

Return of Organization Exempt from Income Tax

2003

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

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2003 calendar year, or tax year beginning 2003, and ending; B Check if applicable; C WEITHORN AND EHRMANN FAMILIES FOUNDATION; D Employer Identification Number 94-3232775; E Telephone number 480-346-1411; F Accounting method: Accrual; G Web site: N/A; J Organization type: 501(c) 3; K Check here; L Gross receipts: 497,000.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 26 2004.

SCANNED SEP 14 2004

**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 (att sch) SEE STM 2 (cash \$ 154,250. non-cash \$ )	22 154,250.	154,250.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 30,000.	20,100.	9,900.	
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 3,600.		3,600.	
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 400.		400.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a FILING FEES	43a 10.		10.	
b INVESTMENT ADVISORY FEES	43b 3,286.		3,286.	
c MISCELLANEOUS	43c 45.		45.	
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 191,591.	174,350.	17,241.	0.

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 \$ \_\_\_\_\_; (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? <input checked="" type="checkbox"/> SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a GRANTS TO ACTIVE CHARITIES HAVING MUTUAL GOALS WITH THE WEITHORN & EHRMANN FAMILIES FOUNDATION  (Grants and allocations \$ 154,250.)	174,350.
b	
c	
d	
e Other program services (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	174,350.

**Part IV Balance Sheets** (See Instructions)

**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		45		
	46 Savings and temporary cash investments	47,444.	46	58,655.	
	47a Accounts receivable		47a		
	b Less: allowance for doubtful accounts		47b	47c	
	48a Pledges receivable		48a		
	b Less: allowance for doubtful accounts		48b	48c	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)		51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule). SEE ST 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	479,313.	54	485,697.	
	55a Investments – land, buildings, & equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b	55c	
	56 Investments – other (attach schedule)	SEE STMT 5.	834,084.	56	706,816.
	57a Land, buildings, and equipment basis		57a		
	b Less: accumulated depreciation (attach schedule)		57b	57c	
	58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,360,841.	59	1,251,168.		
LIABILITIES	60 Accounts payable and accrued expenses	15,000.	60	12,500.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ _____)		65		
66 <b>Total liabilities</b> (add lines 60 through 65)	15,000.	66	12,500.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds	1,345,841.	70	1,238,668.	
	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</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,345,841.	73	1,238,668.		
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,360,841.	74	1,251,168.		

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.

BAA

**Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	84,418.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990	<b>b</b>	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	84,418.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	84,418.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	191,591.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:	<b>b</b>	
(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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	191,591.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	191,591.

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

(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 and deferred compensation	(E) Expense account and other allowances
STANLEY S WEITHORN 10040 HAPPY VALLEY RD SCOTTSDALE, AZ 85255	PRESIDENT PART TIME	30,000.	0.	0.
MYLES A CANE ONE ROCKEFELLER PLAZA - #233 NEW YORK, NY 10020	VICE PRESIDENT PART TIME	0.	0.	0.
DRUMMOND PIKE PO BOX 29903 SAN FRANCISCO, CA 94129-0903	DIRECTOR PART TIME	0.	0.	0.
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-----				
-----				

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?  Yes  No

If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See instructions.)

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?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b 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? If 'Yes,' attach a statement
80a 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?
80b If 'Yes,' enter the name of the organization THE TIDES FOUNDATION and check whether it is [X] exempt or [ ] nonexempt.
81a Enter direct and indirect political expenditures. See line 81 instructions 81a 0.
81b Did the organization file Form 1120-POL for this year?
82a 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?
82b 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) 82b N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b 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?
85a N/A
85b N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
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? If 'Yes,' complete Part IX 88 X
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.
89b 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? If 'Yes,' attach a statement explaining each transaction 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.
90a List the states with which a copy of this return is filed ARIZONA
90b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b 0
91 The books are in care of STANLEY S WEITHORN Telephone number
Located at 8655 EAST VIA DE VENTURA, SCOTTSDALE, AZ ZIP + 4 85258
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_
  - f Medicare/Medicaid payments
  - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 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 pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
  - a \_\_\_\_\_
  - b **ORDINARY INCOME PER K-1**
  - c **SEC 1231 GAIN PER K-1**
  - d \_\_\_\_\_
  - e \_\_\_\_\_
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
			14	1,260.	
			14	17,909.	
			18	-11,960.	
			14	757.	
			18	6.	
				7,972.	
					7,972.

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 instructions)

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).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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 instructions.)

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

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

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

Please Sign Here  
 Under penalties of perjury, I declare that I have examined this return, including all attachments, and I believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.  
 Signature of officer: *[Signature]*  
 Type or print name and title: **PRESIDENT**

Paid Preparer's Use Only  
 Preparer's signature: *[Signature]*  
 Firm's name (or yours if self-employed) address, and ZIP + 4:  
**SOSIN, KRUEGEL & ZELLER LLP**  
**3000 MARCUS AVENUE SUITE 2E4**  
**LAKE SUCCESS, NY 11042**

**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

**2003**

Name of the organization <b>WEITHORN AND EHRMANN FAMILIES FOUNDATION</b>	Employer identification number <b>94-3232775</b>
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**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 and deferred compensation	(e) Expense account and other allowances
NONE				
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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		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p>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. ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 6</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X

**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.)
- 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.)
- 11 a  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.)
- 11 b  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 instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
	11A

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	N/A				
<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					
<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					
<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					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 N/A

<b>26a</b>	
<b>26b</b>	
<b>26c</b>	
<b>26d</b>	
<b>26e</b>	
<b>26f</b>	%

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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines: **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

**27 Organizations described on line 12:** N/A

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:  
(2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

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:  
(2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

c Add Amounts from column (e) for lines: **15** \_\_\_\_\_ **16** \_\_\_\_\_  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_

<b>27c</b>	
<b>27d</b>	
<b>27e</b>	
<b>27f</b>	
<b>27g</b>	%
<b>27h</b>	%

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. N/A

**Part IV Private School Questionnaire** (See instructions)  
 (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.) ----- -----		
34a	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** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets.
(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 show 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.

Table with 3 columns: Item, Yes, No. Rows include 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), and c.

Main table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a 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 (with checked X)

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

## WEITHORN AND EHRMANN FAMILIES FOUNDATION

94-3232775

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

SEE SCHEDULE A

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 400,622.  
 COST OR OTHER BASIS: 412,582.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -11,960.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -11,960.

**STATEMENT 2**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: THE TIDES FOUNDATON  
 DONEE'S ADDRESS: PRESIDIO MAIN POST-BLDG 3  
 SAN FRANCISCO, CA 94129  
 AMOUNT GIVEN: \$ 151,000.

DONEE'S NAME: CLEAN ELECTIONS INSTITUTE  
 DONEE'S ADDRESS: 2001 N. 3RD STREET  
 PHOENIX, AZ 85004  
 AMOUNT GIVEN: 2,500.

DONEE'S NAME: JEWISH FUNDERS NETWORK  
 DONEE'S ADDRESS: 330 SEVENTH AVENUE  
 NEW YORK, NY  
 AMOUNT GIVEN: 750.

TOTAL GRANTS AND ALLOCATIONS \$ 154,250.

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

GRANTS TO ACTIVE CHARITIES HAVING MUTUAL GOALS WITH THE WEITHORN & EHRMANN  
 FAMILIES FOUNDATION

**STATEMENT 4**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
SEE SCHEDULE B	COST	\$ 485,697.
	TOTAL	\$ <u>485,697.</u>

## WEITHORN AND EHRMANN FAMILIES FOUNDATION

94-3232775

STATEMENT 4 (CONTINUED)  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
TOTAL INVESTMENTS - SECURITIES		\$ <u>485,697.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

<u>DESCRIPTION OF INVESTMENT</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>
WEITHORN/CASPER ASSOCIATES	COST	\$ 706,816.
	TOTAL	\$ <u>706,816.</u>

STATEMENT 6  
SCHEDULE A, PART III, LINE 3  
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

THE FOUNDATION OBTAINS FEDERAL DETERMINATION LETTERS FROM ALL GRANTEES.

THE WEITHORN AND EHRMANN FAMILIES FOUNDATION  
SCHEDULE A

<u>Security</u>	<u>Shares</u>	<u>Bought</u>	<u>Sold</u>	<u>Gross Proceeds</u>	<u>Cost Basis</u>	<u>Realized Gain</u>
<b>SHORT TERM</b>						
STAMPS.COM INC	7,430.000	15-May-02	7-Apr-03	29,585.16	38,806.60	(9,221.44)
VENTIV HEALTH INC	9,400.000	10-Apr-03	4-Aug-03	50,265.64	29,444.00	20,821.64
CANDIES	3,000.000	13-Sep-02	14-Aug-03	4,416.56	5,161.00	(744.44)
THQ INC	300	12-Dec-02	6-Jan-03	3,847.19	4,360.18	(512.99)
ACTIVISION INC	300	16-Dec-02	23-Jan-03	4,036.30	4,675.60	(639.30)
RYANS FAMILY STEAK HOUSE	300	25-Oct-02	19-Mar-03	3,152.65	3,130.13	22.52
RYANS FAMILY STEAK HOUSE	300	25-Oct-02	20-Mar-03	3,159.55	3,130.13	29.42
UTSTARCOM INC	100	10-Jan-03	11-Jun-03	3,128.28	2,205.99	922.29
WENDYS INTL INC	300	30-Jan-03	16-Jul-03	8,440.18	8,038.87	401.31
UTSTARCOM INC	100	10-Jan-03	31-Jul-03	4,266.82	2,205.99	2,060.83
UTSTARCOM INC	100	10-Jan-03	11-Aug-03	3,766.40	2,205.99	1,560.41
DICK'S SPORTING GOODS INC	200	6-Jun-03	18-Aug-03	8,232.86	5,817.25	2,415.61
HEWLETT PACKARD COMPANY	300	8-Aug-03	22-Aug-03	5,826.70	5,904.52	(77.82)
MEDCO HEALTH SOLUTIONS	18	19-Aug-03	25-Aug-03	454.72	0.00	454.72
ALLSTATE CORP	300	21-May-03	16-Sep-03	10,893.19	10,587.25	305.94
UTSTARCOM INC	200	24-Jan-03	2-Oct-03	7,023.80	4,348.57	2,675.23
WEITHORN/CASPER K-1 STCG				96,460.00	0.00	96,460.00
<b>TOTAL SHORT TERM</b>				<b>246,956.00</b>	<b>130,022.07</b>	<b>116,933.93</b>
<b>LONG TERM</b>						
VINEYARD NATIONAL BANK	5,250.000	15-Sep-02	16-Oct-03	25,000.00	25,000.00	0.00
CANDIES	300	21-Aug-01	13-Aug-03	414.88	1,042.90	(628.02)
CANDIES	5,600.000	22-Aug-01	13-Aug-03	7,744.43	19,174.00	(11,429.57)
CANDIES	5,100.000	19-Apr-02	13-Aug-03	7,052.97	14,802.33	(7,749.36)
CANDIES	4,000.000	19-Apr-02	14-Aug-03	5,888.75	11,609.67	(5,720.92)
GARMIN LTD	100	30-Mar-01	30-Jan-03	2,909.67	1,996.25	913.42
WEBMD CORP	500	16-Nov-01	18-Mar-03	4,391.06	2,714.58	1,676.48
PUGET SOUND P&L 7.75& 2/1/0	10,000.000	11-Feb-00	10-Apr-03	11,172.75	9,903.30	1,269.45
GARMIN LTD	100	2-Apr-01	2-May-03	4,391.16	1,977.26	2,413.90
IPC HOLDINGS	50	24-Oct-01	2-May-03	1,767.73	1,300.81	466.92
IPC HOLDINGS	100	14-Nov-01	2-May-03	3,535.46	2,711.00	824.46
SYMANTEC	200	10-Jul-01	6-May-03	9,332.67	4,094.83	5,237.84
WEBMD CORP	500	16-Nov-01	27-May-03	4,827.52	2,714.58	2,112.94
LEXINGTON PROPERTIES TRU:	200	1-Aug-01	5-Jun-03	3,522.58	2,975.91	546.67
WELLPOINT HEALTH NETWORK	100	21-May-01	17-Jun-03	8,980.32	4,222.18	4,758.14
OFFICE DEPOT	400	13-May-02	24-Jul-03	6,538.76	7,536.57	(997.81)
PHARMACEUTICAL PROD DEV	300	26-Sep-02	3-Oct-03	7,556.27	6,077.41	1,478.86
MERCK & CO INC	150	12-Jun-02	22-Oct-03	6,824.68	7,705.00	(880.32)
QUESTAR	200	6-Mar-00	30-Oct-03	6,341.71	2,875.10	3,466.61
GENERAL MTRS 6.375% 5/1/08	15,000.000	23-Apr-98	13-May-03	15,572.75	15,015.00	557.75
LAFARGE CORP	300	30-Sep-97	1-Aug-03	9,613.42	9,693.00	(79.58)
GNMA 10.5% 05/15/2019	25,000.000	1-May-89	17-Nov-03	286.54	658.90	(372.36)
WEITHORN/CASPER K-1 STCL				0.00	126,759.00	(126,759.00)
<b>TOTAL LONG TERM</b>				<b>153,666.08</b>	<b>282,559.58</b>	<b>(128,893.50)</b>
<b>OVERALL TOTAL</b>				<b>400,622.08</b>	<b>412,581.65</b>	<b>(11,959.57)</b>

THE WEITHORN AND EHRMANN FAMILIES FOUNDATION  
SCHEDULE B

Shares	Security	Cost Basis
<i>CORPORATE STOCK</i>		
200	AXIS CAPITAL HLDGS LTD	5,054.21
100	COVENTRY HEALTH CARE INC	5,464.23
33,333	CROWN LABS, INC.	50,000.00
200	DIEBOLD INC	4,999.50
450	ETHAN ALLEN	9,653.63
700	FOOT LOCKER INC	11,344.42
150	HARLEY DAVIDSON INC	6,401.44
600	HEALTH MGT ASSOC INC	10,880.37
600	HOME DEPOT INC	14,275.16
400	HORMEL FOODS CORP	11,115.98
300	IDT CORP-B	5,974.99
200	IPC HOLDINGS	5,422.00
206	KINDER MORGAN MGMT LLC	6,621.01
6,000	LAKELAND INDS	62,343.65
300	LANDRYS RESTAURANTS INC	6,948.61
300	LEXINGTON PROPERTIES TR 8.05%	7,527.25
1,035.897	LEXINGTON PROPERTIES TRUST	15,163.63
400	MBNA CORP	9,326.58
400	MICHAELS STORES INC	9,911.10
26,104	ON-SITE SOURCING	63,620.84
500	PUBLIC STORAGE PFD 7.875%	12,522.50
400	QUESTAR	8,228.88
300	UTSTARCOM INC	9,533.50
5,750	VINEYARD NATIONAL BANCORP	41,774.10
1,000	VINEYARD NATL BANCORP 5.60%	25,000.00
100	WELLPOINT HEALTH NETWORKS	4,222.18
		423,329.76
<i>GNMA</i>		
25,000	GNMA 10.0% 07/15/2020	1,521.70
<i>FNMA</i>		
15,000	FHLM CORP 5.125% DUE 8/20/12	15,098.50
<i>CORPORATE BONDS</i>		
10,000	HOUSEHOLD FIN CORP 4.87%	10,027.25
20,000	PHILADELPHIA ELEC 6.375%8/15/5	19,900.00
		29,927.25
<i>USTN</i>		
15,000	US TREAS NOTE 5.875% 11/15/04	15,819.44
	GRAND TOTAL	485,696.65



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: WEITHORN AND EHRMANN FAMILIES FOUNDATION
Employer Identification number: 94-3232775
Address: 8655 EAST VIA DE VENTURA G200, SCOTTSDALE, AZ 85258

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

- Form 990 (checked), Form 990-EZ, Form 990-T (Section 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 organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is 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 11/15, 2004.
5 For calendar year 2003, or other tax year beginning 2003 and ending 2004.
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 INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

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: 7/27/04

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 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 1 12 00 PM '04
DIRECTOR, FIELD OFFICE
SUBMISSION PROCESSING, OPEN

Director By Date

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: SOSIN, KRIEDEL & ZELLER LLP
Address: 3000 MARCUS AVENUE SUITE 2E4, LAKE SUCCESS, NY 11042