

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

C Name of organization
THE ARK TRUST, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5551 BALBOA BOULEVARD
 City or town, state or country, and ZIP
ENCINO, CA 91316

D Employer identification number
95-4327927

E Telephone number
(818) 501-2275

F Check if application pending

G Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 527
 OR 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

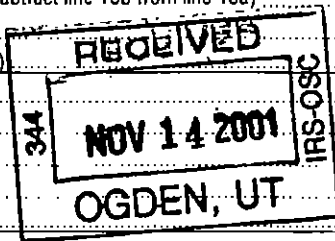
J Accounting method: Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (H and I are not applicable to section 527 orgs.)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? (if "No," attach a list.) Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	638,622.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 638,622. noncash \$)	1d	638,622.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	489,573.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	375.	
	5	Dividends and interest from securities	5	31,605.	
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		503,552.	8a		
		Less: cost or other basis and sales expenses	8b	403,557.	
		Gain or (loss) (attach schedule)	8c	99,995.	
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 2	99,995.	
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
		b	Less: direct expenses other than fundraising expenses	9b	
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,260,170.		
Expenses	13	Program services (from line 44, column (B))	13	848,155.	
	14	Management and general (from line 44, column (C))	14	103,895.	
	15	Fundraising (from line 44, column (D))	15	430,119.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	1,382,169.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<121,999.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	976,964.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<148,578.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	706,387.	



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Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	136,839.	96,780.	16,857.	23,202.
26	Other salaries and wages	191,919.	146,065.	28,315.	17,539.
27	Pension plan contributions				
28	Other employee benefits	15,347.	11,336.	2,109.	1,902.
29	Payroll taxes	27,257.	20,134.	3,745.	3,378.
30	Professional fundraising fees	332,094.			332,094.
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	5,190.	4,365.	535.	290.
35	Postage and shipping				
36	Occupancy	44,007.	37,014.	4,534.	2,459.
37	Equipment rental and maintenance				
38	Printing and publications	20,930.	17,604.	2,156.	1,170.
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,821.		1,821.	
43	Other expenses (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 4	606,765.	514,857.	43,823.	48,085.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,382,169.	848,155.	103,895.	430,119.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 27,083.; (ii) the amount allocated to Program services \$ 23,021.; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ 4,062.

Part III Statement of Program Service Accomplishments		Program Service Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 5		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	343,395.
b	SEE STATEMENT 7	
	(Grants and allocations \$ _____)	296,071.
c	SEE STATEMENT 8	
	(Grants and allocations \$ _____)	208,689.
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	848,155.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	12,741.	45	83,911.
	46 Savings and temporary cash investments	31,017.	46	53,361.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	34,265.	53	30,827.
	54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	904,934.	54	617,666.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other SEE STATEMENT 11	7,426.	56	4,034.	
57 a Land, buildings, and equipment: basis	57a 31,715.			
b Less: accumulated depreciation STMT 12	57b 29,127.	57c	2,588.	
58 Other assets (describe)		58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	994,792.	59	792,387.	
Liabilities	60 Accounts payable and accrued expenses	17,828.	60	86,000.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	17,828.	66	86,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	942,999.	67	589,705.
	68 Temporarily restricted	33,965.	68	116,682.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	976,964.	73	706,387.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	994,792.	74	792,387.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns: Question, Answer, N/A, Yes, No. Rows include questions 76-91 regarding organizational activities, financials, and governance.

91 The books are in care of BEVERLY KASKEY Telephone no. (818) 501-2275
Located at 5551 BALBOA BLVD, ENCINO, CA ZIP code 91316

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a GENESIS 14 INCOME					302,003.
b GENESIS 14 TV INCOME					140,000.
c GENESIS 15 INCOME					47,570.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	375.	
96 Dividends and interest from securities			14	31,605.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	99,995.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		131,975.	489,573.
105 Total (add line 104, columns (B), (D), and (E))					621,548.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge. (Important: See General Instruction W.)

Date: 1/6/01
 Type or print name and title: X Gretchen Wyler, Pres.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **THE ARK TRUST, INC.** Employer identification number **95 4327927**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHAEL J. WINIKOFF ----- 5551 BALBOA BOULEVARD, ENCINO, CA 9131640	PROGRAMS DIR.	53,903.		

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LW ROBBINS ASSOCIATES ----- 201 SUMMER STREET, HOLLISTON, MA 01746	FUNDRAISING	332,094.

Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	206,707.	359,232.	131,852.	75,056.	772,847.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	410,291.	409,700.	332,190.	261,218.	1,413,399.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	41,132.	47,828.	64,448.	81,932.	235,340.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	658,130.	816,760.	528,490.	418,206.	2,421,586.
24 Line 23 minus line 17	247,839.	407,060.	196,300.	156,988.	1,008,187.
25 Enter 1% of line 23	6,581.	8,168.	5,285.	4,182.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 24,425. (1998) 26,440. (1997) 1,400. (1996) 6,200.

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: SEE STATEMENT 16 (1999) 25,000. (1998) 230,000. (1997) 0. (1996) 0.

c Add: Amounts from column (e) for lines: 15 772,847. 16 _____ 17 1,413,399. 20 _____ 21 _____	27c	2,186,246.
d Add: Line 27a total 58,465. and line 27b total 255,000.	27d	313,465.
e Public support (line 27c total minus line 27d total)	27e	1,872,781.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	2,421,586.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	77.3370%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	9.7184%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization
THE ARK TRUST, INC.

Employer identification number
95-4327927

Organization type (check one)-Section: 501(c)(3) (3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 28,200.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$ 9,400.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$ 17,873.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$ 5,061.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$ 79,785.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 24,400.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
8		\$ 9,800.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
9		\$ 9,400.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11		\$ 20,800.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
12		\$ 9,800.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,400.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
14		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
15		\$ 110,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
16		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
17		\$ 7,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
18		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19		\$ 7,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
20		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
21		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
22		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
23		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
24		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	SUN MICROSYSTEMS STOCK	\$ 5,061.	12/06/00
20		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE A EXCESS PAYMENTS FROM NON-DISQUALIFIED PERSONS STATEMENT 16

*** NOT OPEN TO PUBLIC INSPECTION ***

PAYERS'S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
	25,000.	200,000. 30,000.		
TOTAL TO SCHEDULE A, LINE 27B	25,000.	230,000.		

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 BELIEVING THE MAJOR MEDIA IS THE MOST POWERFUL EDUCATOR OF THE MASSES, OUR ORGANIZATION ENCOURAGES AND AWARDS INDIVIDUALS IN THE MEDIA AND ARTS COMMUNITY FOR PRODUCING THOSE WORKS WHICH RAISE PUBLIC CONSCIOUSNESS ON ISSUES OF ANIMAL ABUSE AND EXPLOITATION. THE WINNERS ARE HONORED AT AN ANNUAL CEREMONY WHICH IS ATTENDED BY OVER 1,000 PEOPLE AND VIDEOTAPED FOR AIRING SEEN BY AN AUDIENCE OF APPROXIMATELY TWO MILLION PEOPLE. WE BELIEVE THE ARK TRUST, INC.'S PURPOSE IS FULFILLED BY INFORMING AND EDUCATING SO MANY INDIVIDUALS WITH OUR MESSAGE OF COMPASSION FOR ANIMALS.

SCHEDULE A

PAYMENTS FROM DISQUALIFIED PERSONS

STATEMENT 15

*** NOT OPEN TO PUBLIC INSPECTION ***

PAYERS'S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
	24,425.	26,440.	1,400.	6,200.
TOTAL TO SCHEDULE A, LINE 27A	24,425.	26,440.	1,400.	6,200.

The Ark Trust, Inc.
Realized Gains and Losses
Year Ended December 31, 2000

Units	Security Description	Cost	Purchase Date	Proceeds	Sale Date	Gain or (Loss)
350	Sara Lee Corp	\$ 7,787	5/7/1999	\$ 7,023	1/13/2000	\$ (764)
300	Southtrust Corp	12,694	5/6/1999	9,993	1/13/2000	\$ (2,700)
100	Dell Computer Corp.	4,013	12/9/1998	4,306	1/13/2000	\$ 294
200	Texas Utils Co	8,387	5/12/1999	6,200	4/5/2000	\$ (2,187)
50	SBC Communications Inc	2,316	4/6/2000	2,406	12/1/2000	\$ 91
75	Home Depot Inc	976	12/25/1995	4,645	1/13/2000	\$ 3,670
50	Citigroup Inc	986	12/25/1995	2,756	1/13/2000	\$ 1,771
37	American International Group	1,973	9/11/1997	4,130	1/13/2000	\$ 2,157
50	Intel Corp	2,271	8/19/1997	4,522	1/13/2000	\$ 2,250
50	Texas Instruments Inc	1,511	12/25/1995	5,106	1/13/2000	\$ 3,595
200	Starbucks Corp	2,900	12/25/1995	7,987	4/6/2000	\$ 5,087
150	Federal Natl Mtg Assn	3,026	6/21/1995	8,953	4/6/2000	\$ 5,928
50	Cisco Sys Inc	367	12/11/1996	3,681	4/6/2000	\$ 3,314
50	Texas Instruments Inc	1,511	12/25/1995	7,956	4/6/2000	\$ 6,445
50	Oracle Corp	265	12/25/1995	4,137	4/6/2000	\$ 3,873
100	CBS Corp	2,944	12/25/1995	5,806	4/6/2000	\$ 2,863
50	Kansas City Southern Industries Inc	760	2/1/1996	3,975	4/6/2000	\$ 3,215
50	Citigroup Inc	986	12/25/1995	2,953	4/6/2000	\$ 1,968
50	Morgan Stanley Dean Witter & Co	1,311	12/25/1995	4,078	4/6/2000	\$ 2,767
50	Kansas City Southern Industries Inc	760	2/1/1996	3,991	4/6/2000	\$ 3,231
50	Cisco Sys Inc	367	12/11/1996	3,687	4/6/2000	\$ 3,320
50	Intel Corp	2,271	8/19/1997	6,484	4/6/2000	\$ 4,213
50	Oracle Corp	265	12/25/1995	4,125	4/6/2000	\$ 3,860
50	Sun Microsystems Inc	1,259	12/25/1995	4,684	4/6/2000	\$ 3,425
0.5	Viacom Inc	14	12/25/1995	28	6/21/2000	\$ 14
40,000	US Treasury Notes	40,656	5/11/1999	39,320	7/12/2000	\$ (1,336)
40,000	US Treasury Notes	42,094	5/11/1999	40,467	7/12/2000	\$ (1,627)
40,000	US Treasury Notes	41,413	5/11/1999	40,148	7/12/2000	\$ (1,264)
50	Citigroup Inc	986	12/25/1995	3,350	7/12/2000	\$ 2,364
50	Morgan Stanley Dean Witter & Co	1,311	12/25/1995	4,766	7/12/2000	\$ 3,455
50	Intel Corp	2,271	8/19/1997	7,075	7/12/2000	\$ 4,803
50	Cisco Sys Inc	367	12/11/1996	3,216	7/12/2000	\$ 2,848
50	Oracle Corp	265	12/25/1995	3,737	7/12/2000	\$ 3,473
25	Viacom Inc	678	12/25/1995	1,736	7/12/2000	\$ 1,058
100	AT & T Corp Liberty Media SR A	1,236	12/25/1995	2,506	7/12/2000	\$ 1,270
95,000	Tenet Healthcare Corp	102,744	12/25/1995	92,981	7/14/2000	\$ (9,763)
65,000	US Treasury Notes	66,747	5/11/1999	65,135	10/12/2000	\$ (1,612)
100	Kansas City Southern Industries Inc	96	2/1/1996	831	10/12/2000	\$ 736
200	Dell Computer Corp.	5,450	12/25/1995	5,725	11/9/2000	\$ 275
200	Morgan Stanley Dean Witter & Co	5,244	12/25/1995	12,300	11/30/2000	\$ 7,057
100	Coastal Corp	4,050	5/6/1999	7,419	11/30/2000	\$ 3,369
100	Citigroup Inc	1,478	12/25/1995	4,894	11/30/2000	\$ 3,415
50	General Elec Co	1,784	5/6/1999	2,444	12/28/2000	\$ 659
100	Citigroup Inc	1,478	12/25/1995	5,150	12/28/2000	\$ 3,672
74	Sun Microsystems Inc	932	12/25/1995	2,211	12/28/2000	\$ 1,279
150	Oracle Corp	397	12/25/1995	4,556	12/28/2000	\$ 4,159
100	America Online Inc Del	3,772	12/25/1995	3,509	12/28/2000	\$ (263)
50	American International Group	1,778	9/11/1997	4,966	12/28/2000	\$ 3,188
50	Coastal Corp	2,025	5/6/1999	4,422	12/28/2000	\$ 2,397
100	Stilwell Finl Inc	736	2/1/1996	3,894	12/28/2000	\$ 3,158
126	BP PLC	6,468	5/6/1999	6,080	12/28/2000	\$ (388)
100	Viacom Inc	2,713	12/25/1995	4,638	12/28/2000	\$ 1,925
200	AT & T Corp Liberty Media SR A	2,473	12/25/1995	2,463	12/28/2000	\$ (10)
Total		\$ 403,557		\$ 503,552		\$ 99,995

2000 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL EQUIPMENT	061192SL		5.00	19	16,087.			16,087.	16,087.		0.
	COMPUTER	033193SL		5.00	19	3,760.			3,760.	3,760.		0.
	EQUIPMENT	062794SL		5.00	19	861.			861.	861.		0.
	EQUIPMENT	083194SL		5.00	19	1,905.			1,905.	1,905.		0.
	EQUIPMENT	031197SL		5.00	19	1,038.			1,038.	623.		208.
	EQUIPMENT	100497SL		5.00	19	2,600.			2,600.	1,560.		520.
	EQUIPMENT	120197SL		5.00	19	1,624.			1,624.	975.		325.
	EQUIPMENT	063098SL		5.00	19	3,840.			3,840.	1,535.		768.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					31,715.		0.	31,715.	27,306.	0.	1,821.
	* GRAND TOTAL 990 PAGE 2 DEPR					31,715.		0.	31,715.	27,306.	0.	1,821.

FOOTNOTES

STATEMENT 1

FORM 990, PART IV-A
 RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS
 WITH REVENUE PER RETURN

REVENUE PER AUDITED FINANCIAL STATEMENTS 1,128,195.

ADDITIONS:

INTEREST FROM SAVINGS AND TEMP. CASH INVESTMENTS 375.
 DIVIDENDS AND INTEREST FROM SECURITIES 31,605.
 REALIZED GAIN FROM SALE OF SECURITIES 99,995.

REVENUE PER LINE 12, FORM 990 1,260,170.

THE AUDITED FINANCIAL STATEMENTS REFLECT THE NET INVESTMENT
 LOSS AS OTHER EXPENSE. THE COMPONENTS ARE AS FOLLOWS:

INTEREST FROM SAVINGS AND TEMP. CASH INVESTMENTS 375.
 DIVIDENDS AND INTEREST FROM SECURITIES 31,605.
 REALIZED GAIN FROM SALE OF SECURITIES 99,995.
 UNREALIZED LOSS ON INVESTMENTS, AS SHOWN ON PART 1, LINE 20 <148,578.>

NET INVESTMENT LOSS <16,603.>

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **2**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE SCHEDULE	503,552.	403,557.	0.	99,995.
TO FORM 990, PART I, LINE 8	503,552.	403,557.	0.	99,995.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED GAINS-CURRENT YEAR	<148,578.>
TOTAL TO FORM 990, PART I, LINE 20	<148,578.>

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OFFICE EXPENSE	16,591.	13,955.	1,709.	927.
PROFESSIONAL FEES	23,484.		23,484.	
INVESTMENT EXPENSE	10,122.		10,122.	
INSURANCE	16,729.	12,379.	4,015.	335.
COMPUTER EXPENSE	10,735.	9,029.	1,106.	600.
SELECT PROGRAM PROJECTS	27,841.	27,841.		
CONTRIBUTIONS	2,935.	2,935.		
GENESIS 14 EXPENSE	202,734.	202,734.		
GENESIS 14 TV EXPENSE	215,693.	215,693.		
FUNDRAISING EXPENSES	41,678.			41,678.
REPAIRS AND MAINTENANCE	2,498.		2,498.	
OTHER	8,011.	6,739.	824.	448.
UTILITIES	631.	531.	65.	35.
NEWSLETTER	27,083.	23,021.		4,062.
TOTAL TO FM 990, LN 43	606,765.	514,857.	43,823.	48,085.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

THE SUBSEQUENT TELEVISION AIRINGS OF THE CEREMONY REACH APPROXIMATELY TWO MILLION PEOPLE, GENERATING PUBLICITY WORLDWIDE AND EXPOSING MANY TO ISSUES, SOME FOR THE FIRST TIME, ENCOURAGING COMPASSION FOR ANIMALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		296,071.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

WE HAVE SUCCESSFULLY INITIATED AND PROPELLED EXPOSURE OF NUMEROUS ANIMAL PROTECTION ISSUES INTO THE MEDIA SPOTLIGHT. OUR VARIOUS OPERATIONS INCLUDE ISSUE ADVOCACY SUCH AS EXPOSING CRUELTY IN THE GREYHOUND RACING INDUSTRY TO MILLIONS OF PEOPLE, EXPOSING CRUEL TREATMENT OF CAPTIVE ELEPHANTS AND EXPOSING CRUELTY TO HORSES IN THE PRODUCTION OF HORMONE REPLACEMENT DRUGS; STREAMLINING SHELTER ADOPTION PROCEDURES (RED ALERT PROGRAM); PUBLISHING OP-ED PIECES AND LETTERS TO THE EDITOR AND INFLUENCING PUBLIC OPINION ON ANIMAL ISSUES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		208,689.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES		TOTAL NON-GOV'T SECURITIES
			OTHER SECURITIES		
MELLON - EQUITIES	261,249.				261,249.
MELLON - CORPORATE BONDS		122,050.			122,050.
TO FM 990, LN 54 COL B	261,249.	122,050.			383,299.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 10
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
MELLON - US TREASURY NOTES	234,367.		234,367.
TOTAL TO FORM 990, LINE 54, COL B	234,367.		234,367.

FORM 990	OTHER INVESTMENTS	STATEMENT 11
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DESCRIPTION	VALUATION METHOD	AMOUNT
MELLON - ACCRUED INCOME EARNED	COST	4,034.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,034.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	16,087.	16,087.	0.
COMPUTER	3,760.	3,760.	0.
EQUIPMENT	861.	861.	0.
EQUIPMENT	1,905.	1,905.	0.
EQUIPMENT	1,038.	831.	207.
EQUIPMENT	2,600.	2,080.	520.
EQUIPMENT	1,624.	1,300.	324.
EQUIPMENT	3,840.	2,303.	1,537.
TOTAL TO FORM 990, PART IV, LN 57	31,715.	29,127.	2,588.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GRETCHEN WYLER 5551 BALBOA BLVD ENCINO, CA 91316	PRESIDENT 40	73,385.	0.	0.
DAVID J. EAGLE 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
ELAINE LIVESSEY-FASSEL 5551 BALBOA BLVD ENCINO, CA 91316	VICE PRESIDENT AS REQ	0.	0.	0.
RICHARD L. SEGAL 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
GEORGE W. TOWNSON 5551 BALBOA BLVD ENCINO, CA 91316	TREASURER AS REQ	0.	0.	0.
DAVID BALE 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
HARRY COPLAN 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
NORA FRASER 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
LINDA J. RETZ 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
KIRK J. RETZ 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
BEVERLY KASKEY 5551 BALBOA BLVD ENCINO, CA 91316	SENIOR VICE PRESIDENT 40	63,454.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		136,839.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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).

Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization THE ARK TRUST, INC.	Employer identification number 95-4327927
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5551 BALBOA BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENCINO, CA 91316	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2000 or

▶ tax year beginning _____, and ending _____

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

3a 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 \$ _____

b 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 \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Handwritten Signature] Title ▶ CPA Date ▶ 5-14-01

LHA For Paperwork Reduction Act Notice, see instruction

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part I Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE ARK TRUST, INC.	Employer identification number 95-4327927
	Number, street, and room or suite no. If a P.O. box, see instructions. 5551 BALBOA BOULEVARD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENCINO, CA 91316	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2001.

5 For calendar year 2000, or other tax year beginning _____ and ending _____.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED, WHICH IS CURRENTLY NOT AVAILABLE, TO PREPARE A COMPLETE AND ACCURATE TAX RETURN

8a 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 \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Hale Lane* Title *CPA* Date *8/6/01*

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other _____

By: _____ Date _____

Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ROTHSTEIN, KASS & COMPANY, P.C.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 9171 WILSHIRE BLVD., SUITE 500
	City or town, province or state, and country (including postal or ZIP code) BEVERLY HILLS, CALIFORNIA 90210-5591