See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490
**Exempt Organization Business Income Tax Return**  
*(and proxy tax under section 6033(e))*  
For calendar year 2008 or other tax year beginning 8/01, 2008, and ending 7/31, 2009

- **Print or Type:** People for the Ethical Treatment of Animals, Inc.  
  501 Front Street  
  Norfolk, VA 23510

- **Employer identification number (Employees' trust, see instructions for Block D):**  
  52-1218336

- **Unrelated business activity codes (See instructions for Block E):**  
  454110 900004

- **Total, Combine lines 3 through 12:**  
  13 96,600.  
  169,913.  
  -73,313.

---

**Part I. Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th>Line</th>
<th>A (Income)</th>
<th>B (Expenses)</th>
<th>C (Net)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a</td>
<td>38,468</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b</td>
<td>Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c</td>
<td>Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>12,935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>25,533.</td>
<td></td>
<td>25,533.</td>
</tr>
<tr>
<td>4 a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 b</td>
<td>Net gain (loss) (Form 4797, Part II, line 7) (attach Form 4797)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 c</td>
<td>Capital loss deduction for trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from partnerships and S corporations (attach statement)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6    | 71,067.    | 169,913.     | -98,846.
| 7    | 6,666.     | 780.         |         |
| 8    | 23,555.    |              |         |
| 9    | 16,082.    |              |         |
| 10   | 20         |              |         |
| 11   | 25         |              |         |
| 12   | 10         |              |         |

---

**Part II. Deductions Not Taken Elsewhere**

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)  
15 6,666.
16 780.
17 25.
18 20.
19 23.
20 222.
21 2.
22 2.22.
23 28.
24 31.
25 30.
26 29.
27 27.
28 27.
29 30.
30 31.
31 32.
32 33.
33 34.
34 96,868.

---

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

- **Form 990-T (2008):** TEEA0205L 02/06/09
### Part III: Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
- Controlled group members (sections 1561 and 1563) check here □ See instructions and
  - Enter your share of the $50,000, $25,000, and $9,250,000 taxable income brackets (in that order)
    - (1) \( \$ \) □
    - (2) \( \$ \) □
    - (3) □
  - Enter organization's share of (1) Additional 5% tax (not more than $11,750)
    - □ $ □
  - (2) Additional 3% tax (not more than $100,000)
    - □ □
  - Income tax on the amount on line 34 □ 35c □ 0

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from □ Tax rate schedule or □ Schedule D (Form 1041)

37 Proxy tax. See instructions □ 37

38 Alternative minimum tax □ 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies □ 39 □ 0

### Part IV: Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) □ 40a
- □ Other credits (see instructions)
  - General business credit. Check here and indicate which forms are attached □ Form 3800 □ Form(s) (specify) □ 40c
  - Credit for prior year minimum tax (attach Form 8801 or 8827) □ 40d
- □ Total credits. Add lines 40a through 40d □ 40e □ 0

41 Subtract line 40e from line 39 □ 41 □ 0

42 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) □ 42

43 Total tax. Add lines 41 and 42 □ 43 □ 0

44a Payments: A 2007 overpayment credited to 2008 □ 44a
- □ Other payments
  - □ Tax deposited with Form 8868 □ 44b
  - □ Foreign organizations. Tax paid or withheld at source (see instructions) □ 44c
  - □ Backup withholding (see instructions) □ 44d
  - □ Other credits and payments □ Form 2439 □ Form 4136 □ Other □ Total □ 44f

45 Total payments. Add lines 44a through 44f □ 45 □ 0

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached □ 46

47 Tax due. If line 46 is less than the total of lines 43 and 46, enter amount owed □ 47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48

49 Enter the amount of line 48 you want Credited to 2009 estimated tax □ Refunded □ 49

### Part V: Statements Regarding Certain Activities and Other Information

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? Yes □ No □
- If YES, the organization may have to file Form TD F 90-221, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here □ Canada □
- If YES, see the instructions for other forms the organization may have to file.

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes □ No □
- If YES, see the instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year □ $ 10,177.

### Schedule A - Cost of Goods Sold

1 Inventory at beginning of year □ 21,302
2 Purchases □ 1,491
3 Cost of labor □ 3
4a Additional section 263A costs (attach schedule) □ 4a
4b Other costs (attach sch) □ 4b
5 Total. Add lines 1 through 4b □ 22,793

### Sign Here

Signature of officer □ 6/19/11 □

Vice President □

May the IRS discuss this return with the preparer, shown below (see instructions)? Yes □ No □

Paid Preparer's Use Only □

Preparer's signature □

Preparer's name (or yours if self-employed) □ Saggar & Rosenberg, P.C.

Address □ One Church Street, Suite 204

City □ Rockville, MD 20850

Phone no □ (301) 738-9040

prepared by □

Preparer's SSN or PTIN □ P00059813

Form 990-T (2008)

TCEA0202, 02/06/09
Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

<table>
<thead>
<tr>
<th>Rent received or accrued</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 15% but not more than 50%)</td>
</tr>
<tr>
<td>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</td>
</tr>
<tr>
<td>(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)</td>
</tr>
<tr>
<td>(d) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</td>
</tr>
</tbody>
</table>

| Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) |

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property

2 Gross income from or allocable to debt-financed property

3 Deductions directly connected with or allocable to debt-financed property

| (a) Straight line depreciation (attach sch) |
| (b) Other deductions (attach schedule) |

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5 Average adjusted basis of or allocable to debt-financed property (attach schedule)

6 Column 4 divided by column 5

7 Gross income reportable (column 2 x column 6)

8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))

Enter here and on page 1, Part I, line 7, column (A)

Total dividends-received deductions included in column 8

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization

2 Employer Identification Number

3 Net unrelated income (loss) (see instructions)

4 Total of specified payments made

5 Part of column 4 that is included in the controlling organization's gross income

6 Deductions directly connected with income in column 5

Exempt Controlled Organizations

Nonexempt Controlled Organizations

7 Taxable Income

8 Net unrelated income (loss) (see instructions)

9 Total of specified payments made

10 Part of column 9 that is included in the controlling organization's gross income

11 Deductions directly connected with income in column 10

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

Totals
# Schedule G — Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1 Description of income</th>
<th>2 Amount of income</th>
<th>3 Deductions directly connected (attach schedule)</th>
<th>4 Set-asides (attach schedule)</th>
<th>5 Total deductions and set-asides (column 3 plus column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>[Enter here and on page 1, Part I, line 9, column (A)]</td>
<td></td>
<td>[Enter here and on page 1, Part I, line 9, column (B)]</td>
</tr>
</tbody>
</table>

**Totals**

**Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income**

<table>
<thead>
<tr>
<th>1 Description of exploited activity</th>
<th>2 Gross unrelated business income from trade or business</th>
<th>3 Expenses directly connected with production of unrelated business income</th>
<th>4 Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute columns 5 through 7</th>
<th>5 Gross income from activity that is not unrelated business income</th>
<th>6 Expenses attributable to column 5</th>
<th>7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

**Schedule J — Advertising Income**

**Part I. Income From Periodicals Reported on a Consolidated Basis**

<table>
<thead>
<tr>
<th>1 Name of periodical</th>
<th>2 Gross advertising income</th>
<th>3 Direct advertising costs</th>
<th>4 Advertising gain or (loss) (column 2 minus column 3) if a gain, compute columns 5 through 7</th>
<th>5 Circulation income</th>
<th>6 Readership costs</th>
<th>7 Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals (carry to Part II, line (5))**

**Part II. Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

<table>
<thead>
<tr>
<th>1 Name of periodical</th>
<th>2 Gross advertising income</th>
<th>3 Direct advertising costs</th>
<th>4 Advertising gain or (loss) (column 2 minus column 3) if a gain, compute columns 5 through 7</th>
<th>5 Circulation income</th>
<th>6 Readership costs</th>
<th>7 Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Various periodicals</td>
<td>71,067</td>
<td>169,913</td>
<td>-98,846</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Totals from Part I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals, Part II (lines 1-5)**

|                           | 71,067                     | 169,913                    | -98,846                                                                      |                     |                    |                                                                                 |

**Schedule K — Compensation of Officers, Directors, and Trustees**

<table>
<thead>
<tr>
<th>1 Name</th>
<th>2 Title</th>
<th>3 Percent of time devoted to business</th>
<th>4 Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. Enter here and on page 1, Part II, line 14**
Election to Waive Net Operating Loss Carryback

Pursuant to IRC Section 172(b)(3), the Organization hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 7/31/09.
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print

Name of Exempt Organization
People for the Ethical Treatment of Animals, Inc.

Employer identification number
52-1218336

File by the due date for filing your return. See instructions

Number, street, and room or suite number If a P.O. box, see instructions
501 Front Street

City, town or post office, state, and ZIP code. For a foreign address, see instructions
Norfolk, VA 23510

Check type of return to be filed (file a separate application for each return)

☐ Form 990
☐ Form 990-BL
☐ Form 990-EZ
☐ Form 990-PF
☐ Form 990-T (corporation)
☐ Form 990-T (section 401(a) or 408(a) trust)
☐ Form 1041-A
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

The books are in the care of The Corporation

Telephone No ☐ (757) 962-8364 ☐ FAX No ☐

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

The extension for the organization’s return for

☐ calendar year 20

☐ tax year beginning 8/01/20, and ending 7/31/20

If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

☐ If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

☐ If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

☐ Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTDA coupon. If required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev 4-2009)
Statement 1
Form 990-T, Part II, Line 28
Other Deductions

- General operating: $1,591
- Media and support: $1
- Occupancy: $618
- Other consultants: $5,625
- Postage & shipping: $7,608
- Printing: $385
- Telephone: $114
- Travel: $140

Total: $16,082

Statement 2
Form 990-T, Part II, Line 31
Net Operating Loss Deduction

<table>
<thead>
<tr>
<th>Loss Year Ending</th>
<th>Original Loss</th>
<th>Loss Previously Used</th>
<th>Loss Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/94</td>
<td>$77,937</td>
<td>$</td>
<td>$77,937</td>
</tr>
<tr>
<td>7/31/95</td>
<td>$67,569</td>
<td>0</td>
<td>$67,569</td>
</tr>
<tr>
<td>7/31/96</td>
<td>$202,897</td>
<td>0</td>
<td>$202,897</td>
</tr>
<tr>
<td>7/31/97</td>
<td>$24,273</td>
<td>0</td>
<td>$24,273</td>
</tr>
<tr>
<td>7/31/98</td>
<td>$230,644</td>
<td>0</td>
<td>$230,644</td>
</tr>
<tr>
<td>7/31/99</td>
<td>$42,712</td>
<td>0</td>
<td>$42,712</td>
</tr>
<tr>
<td>7/31/00</td>
<td>$59,324</td>
<td>0</td>
<td>$59,324</td>
</tr>
<tr>
<td>7/31/01</td>
<td>$54,142</td>
<td>0</td>
<td>$54,142</td>
</tr>
<tr>
<td>7/31/02</td>
<td>$69,763</td>
<td>0</td>
<td>$69,763</td>
</tr>
<tr>
<td>7/31/03</td>
<td>$47,889</td>
<td>0</td>
<td>$47,889</td>
</tr>
<tr>
<td>7/31/04</td>
<td>$70,298</td>
<td>0</td>
<td>$70,298</td>
</tr>
<tr>
<td>7/31/05</td>
<td>$97,323</td>
<td>0</td>
<td>$97,323</td>
</tr>
<tr>
<td>7/31/06</td>
<td>$62,463</td>
<td>0</td>
<td>$62,463</td>
</tr>
<tr>
<td>7/31/07</td>
<td>$89,148</td>
<td>0</td>
<td>$89,148</td>
</tr>
<tr>
<td>7/31/08</td>
<td>$120,514</td>
<td>0</td>
<td>$120,514</td>
</tr>
</tbody>
</table>

Net Operating Loss Available: $1,316,896
Taxable Income: $-96,868
Net Operating Loss Deduction (Limited to Taxable Income): $0