 000 %								
3a	Are there endowment funds not in the possessi	on of the organizatio	n tha	at ar	e held and a	dmınıstered for	the		
	organization by  (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations		•	•			3a(ii)		No
b	If "Yes" to 3a(II), are the related organizations						3b		No
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	ment	t fun	ds			•	
Par	t VI Land, Buildings, and Equipment	<b>t.</b> See Form 990,	Paṛt	Χ, Ι	lıne 10.		_		
	Description of property				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land				91,170				91,170
b	Buildings				137,016	59,091	84,510		111,597
c	Leasehold improvements								
d	Equipment					1,005,069	653,427		351,642
	Other					258,716	·		127,405
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (	(B), II	ne 1	0(c).)		▶		681,814

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 17	<u>2</u> .	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)20011 14140	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Tabel (Caluma (h) chauld agual Form 000, Part V, cal (R) lang 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description  (b) Should equal Form 990, Part X, col.(B) line 19	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description  (b) Should equal Form 990, Part X, col.(B) line 19	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,014,236
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,924,719
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-910,483
4	Net unrealized gains (losses) on investments	4	-68,820
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-68,820
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-979,303
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		·
1	Total revenue, gains, and other support per audited financial statements	1	30,866,661
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-147,575
3	Subtract line <b>2e</b> from line <b>1</b>	3	31,014,236
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	31,014,236
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	31,845,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d 262,685		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-78,755
3	Subtract line <b>2e</b> from line <b>1</b>	3	31,924,719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	31,924,719
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rental expenses \$13102 Cost of goods sold \$249583
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Rental expenses \$13102 Cost of goods sold \$249583
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Permanently restricted net assets are comprised of three separate endowment funds. Under the 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. Earnings on the second and third endowment fund are unrestricted Temporarily restricted assets are available for campaigns against animal testing, factory farming, animal cruelty, and for periods after July 31, 2012

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As Filed Data -

DLN: 93493063003023

OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**Employer identification number** 

	nimals Inc				52-1218336	
Pa	"Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	libility for the	grants or assis	tance, and the selecti	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside t	ne
3	Activites per Region (Use Part \	/ if additional s	pace is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
	Sub-total					
ŀ	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		South Asia	Animal Protection	500,241	Wire	64,596	Medical Equip	FMV
		East Asia	A nimal Protection	399,988	Wire			
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Animal Protection	South America	1	500	Wire		1	<u> </u>
Animal Protection	Europe	1	10,000	Wire		1	
			,			1	
			,			1	
			·	'		1	
			,			1	
			·				

## 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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		PETA monitors the use of grant funds outside 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 F (Form 990) 2010

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DLN: 93493063003023

OMB No 1545-0047

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

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Open to Public

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. F See separate instructions.	Inspection
Name of the organization		Employer identification number
People for the Ethical Tre	eatment	
of Anımals Inc		52-1218336

fΑ	nımals	Inc							52-1218336				
Pa	rt I	Fundraising Ac	<b>tivities.</b> Complete	e if the organiz	atıoı	n ar	nswered "Yes"	to Form	990, Part IV	, line 1	7.		
L	Indic	ate whether the organ	nızatıon raısed funds	through any of th	ne fol	llowi	ng activities Che	eck all th	nat apply				
а	<u>                                      </u>	Mail solicitations			е Г	- s	Solicitation of nor	n-govern	ment grants				
b	₽ I	nternet and e-mail so	olicitations		fΓ	_ s	Solicitation of gov	ernment	grants				
c	₽ F	hone solicitations			g F	₹ 5	Special fundraisin	g events	6				
d	<b>▶</b> I	n-person solicitation	s										
2a b	orke If"Ye	he organization have y employees listed in es," list the ten highes compensated at leas	ı Form 990, Part VII) st paıd ındıvıduals or	or entity in con entities (fundrai	necti sers)	on w ) pur	with professional f suant to agreeme	<sup>f</sup> undraisi ents und	ng services? er which the fun		<b>Yes</b> IS	Γ	No
(i) Name and address of individual or entity (fundraiser)			(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	e i		Gross receipts om activity	or re fundra	nount paid to etained by) iser listed in col <b>(i)</b>	(orı	mount p etained ganizati	lby)	

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
ROI Solutions	Telefundraising		No		11,440	
<u>I</u> nfogroup	Telefundraising		No		27,889	
Mal Warwick	Prof Fundraisin		No		28,500	
Infocision	Telefundraising		No	122,807	137,053	
Public Interest	Telefundraising		No	268,751	236,650	32,101
Donor Services	Telefundraising		No	229,143	268,562	
Total			<b>.</b>	620,701	710,094	32,101
				620,701	710,094	32,101

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

WV, WI, WA, VA, UT, TN, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, MS, MO, MN, MI, ME, MD, ME, LA, KY, KS, IL, HI, GA, FL, DC,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18 more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
		. ,	(a) Event #1  LA Event (event type)	(b) Event #2  Las Vegas Event (event type)	(c) Other Events  9 (total number)	(d) Total Events (Add col (a) through col (c))	
E Le	1	Gross receipts	107,905	79,577	330,658	518,140	
Revenue	2	Less Charitable contributions	107,905	79,577	289,131	476,613	
_	3	Gross income (line 1 minus line 2)			41,527	41,527	
	4	Cash prizes					
မှာ	5	Non-cash prizes	1,600	413	2,481	4,494	
Expenses	6	Rent/facility costs	3,568	1,395	13,428	18,391	
	7	Food and beverages	3,942		18,391	22,333	
Direct	8	Entertainment					
Δ	9	Other direct expenses .	9,683	13,551	56,640	79,874	
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(125,092)	
	11	Net income summary Combine lii				-83,565	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue					
968	2	Cash prizes					
Expenses	3	Non-cash prizes					
	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	┌ Yes ┌ No	Г Yes Г No	☐ Yes ☐ No		
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)		( )	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨		
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eacl	h of these states?		· Fyes Fno	
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, susper	nded or terminated during	the tax year?	· · Fyes Fno	

Sche	dule G (Form 990 or 990-EZ) 20	11				Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? $oldsymbol{\cdot}$			es [	No No
12		neficiary or trustee of a trust or a mem				
	formed to administer charitable of	gaming?		<b>Г</b> ү	es 「	No
13	Indicate the percentage of gamir	ng activity operated in		1 1		
а				13a		
b	An outside facility			13b		
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book	s and		
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			Гү	es F	- No
b		ning revenue received by the organizat				.,,
	amount of gaming revenue retain	ed by the third party 🟲 \$				
c	If "Yes," enter name and address	5				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	<b>\$</b> \$				
	Description of services provided	<b>&gt;</b>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to			
	= =				es [	No
b		required under state law distributed tactivities during the tax year > \$	o other exempt organizations or sp	ent		
Par		provide additional information for	responses to quuestion on Sc	hedule G (see		
	Identifier	ReturnReference	Explana	tıon		
<u></u>						

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Schedule I

(Form 990)

DLN: 93493063003023 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service **Inspection** Employer identification number Name of the organization People for the Ethical Treatment 52-1218336 of Animals Inc Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable valuation non-cash assistance or assistance arant cash or government assistance (book, FMV, appraisal other) 91-6073154 (1) PAWSPO Box 1037 501(c)(3) 6,731 0 Anımal Protection Lynnwood, WA 98046 (2) Institue for In-Vitro 52-2029668 501(c)(3) 60,000 Anımal Protection Health21 Firstfield Road Suite 220 Gaithersburg, MD 20878 (3) Center for Healthcare Ed 33-0928926 501(c)(3) 9,002 Anımal Protection 6377 Riverside Ave Riverside, CA 92506

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

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes	" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Animal Protection	2	250			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description		PETA monitors the use of grant funds in the U S through an internal donation request form specifying information that allows
of How Grants are Used		management to evaluate that the recipient will use the funds exclusively for exempt purposes

Schedule I (Form 990) 2011

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DLN: 93493063003023

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

# **NonCash Contributions**

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

	ne of the organization le for the Ethical Treatment		Employer identification number					
	imals Inc	52-1218336						
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	Method of c contributio	letermı		
1	Art—Works of art			j				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	41	143,639	Market Value			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
L4	Qualified conservation contribution—Other							
15	Real estate—Residential .	X	1	771.109	Sale Price			
	Real estate—Commercial			,				
	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( <u>various</u> )	Х	60	19,806	FMV			
26	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		<b>v</b> l	1
₹Na	During the year, did the organize	ation receiv	e by contribution any prope	orty reported in Part I lines	1 - 28 that it	$\vdash$	Yes	No
Jua	must hold for at least three year							
	for exempt purposes for the enti				id to be used			No
						30a		No
b	If "Yes," describe the arrangem	ent in Part .	11					
31	Does the organization have a gif	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash	22-	V22	
L	If "Yes," describe in Part II	· •	· · · ·	·		32a	res	
	If the organization did not report	revenues	un column (c) for a type of n	roperty for which column (a	) is chacked			

describe in Part II

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		PETA sold jewelry items through an auction house, which takes a percentage, PETA used Ebay and Craigslist to sell some items, vehicle donations are sold using VDAC which accepts, processes, sells, and then distributes the money in the form of a grant to PETA, and the same situation occurs with timeshares, which are handled through Donate for a Cause

Schedule M (Form 990) 2011

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DLN: 93493063003023

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization People for the Ethical Treatment of Animals Inc Employer identification number

52-1218336

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The specified documents are made available at the Board of Director's discretion
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Lines 15a and 15b - Persons who receive compensation are precluded from voting on matters pertaining to their compensation PETA's President and the Director of Human Resources of FSAP 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 the personnel files.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Regular confirmation and certification by board members and through internal controls put into place
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	PETA's audit committee and the Controller of the Foundation to Support Animal Protection (FSAP), a supporting organization, review the Form 990 with FSAP's General Counsel and Senior Vice President of Corporate Affairs. The audit committee and the supporting organization's Controller discuss the Form 990 with the organization's independent auditors. The organization files the Form 990 after Board of Director approval and acceptance.
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 CRUELTY FREE MERCHANDISE PROGRAM - PETA encourages and facilitates cruelty-free living by providing educational materials and consumer products, such as cosmetics and household cleaners that are not tested on animals, animal care products, message T-shirts, educational videos and books, animal rescue equipment, and campaign materials that are used by concerned people around the world. These items are available online through the PETA Mall, the PETA Catalog, and the PETA Bookstore

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493063003023 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** People for the Ethical Treatment of Animals Inc 52-1218336 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) (c) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity 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.) (g) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes See Additional Data Table For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) PETA Australia PO Box 20308 Sydney NSW 2002 AS	Protection of animal rights	AS	NA	C corp			
(2) PETA Europe Limited PO Box 36668 London SE1 1WA UK	Protection of animal nghts	UK	NA	C corp			
			'				
						Calcadada D /	F 000\ 2011

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV										
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?											
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to related organization(s)										
c	Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	f Sale of assets to related organization(s)										
g	Purchase of assets from related organization(s)				1g		No				
h	h Exchange of assets with related organization(s)										
i	i Lease of facilities, equipment, or other assets to related organization(s)										
j	Lease of facilities, equipment, or other assets from related organization(s)										
k	Performance of services or membership or fundraising solicitations for related organization(s)										
ı	I Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m		No				
n	Sharing of paid employees with related organization(s)				1n		No				
o	Reimbursement paid to related organization(s) for expenses										
p	p Reimbursement paid by related organization(s) for expenses										
q	<b>q</b> Other transfer of cash or property to related organization(s)										
r	Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relat	cionships and transact	ıon thresholds							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	Method of dete	<b>d)</b> rmını lved	ng amo	ount				
(1)	PETA Asia	b	399,988	FMV							
(2)	PETA India	b	277,241	FMV							
(3)	Foundation to Support Animal Protection	o	10,646,802	FMV							
	oundation to Support Animal Protection	J	912,250	FMV							
5)											

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) anizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloca	rtionate allocations?   Code V—UBI		Gene man	<b>j)</b> eral or aging :ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													·

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

**Software ID:** 11000144 **Software Version:** 2011v1.5

**EIN:** 52-1218336

Name: People for the Ethical Treatment

of Animals Inc

### Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Iu		CIGICO I GA	-xp g.	······································			
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	<b>g</b> Section 512 (b)(13) controlled organization	
PETA Australia						<del>                                     </del>	
PO Box 20308 Sydney NSW 2002 AS	Protection of Animal Rights	AS	N/A	N/A	NA	No	
PETA France							
6 Place De La Madeleine Paris 75008 FR	Protection of animal rights	FR	N/A	N/A	NA	No	
PETA Asia							
GPO Box 1700 HK	Protection of animal rights	НК	N/A	N/A	N/A	No	
PETA India						<del>                                     </del>	
PO Box No 2 Pune 411011 IN	Protection of animal rights	IN	N/A	N/A	NA	No	
PETA Foundation							
PO Box 36678 London SE1 1YE UK	Protection of animal rights	UK	N/A	N/A	NA	No	
PETA Deutschland EV							
Dieselstr 21 Gerlington 21 70839 GM	Protection of animal rights	GM	N/A	N/A	NA	No	
Stitching PETA Nederland							
Wittevrouwensignel Utrecht 1023514 AM NL	Protection of animal rights	NL	N/A	N/A	NA	No	
Foundation to Support Animal Protection 501 Front Street Norfolk, VA 23510 52-1842274	Support services to certain animal protection organizations	DE	501 (c) (3)	11 Type I	NA	No	

### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.5

**EIN:** 52-1218336

**Name:** People for the Ethical Treatment

of Animals Inc

### Form 990, Special Condition Description:

**Special Condition Description**