

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2001 calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE ARK TRUST, INC.</b>	<b>D</b> Employer identification number 95-4327927
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite <b>5551 BALBOA BOULEVARD</b>	<b>E</b> Telephone number (818) 501-2275
	City or town, state or country, and ZIP + 4 <b>ENCINO, CA 91316</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations

**G** Web site **WWW.ARKTRUST.ORG**

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? N/A  Yes  No (If "No" attach a list)

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**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

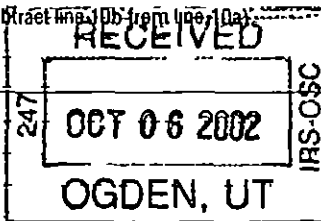
I Enter 4-digit GEN

**L** Gross receipts. Add lines 6b, 8b, 9b and 10b to line 12 **1,289,818.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**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	457,857.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 457,857. noncash \$ )	1d	457,857.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	437,871.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	18,668.		
	5	Dividends and interest from securities	5	1,818.		
	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				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	373,604.	8a	
	b	Less cost or other basis and sales expenses		349,318.	8b	
	c	Gain or (loss) (attach schedule)		24,286.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2		8d	24,286.
	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			
Revenue	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	940,500.		
Expenses	13	Program services (from line 44, column (B))	13	857,151.		
	14	Management and general (from line 44, column (C))	14	101,755.		
	15	Fundraising (from line 44, column (D))	15	319,612.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,278,518.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<338,018.>		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	706,387.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<48,559.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	319,810.		



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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 \$ 27,000 - noncash \$	22 27,000.	27,000.	STATEMENT 9	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 136,984.	82,191.	23,238.	31,555.
26 Other salaries and wages	26 201,728.	143,924.	33,289.	24,515.
27 Pension plan contributions	27			
28 Other employee benefits	28 14,348.	9,577.	2,395.	2,376.
29 Payroll taxes	29 27,983.	18,681.	4,670.	4,632.
30 Professional fundraising fees	30 262,850.	16,716.		246,134.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 4,241.	3,509.	425.	307.
35 Postage and shipping	35			
36 Occupancy	36 43,807.	36,249.	4,389.	3,169.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 15,851.	13,116.	1,588.	1,147.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 1,821.		1,821.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 541,905.	506,188.	29,940.	5,777.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 1,278,518.	857,151.	101,755.	319,612.

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 262,850. (ii) the amount allocated to Program services \$ 16,716.  
 (iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$ 246,134.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6 (Grants and allocations \$ )	342,860.
b SEE STATEMENT 7 (Grants and allocations \$ )	300,003.
c SEE STATEMENT 8 (Grants and allocations \$ 27,000.)	214,288.
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)	857,151.

**Part IV Balance Sheets**

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	83,911.	45	29,582.
	46	Savings and temporary cash investments	53,361.	46	
	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	30,827.	53	31,375.
	54	Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	617,666.	54	305,411.
	Liabilities	55 a	Investments - land, buildings, and equipment basis		55a
b		Less accumulated depreciation		55b	55c
56		Investments - other SEE STATEMENT 12	4,034.	56	2,702.
57 a		Land, buildings, and equipment basis	31,716.	57a	
b		Less accumulated depreciation STMT 13	30,948.	57b	57c
58		Other assets (describe <input type="checkbox"/> )	2,588.	58	768.
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>792,387.</b>	<b>59</b>	<b>369,838.</b>	
Net Assets or Fund Balances	60	Accounts payable and accrued expenses	86,000.	60	50,028.
	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 <input type="checkbox"/> )		65		
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>86,000.</b>	<b>66</b>	<b>50,028.</b>	
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	589,705.	67	225,469.
	68	Temporarily restricted	116,682.	68	94,341.
	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	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	<b>706,387.</b>	<b>73</b>	<b>319,810.</b>	
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>792,387.</b>	<b>74</b>	<b>369,838.</b>	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a Total revenue, gains, and other support per audited financial statements	a	895,728.
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$ <48,559.>		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify) \$		
Add amounts on lines (1) through (4)	b	<48,559.>
c Line a minus line b	c	944,287.
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify) OTHER \$ <3,787.>		
Add amounts on lines (1) and (2)	d	<3,787.>
e Total revenue per line 12, Form 990 (line c plus line d)	e	940,500.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements	a	1,278,518.
b Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities \$		
(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify) \$		
Add amounts on lines (1) through (4)	b	0.
c Line a minus line b	c	1,278,518.
d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify) \$		
Add amounts on lines (1) and (2)	d	0.
e Total expenses per line 17, Form 990 (line c plus line d)	e	1,278,518.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 14		136,984.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2001)

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Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2001
91 The books are in care of
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

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a GENESIS 15 INCOME					262,861.
b GENESIS 15 TV INCOME					150,010.
c GENESIS 16 INCOME					25,000.
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	18,668.	
96 Dividends and interest from securities			14	1,818.	
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	24,286.	
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.		44,772.	437,871.
105 Total (add line 104, columns (B), (D), and (E))					482,643.

**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** (See Specific Instructions on page 32)

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 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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** (See Specific Instructions on page 33)

- (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

completing schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge

*[Signature]* Gretchen WYLER, President

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

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 page 1 of the 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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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
MARKETING PARTNERS DIRECT		
13923 WILLERD ROAD, CHANTILLY, VIRGINIA 20151	FUNDRAISING	181,819.
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part III Statements About Activities** (See page 2 of the instructions)

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 **\$** \_\_\_\_\_ **\$** \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

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?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

*Note:* 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

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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)

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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	638,622.	206,707.	359,232.	131,852.	1,336,413.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	489,573.	410,291.	409,700.	332,190.	1,641,754.
<b>18</b> 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	31,980.	41,132.	47,828.	64,448.	185,388.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	1,160,175.	658,130.	816,760.	528,490.	3,163,555.
<b>24</b> Line 23 minus line 17	670,602.	247,839.	407,060.	196,300.	1,521,801.
<b>25</b> Enter 1% of line 23	11,602.	6,581.	8,168.	5,285.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 30,436.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				<b>26b</b> 351,278.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b> 1,521,801.
	d Add Amounts from column (e) for lines	18 185,388.	19	22 351,278.	<b>26d</b> 536,666.
	e Public support (line 26c minus line 26d total)				<b>26e</b> 985,135.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 64.7348%
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines	15 _____	16 _____		<b>27c</b> N/A
		17 _____	20 _____	21 _____	<b>27d</b> N/A
	d Add Line 27a total _____ and line 27b total _____				<b>27e</b> N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):				<b>27f</b> N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> N/A %

**28 Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

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

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

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

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" 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 -		
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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) (See page 12 of the instructions)

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

- 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)

Yes	No	Amount
		0.

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



**Schedule B'**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

THE ARK TRUST, INC.

Employer identification number

95-4327927

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

THE ARK TRUST, INC.

95-4327927

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 32,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 30,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>THE ARK TRUST, INC.</b>	Employer identification number <b>95-4327927</b>
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**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>11,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>9</u>		\$ <u>10,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>10</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>11</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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											
1	EQUIPMENT	0611192SL		5.00	16	16,088.			16,088.	16,087.		0.
2	COMPUTER	0331193SL		5.00	16	3,760.			3,760.	3,760.		0.
3	EQUIPMENT	0627194SL		5.00	16	861.			861.	861.		0.
4	EQUIPMENT	0831194SL		5.00	16	1,905.			1,905.	1,905.		0.
5	EQUIPMENT	0311197SL		5.00	16	1,038.			1,038.	831.		207.
6	EQUIPMENT	1004197SL		5.00	16	2,600.			2,600.	2,080.		520.
7	EQUIPMENT	1201197SL		5.00	16	1,624.			1,624.	1,300.		324.
8	EQUIPMENT	0630198SL		5.00	16	3,840.			3,840.	2,303.		770.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					31,716.		0.	31,716.	29,127.	0.	1,821.
	* GRAND TOTAL 990 PAGE 2 DEPR					31,716.		0.	31,716.	29,127.	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 895,728.

## ADDITIONS:

INTEREST FROM SAVINGS AND TEMP. CASH INVESTMENTS 0.  
 DIVIDENDS AND INTEREST FROM SECURITIES 20,486.  
 REALIZED GAIN FROM SALE OF SECURITIES 24,286.

REVENUE PER LINE 12, FORM 990 940,500.

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

INTEREST FROM SAVINGS AND TEMP. CASH INVESTMENTS 0.  
 DIVIDENDS AND INTEREST FROM SECURITIES 20,486.  
 REALIZED GAIN FROM SALE OF SECURITIES 24,286.  
 UNREALIZED LOSS ON INVESTMENTS, AS SHOWN ON PART 1, LINE 20 <48,559.>

NET INVESTMENT LOSS <3,787.>

MERGER

ON AUGUST 21, 2002, THE ARK TRUST INC (ARK TRUST) MERGED WITH THE HUMANE SOCIETY OF THE UNITED STATES (HSUS). THE ARK TRUST BELIEVES THAT THE MERGER INTO HSUS REPRESENTS A CONCERTED EFFORT TO JOIN FORCES TO PROMOTE POSITIVE TREATMENT OF ANIMAL ISSUES AND TO EXPOSE CRUELTY TO ANIMALS THROUGH THE ENTERTAINMENT AND NEWS MEDIA. THIS MERGER GIVES THE ARK TRUST (NOW KNOWN AS THE HSUS HOLLYWOOD OFFICE) A NEW DEPTH OF RESOURCES AND EXPERTISE ON ANIMAL ISSUES THAT WILL BE MARSHALED TO BENEFIT THE ENTERTAINMENT AND NEWS MEDIA. ADDITIONALLY, THESE RESOURCES, COMBINED WITH THE ON-GOING SUPPORT FROM FORMER ARK TRUST MEMBERS WHO BELIEVE IN THEIR MISSION, WILL ENSURE THE CONTINUED GROWTH OF THE MEDIA WORK OF THE HSUS HOLLYWOOD OFFICE AND THE REACH AND INFLUENCE OF THE ANNUAL GENESIS AWARDS.

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	373,604.	349,318.	0.	24,286.
TO FORM 990, PART I, LINE 8	373,604.	349,318.	0.	24,286.

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

DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED GAINS-CURRENT YEAR	<48,559.>
TOTAL TO FORM 990, PART I, LINE 20	<48,559.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OFFICE EXPENSE	23,536.	19,476.	2,358.	1,702.
PROFESSIONAL FEES	14,676.		14,676.	
INVESTMENT EXPENSE	4,921.		4,921.	
INSURANCE	17,840.	13,201.	4,282.	357.
COMPUTER EXPENSE	5,964.	4,936.	597.	431.
SELECT PROGRAM PROJECTS	42,036.	42,036.		
GENESIS 15 EXPENSE	180,403.	180,403.		
GENESIS 15 TV EXPENSE	222,753.	222,753.		
NEWSLETTER	16,411.	13,949.		2,462.
REPAIRS AND MAINTENANCE	1,964.		1,964.	
OTHER	11,401.	9,434.	1,142.	825.
TOTAL TO FM 990, LN 43	541,905.	506,188.	29,940.	5,777.



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.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B		300,003.

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.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C	27,000.	214,288.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 9

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
ANTI CRUELTY TOWARDS ANIMALS	FLORIDIANS FOR HUMANE FARMS	POMPANO BEACH, FLORIDA	NONE	27,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				27,000.

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT 10	
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MELLON - EQUITIES	170,303.				170,303.
MELLON - CORPORATE BONDS		43,263.			43,263.
TO 990, LN 54 COL B	170,303.	43,263.			213,566.

FORM 990	GOVERNMENT SECURITIES		STATEMENT 11
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
MELLON - US TREASURY NOTES	91,845.		91,845.
TOTAL TO FORM 990, LINE 54, COL B	91,845.		91,845.

FORM 990	OTHER INVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	AMOUNT	
MELLON - ACCRUED INCOME EARNED	COST	2,702.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,702.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT 13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	16,088.	16,087.	1.
COMPUTER	3,760.	3,760.	0.
EQUIPMENT	861.	861.	0.
EQUIPMENT	1,905.	1,905.	0.
EQUIPMENT	1,038.	1,038.	0.
EQUIPMENT	2,600.	2,600.	0.

EQUIPMENT	1,624.	1,624.	0.
EQUIPMENT	3,840.	3,073.	767.
TOTAL TO FORM 990, PART IV, LN 57	31,716.	30,948.	768.

FORM 990                      PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES                      STATEMENT 14

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	73,384.	0.	0.
DAVID J. EAGLE 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	0.	0.
ELAINE LIVESEY-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	63,600.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		136,984.	0.	0.

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 15  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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.



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

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, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2002 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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 ▶ 5/14/02

For Paperwork Reduction Act Notice, see Instruction

EXT

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 II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. Name of Exempt Organization: THE ARK TRUST, INC. Employer identification number: 95-4327927. Address: 5551 BALBOA BOULEVARD, ENCINO, CA 91316.

Check type of return to be filed (File a separate application for each return). Form 990 [X], Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990 PF, Form 990-T (trust other than above), Form 4720, 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, 2002. 5 For calendar year 2001, 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: ALL REQUIRED INFORMATION IS NOT YET AVAILABLE. ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE 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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c 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).

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: Dale J. Lane Title: CPA Date: 8/6/02

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. 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. EXTENSION APPROVED AUG 29 2002

Director By LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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.

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