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Form 990-T

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

OMB No. 1545-0047

2009

For calendar year 2009 or other tax year beginning 8/01, 2009, and ending 7/31, 2010

Department of the Treasury Internal Revenue Service (77)

See separate instructions.

Organization's EIN (990) 52-1218336

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Print or Type

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

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

E Unrelated business activity codes (See instructions for Block E.)
454110 900004

C Book value of all assets at end of year
21,894,531

F Group exemption number (See instructions for Block F.)

G Check organization type... X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.

Mdse sales, advertising

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X
If 'Yes,' enter the name and identifying number of the parent corporation.

J The books are in care of Angela Tumwa Telephone number (757) 962-8304

Part I Unrelated Trade or Business Income

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Gross profit, Net gain, and Total. Total income: 67,680; Total expenses: 129,566; Total net: -61,886.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

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

Table with 4 columns: Line number, Description, Amount. Rows include Compensation of officers, Salaries and wages, Charitable contributions, and Unrelated business taxable income. Total deductions: 17,179. Unrelated business taxable income: -79,065.

59994

2012 SCANNED OCT 05 2012 04 23 23 40 4 OCT

63

6

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:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c 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) **36**
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

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e 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 8856
 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44 a Payments: A 2006 overpayment credited to 2009 **44a**
b 2009 estimated tax payments **44b**
c Tax deposited with Form 8878 **44c**
d Foreign organizations. Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e** 883.
f Other credits and payments: Form 2439 Form 4136 Other **44f**
45 Total payments. Add lines 44a through 44f **45** 883.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. **46**
47 Tax due. If line 45 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** 883.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded **49** 883.

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ... Canada **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. **Yes** **No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year $\$$ 3,908. **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation \rightarrow Lower of cost or market

1 Inventory at beginning of year	1	<u>9,858.</u>	6 Inventory at end of year	6	<u>6,444.</u>
2 Purchases	2	<u>3,677.</u>	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	<u>7,091.</u>
3 Cost of labor	3				
4 a Additional section 262A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	<u>13,535.</u>	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer: [Signature] Date: 1/31/11 Title: President
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 1/31/2011 Check if self-employed Preparer's EIN or PTIN: P01030787
 Firm's name (or yours if self-employed), address, and ZIP code: Saggar & Rosenberg, P.C.
One Church Street Suite 204
Rockville, MD 20850 Phone no: (301) 738-9040