

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) or section 4947(a)(1) nonexempt charitable trust

This Form is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year period beginning and ending

B Check if: Change of address, Initial return, Final return, Amended return. C Name of organization: THE ARK TRUST, INC. D Employer identification number: 95-4327927. E Telephone number: (818) 501-2275. F Check if exemption application is pending.

G Type of organization: [X] Exempt under 501(c) ( 3 ) (insert number) OR [ ] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [ ] Yes [X] No. (b) If "Yes," enter the number of affiliates for which this return is filed: [ ]. I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) [ ]. J Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) [ ].

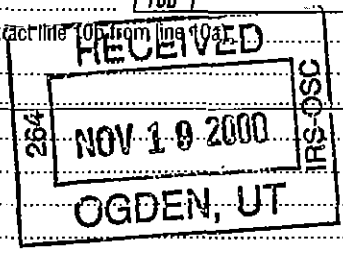
K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Handwritten initials: GIB

**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 \$ _____	22			
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	73,385.	58,708.	7,339.
26 Other salaries and wages .....	26	231,487.	175,721.	30,490.
27 Pension plan contributions .....	27			
28 Other employee benefits .....	28	13,887.	10,678.	1,723.
29 Payroll taxes .....	29	24,626.	18,936.	3,056.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31			
32 Legal fees .....	32			
33 Supplies .....	33			
34 Telephone .....	34	6,922.	5,474.	629.
35 Postage and shipping .....	35			
36 Occupancy .....	36	44,091.	34,867.	4,008.
37 Equipment rental and maintenance .....	37			
38 Printing and publications .....	38			
39 Travel .....	39			
40 Conferences, conventions, and meetings .....	40			
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule) ...	42	1,820.		1,820.
43 Other expenses (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 6	43e	595,348.	479,744.	41,065.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .....	44	991,566.	784,128.	90,130.

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 \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 7</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 8	
(Grants and allocations \$ _____)	303,114.
b SEE STATEMENT 9	
(Grants and allocations \$ _____)	281,632.
c SEE STATEMENT 10	
(Grants and allocations \$ _____)	199,382.
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)	784,128.

**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	102,143.	45	12,741.
	46 Savings and temporary cash investments	128,521.	46	31,017.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	61 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	15,688.	53	34,265.
	54 Investments - securities	STMT 11 STMT 12 845,153.	54	904,934.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other	SEE STATEMENT 13 13,865.	56	7,426.	
67 a Land, buildings, and equipment: basis	57a 31,715.			
b Less: accumulated depreciation	STMT 14 57b 27,306.	6,230.	57c	4,409.
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,111,600.	59	994,792.	
Liabilities	60 Accounts payable and accrued expenses	3,252.	60	17,828.
	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)	3,252.	66	17,828.	
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	1,051,984.	67	942,999.
	68 Temporarily restricted	56,364.	68	33,965.
	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)	1,108,348.	73	976,964.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,111,600.	74	994,792.

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	860,182.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 38,896.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	38,896.
c	Line a minus line b	c	821,286.
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): \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	821,286.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a	Total expenses and losses per audited financial statements	a	991,566.
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	
c	Line a minus line b	c	991,566.
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	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	991,566.

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
GRETCHEN WYLER 5551 BALBOA BLVD ENCINO, CA 91316	PRESIDENT 40	73,385.	0.	2,760.
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 RETZ 5551 BALBOA BLVD ENCINO, CA 91316	DIRECTOR AS REQ	0.	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 (1999)

Part VI Other Information

Yes No

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 the amount of political expenditures, direct or indirect, as described in the instructions for line 81
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.
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 notice 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; section 4912; section 4955
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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 in 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, 1999

91 The books are in care of SANDY MARCH Telephone no. (818) 781 4431
Located at 15800 ARMINTA ST, VAN NUYS, CA ZIP +4 91406

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

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Genesis 13 Income, Genesis 13 TV Income, Genesis 14 Income, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and TOTAL.

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

Table with 2 columns: 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). Entry: SEE STATEMENT 15.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 08 is checked.)

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets. Entry: N/A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction U.)

Please Sign Here

Signature of officer: [Signature] Date: 11/15/00 Type or print name and title: Gretchen Wyler, President

Preparer information: Preparer's name: DA, Date: 11-15-00, Check if self-employed: [ ], Preparer's SSN or PTIN: [ ], EIN: [ ]

**SCHEDULE A  
(Form 990)**

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

OMB No. 1545-0047

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

**1999**

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
BEVERLY KASKEY ----- 5551 BALBOA BOULEVARD, ENCINO, CA 9131640	SR VP	59,516.		2,352.
MICHAEL J. WINIKOFF ----- 5551 BALBOA BOULEVARD, ENCINO, CA 9131640	DIRECTOR OF P	51,354.		2,400.
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-----				
-----				
-----				
-----				
-----				
-----				
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
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
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-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Row 1: During the year, has the organization attempted to influence national, state, or local legislation... Yes: X. Row 2: During the year, has the organization, either directly or indirectly, engaged in any of the following acts... Row 2a: Sale, exchange, or leasing of property? No. Row 2b: Lending of money or other extension of credit? No. Row 2c: Furnishing of goods, services, or facilities? No. Row 2d: Payment of compensation... SEE PART V, FORM 990. Row 2e: Transfer of any part of its income or assets? No. Row 3: Does the organization make grants for scholarships, fellowships, student loans, etc.? No. Row 4a: Do you have a section 403(b) annuity plan for your employees? No. Row 4b: 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 instructions.)

Part IV Reason for Non-Private Foundation Status (See 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 4.)
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 [X] 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 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1: Empty. Row 2: Empty. Row 3: Empty.

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



Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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.

Table with columns for years (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services; 22 Other income; 23-25 Summary of lines 15-22; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

NONE

Part V Private School Questionnaire

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

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  a  If the organization belongs to an affiliated group.  
 Check here  b  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 .....	41	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	
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)

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 .....		X	
b Paid staff or management (include compensation in expenses reported on lines c through h) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....	X		2,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
I Total lobbying expenditures (add lines c through h) .....			2,000.

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

SEE STATEMENT 18

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement, b(v) Loans, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990 NONCASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 1D

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>AMOUNT</u>
		5,000.

<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>GIFT'S FMV</u>	<u>ESTIMATED VALUE</u>
75 SHARES TIME WARNER	12/31/99	5,000.	

FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE  
INCLUDED ON PART I, LINE 1D

STATEMENT 2

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

5,000.

7,000.

5,000.

10,000.

25,000.

SCHEDULE A EXCESS PAYMENTS FROM NON-DISQUALIFIED PERSONS STATEMENT 17

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

PAYERS'S NAME	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
	200,000.			
	30,000.			
TOTAL TO SCHEDULE A, LINE 27B	230,000.			

SCHEDULE A PAYMENTS FROM DISQUALIFIED PERSONS STATEMENT 16

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

PAYERS'S NAME	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
	26,440.	1,400.	6,200.	1,265.
TOTAL TO SCHEDULE A, LINE 27A	26,440.	1,400.	6,200.	1,265.



Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
MANAGEMENT AND GENERAL								
1	EQUIPMENT							
	06/11/92	SL	5.00	19	16,087.		16,087.	0.
2	COMPUTER							
	03/31/93	SL	5.00	19	3,760.		3,760.	0.
3	EQUIPMENT							
	06/27/94	SL	5.00	19	861.		861.	0.
4	EQUIPMENT							
	08/31/94	SL	5.00	19	1,905.		1,905.	0.
5	EQUIPMENT							
	03/11/97	SL	5.00	19	1,038.		415.	208.
6	EQUIPMENT							
	10/04/97	SL	5.00	19	2,600.		1,040.	520.
7	EQUIPMENT							
	12/01/97	SL	5.00	19	1,624.		650.	325.
8	EQUIPMENT							
	06/30/98	SL	5.00	19	3,840.		768.	767.
** 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					31,715.	0.	25,486.	1,820.
** GRAND TOTAL 990 PAGE 2 DEPRECIATION					31,715.	0.	25,486.	1,820.

**The Ark Trust, Inc.**  
**Realized Gains and Losses**  
**Year Ended December 31, 1999**

Units	Security Description	Cost	Purchase Date	Proceeds	Sale Date	Gain or (Loss)
	50 Dell Computer Corp	\$ 2,725	10/15/1998	\$ 5,075	02/08/1999	\$ 2,350
	300 Infinity Broadcasting Corp	6,760	12/14/1998	7,276	03/01/1999	\$ 516
	250 Infinity Broadcasting Corp	5,125	12/09/1998	6,063	03/01/1999	\$ 938
	250 Pepsico Inc.	9,124	05/07/1999	8,891	06/21/1999	\$ (233)
	35000 US Treasury Notes	35,394	05/12/1999	35,197	06/28/1999	\$ (197)
	15000 US Treasury Notes	15,473	05/12/1999	15,012	06/28/1999	\$ (462)
	15000 US Treasury Notes	15,169	05/12/1999	15,042	10/14/1999	\$ (127)
	20000 US Treasury Notes	20,631	05/12/1999	19,659	10/14/1999	\$ (972)
	150 Fort James Corp	5,906	05/06/1999	4,116	12/09/1999	\$ (1,790)
	300 Tyco Intl Ltd New	12,465	05/06/1999	8,250	12/09/1999	\$ (4,215)
	100 Cisco Systems, Inc.	2,939	12/11/1996	9,543	01/04/1999	\$ 6,605
	62 American Intl Group	4,133	09/11/1997	7,231	02/24/1999	\$ 3,097
	30 Fannie Mae	575	02/16/1995	2,079	03/02/1999	\$ 1,504
	20 Fannie Mae	483	06/21/1995	1,386	03/02/1999	\$ 904
	50 America Online Inc Del	3,772	12/31/1998	6,109	05/06/1999	\$ 2,337
	525 Cardinal Health Inc.	21,986	12/31/1998	31,041	05/06/1999	\$ 9,054
	250 Citigroup Inc.	7,392	12/31/1998	17,375	05/06/1999	\$ 9,983
	200 Hershey Foods Corp.	9,600	12/31/1998	10,763	05/06/1999	\$ 1,163
	350 Home Depot Inc.	5,467	12/31/1998	20,060	05/06/1999	\$ 14,593
	150 Interpublic Group Cos Inc.	11,072	01/26/1999	11,363	05/06/1999	\$ 291
	550 Kansas City Southn Inds Inc.	8,356	12/31/1998	31,453	05/06/1999	\$ 23,097
	50 Morgan Stanley Dean Witter & Co.	2,622	12/31/1998	4,728	05/06/1999	\$ 2,106
	500 Newell Rubbermaid Inc.	15,481	12/31/1998	23,750	05/06/1999	\$ 8,269
	50 Sun Microsystems Inc.	2,519	01/19/1999	2,850	05/06/1999	\$ 331
	600 Starbucks Corp.	8,700	12/31/1998	21,224	05/06/1999	\$ 12,524
	600 Parametric Technology Corp.	15,450	12/31/1998	7,575	05/06/1999	\$ (7,875)
	487 Oracle Corporation	5,159	12/31/1998	11,840	05/06/1999	\$ 6,680
	50 MCI Worldcom Inc. Com	1,897	12/31/1998	4,250	05/06/1999	\$ 2,353
	200 Costco Cos Inc.	15,619	02/02/1999	15,649	05/06/1999	\$ 31
	50 Cisco Sys Inc	1,469	12/31/1998	5,306	05/06/1999	\$ 3,837
	50 American Intl Group Inc.	3,333	12/31/1998	5,859	05/06/1999	\$ 2,526
	50 Texas Instrs Inc.	3,022	12/31/1998	5,266	05/06/1999	\$ 2,244
	100000 NL Inds Inc Sr Secd Nt	107,717	08/08/1997	104,750	05/06/1999	\$ (2,967)
	50000 Sprint Spectrum Fin Corp Sr Nt	55,088	08/15/1997	56,500	05/06/1999	\$ 1,412
	50000 Six Flags Entmt Corp GTD Sr Nt	51,938	02/08/1999	50,750	05/06/1999	\$ (1,188)
	50000 Century Communications Corp Sr Nt	49,462	10/14/1992	52,063	05/06/1999	\$ 2,601
	100000 Courtyard by Marriot Nt	107,945	08/07/1997	99,500	06/10/1999	\$ (8,445)
	0.5 American International Group	27	12/31/1998	48	09/27/1999	\$ 22
	100 Oracle Corp.	1,059	12/31/1998	6,494	11/12/1999	\$ 5,434
	100 Texas Instruments Inc.	3,022	12/31/1998	9,931	11/12/1999	\$ 6,909
	50 Cisco Sys Inc.	735	12/31/1998	4,119	11/12/1999	\$ 3,384
	100 Kansas City Southern Industries Inc.	1,519	12/31/1998	5,106	11/12/1999	\$ 3,587
	50 Texas Instruments Inc.	1,511	12/31/1998	5,350	12/09/1999	\$ 3,839
	100 Kansas City Southern Industries Inc.	1,519	12/31/1998	6,388	12/09/1999	\$ 4,868
<b>Total</b>		<b>\$ 661,361</b>		<b>\$ 782,279</b>		<b>\$ 120,919</b>

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SEE SCHEDULE	782,279.	661,360.	0.	120,919.	
TO FORM 990, PART I, LINE 8	782,279.	661,360.	0.	120,919.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	4
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SILENT AUCTION	82,053.		82,053.	39,789.	42,264.	
CONCERT	16,152.		16,152.	16,179.	<27.>	
TO FM 990, PART I, LINE 9	98,205.		98,205.	55,968.	42,237.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	5
DESCRIPTION				AMOUNT
CHANGE IN UNREALIZED GAINS—CURRENT YEAR				38,896.
TOTAL TO FORM 990, PART I, LINE 20				38,896.

FORM 990	OTHER EXPENSES				STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
OFFICE EXPENSE	16,268.	12,865.	1,479.	1,924.		
PROFESSIONAL FEES	19,422.		19,422.			
INVESTMENT EXPENSE	8,750.		8,750.			
RECRUITING	818.		818.			
INSURANCE	11,298.	8,360.	2,712.	226.		
COMPUTER EXPENSE	7,185.	5,682.	653.	850.		
SELECT PROGRAM PROJECTS	37,033.	37,033.				
PRINTING AND POSTAGE	28,301.	22,381.	2,572.	3,348.		

CONTRIBUTIONS	1,457.	1,457.		
GENESIS 13 EXPENSE	176,843.	176,843.		
GENESIS 13 TV EXPENSE	209,477.	209,477.		
FUNDRAISING EXPENSES	67,346.			67,346.
REPAIRS AND MAINTENANCE	4,010.		4,010.	
OTHER	6,538.	5,170.	594.	774.
UTILITIES	602.	476.	55.	71.
TOTAL TO FM 990, LN 43	595,348.	479,744.	41,065.	74,539.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

THE ARK TRUST INC., IS THE ONLY ANIMAL PROTECTION ORGANIZATION WHOSE PRIMARY FOCUS IS TO FACILITATE EXTENSIVE AND POSITIVE COVERAGE OF ANIMAL ISSUES BY THE MAJOR MEDIA. ITS ACTIVITIES CULMINATE IN THE GENESIS AWARDS CEREMONY WHICH ACKNOWLEDGES INDIVIDUALS IN THE MEDIA WHO HAVE RAISED PUBLIC AWARENESS OF ANIMAL ISSUES.

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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      8

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DESCRIPTION OF PROGRAM SERVICE ONE

ON AN ANNUAL BASIS, A CEREMONY ATTENDED BY OVER 1,000 PEOPLE, IS PRODUCED HONORING THE MAJOR MEDIA WHO HAVE SPOTLIGHTED ANIMAL ISSUES WITH COURAGE, CREATIVITY AND INTEGRITY, IN ORDER TO GENERATE PUBLICITY TO HELP ANIMALS WHILE ALSO INFLUENCING PUBLIC OPINION AND CREATING CHANGE.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	_____	303,114.
	=====	=====

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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      9

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DESCRIPTION OF PROGRAM SERVICE TWO

THE SUBSEQUENT TELEVISION AIRING OF THE CEREMONY REACHES APPROXIMATELY ONE 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	_____	281,632.
	=====	=====

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

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; ANIMAL RESCUE AND MEDICAL ASSISTANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		199,382.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MELLON - EQUITIES	MKT VAL	506,712.				506,712.
MELLON - CORPORATE BONDS	MKT VAL		100,462.			100,462.
TO FM 990, LN 54 COL B		506,712.	100,462.			607,174.

FORM 990 GOVERNMENT SECURITIES STATEMENT 12

DESCRIPTION	VALUATION METHOD	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
MELLON - US TREASURY NOTES	MARKET VALUE	297,760.		297,760.
TOTAL TO FORM 990, LINE 54, COL B		297,760.		297,760.

FORM 990	OTHER INVESTMENTS	STATEMENT	13
DESCRIPTION	VALUATION METHOD	AMOUNT	
MELLON - ACCRUED INCOME EARNED	COST	7,426.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		7,426.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	14
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.	623.	415.
EQUIPMENT	2,600.	1,560.	1,040.
EQUIPMENT	1,624.	975.	649.
EQUIPMENT	3,840.	1,535.	2,305.
TOTAL TO FORM 990, PART IV, LN 57	31,715.	27,306.	4,409.

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

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 1,000 PEOPLE AND VIDEOTAPED FOR AIRING SEEN BY AN AUDIENCE OF APPROXIMATELY ONE 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

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT 18

EXPENSES FOR AN ANTI-ANIMAL-TRAPPING INITIATIVE THAT WAS ON THE 1998 CALIFORNIA BALLOT.



Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Name: THE ARK TRUST, INC.
Employer identification number: 95 4327927
Number, street, and room or suite no.: 5551 BALBOA BOULEVARD
City, town, or post office, state, and ZIP code: ENCINO, CA 91316

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until AUGUST 15, 2000, to file (check only one):
Form 706-GS(D)
Form 706-GS(T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (sec.401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-ND (sec. 4951 taxes)
Form 9520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1999, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? Yes [X] No

4 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO OBTAIN SUFFICIENT INFORMATION FROM WHICH A COMPLETE AND ACCURATE RETURN CAN BE PREPARED

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made.
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

Signature and Verification

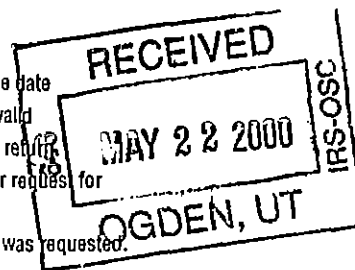
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 5-11-2000

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

[X] We HAVE approved your application. Please attach this form to your return.
[ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return for
[ ] We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[ ] Other:



By: Director Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: ROTHSTEIN, KASS & COMPANY, P.C.
Number, street and room or suite no.: 9171 WILSHIRE BLVD., SUITE 512
City, town, or post office, state, and ZIP code: BEVERLY HILLS, CALIFORNIA 90210-5591

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Name: THE ARK TRUST, INC. Employer identification number: 95 4327927. Address: 5551 BALBOA BOULEVARD, ENCINO, CA 91316.

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until NOVEMBER 15, 2000, to file (check only one): Form 706-GS(D), Form 706-GS(T), Form 990 or 990-EZ, Form 990-BL, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041 (estate), Form 1041-A, Form 1042, Form 1120-ND (sec. 4951 taxes), Form 3520-A, Form 4720, Form 5227, Form 6069, Form 8612, Form 8613, Form 8725, Form 8804, Form 8831.

2a For calendar year 1999, or other tax year beginning and ending. b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. 3 Has an extension of time to file been previously granted for this tax year? Yes, No. 4 State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO OBTAIN SUFFICIENT INFORMATION FROM WHICH A COMPLETE AND ACCURATE RETURN CAN BE PREPARED.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

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: 8/7/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS. [X] We HAVE approved your application. Please attach this form to your return. EXTENSION APPROVED AUG 30 AM '00. RICHARD CREAMER, DIRECTOR OPEN SUBMISSION PROCESSING CENTER

By: Director Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print Name: ROTHSTEIN, KASS & COMPANY, P.C. Address: 9171 WILSHIRE BLVD., SUITE 512, BEVERLY HILLS, CALIFORNIA 90210-5591.