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SCANNED DEC 0 3 2014

990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2013 or tax year beginning and ending Employer identification number Name of foundation DR. LEWIS A. HARE AND RUTH LERMAN HARE CHARITABLE FOUNDATION 20-2043091 Room/suite Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) 6202 N. CAMPBELL AVENUE City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 85718 TUCSON Initial return Initial return of a former public charity 1. Foreign organizations, check here G Check all that apply Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If the foundation is in a 60-month termination J Accounting method X Cash Accrual Fair market value of all assets at under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 977. 736 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal income purposes ıncome the amounts in column (a) (see instructions)) books (cash basis only) 60 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X If the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 3 13,476 13,476 13,476 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 18,605 Net gain or (loss) from sale of assets not on line 10 162,478 Gross sales price for all assets on line 6a 18,605 Capital gain net income (from Part IV, line 2) 4,178 R Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 17,654 32,141 32,081 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 16a Accounting fees (attach-schedule) 3,970 3,970 3,970 4,219 4,219 4,219 Other professional fees (attach schedule) NOV 2 4 2014 C Taxes (attach schedule) (see instructions) schedule) and depleti Depreciation (attach 19 UUEN. 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 126 STMT 3 126 126 Other expenses (att sch) Total operating and administrative expenses. 8,315 8,315 Add lines 13 through 23 8,315 43,652 43,652 25 Contributions, gifts, grants paid 8,315 8,315 43,652 51,967 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 -19,826 Excess of revenue over expenses and disbursements 23,766 Net investment income (if negative, enter -0-) 9,339 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2013)

	David H	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	3,853	8,104	8,104
	3	Accounts receivable ▶			‡
		Less allowance for doubtful accounts ▶			ļ
	4	Pledges receivable ▶			•
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)		***************************************	
	7	Other notes and loans receivable (att. schedule)			-
		Less allowance for doubtful accounts ▶ 0			
ম	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule) STMT 4	479	19,128	19,128
	b	Investments – corporate stock (attach schedule) SEE STMT 5	479,744	477,200	423,608
	С	Investments – corporate bonds (attach schedule) SEE STMT 6	12,164	11,982	11,551
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) SEE STATEMENT 7	308,367	268,367	515,345
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch.)	<u> </u>		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item l)	804,607	784, <u>7</u> 81	977,736
	17	Accounts payable and accrued expenses			1
	18	Grants payable			
ies	19	Deferred revenue]
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons]	
jab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)]	
	23	Total liabilities (add lines 17 through 22)	o	0]
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			<u> </u>
č	24	Unrestricted			<u> </u>
Net Assets or Fund Balance	25	Temporarily restricted			
8	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here	i		
Ē		and complete lines 27 through 31.			
0 8	27	Capital stock, trust principal, or current funds	25,001	25,001	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ASS	29	Retained earnings, accumulated income, endowment, or other funds	779,606	759,780	
et/	30	Total net assets or fund balances (see instructions)	804,607	784,781	
Z	31	Total liabilities and net assets/fund balances (see			
		instructions)	804,607	784,781	
	Part I	Analysis of Changes in Net Assets or Fund Balances			T
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
	end-	of-year figure reported on prior year's return)		1	804,607
2	2 Enter	r amount from Part I, line 27a		2	-19,826
3	3 Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add 1	ines 1, 2, and 3		4	784,781
Ę	Decr	eases not included in line 2 (itemize) ▶		5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 6 784					

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

Form	990-PF (2013) DR. LEWIS A. HARE AND RUTH LERMAN 20-2043091			Р	age 4
Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				475
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
_	Part I, line 12, col (b)	Ī			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				475
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_			475
6	Credits/Payments	- 			
	· I I				
a					
b	Exempt foreign organizations – tax withheld at source 6b				
C .	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d	Ī			111
7	Total credits and payments Add lines 6a through 6d	_			<u>411</u>
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				64
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	· · · · · · ·			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11				
<u>P</u> a	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- ,	5		х
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				ĺ
	conflict with the state law remain in the governing instrument?		6	Х	ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	,	7	X	
_	Enter the states to which the foundation reports or with which it is registered (see instructions)	•			
8a					
L	AZ				ĺ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		o.	х	İ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	Ī
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"				17
	complete Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				٠,
	names and addresses		10		<u> </u>
-	11/15 FTP 1 TOT	65 F	orm 99	U-PF	* (2013)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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Form 990-PF (2013)

For	1990-PF (2013) DR. LEWIS	A. HARE AND RUTH LI	ERMAN 20-2	043091			Page 6
P	art VII-B · Statements Rega	arding Activities for Which Fo	rm 4720 May Be R	Required (cont	inued)		
5a							
	(1) Carry on propaganda, or otherw	ise attempt to influence legislation (sec	tion 4945(e))?	\ <u></u>	∕es ∑ No		
	(2) Influence the outcome of any sp	ecific public election (see section 4955), or to carry on,		_		
	directly or indirectly, any voter re	egistration drive?		<u> </u>	∕es <u>X</u> No		ı
	(3) Provide a grant to an individual	for travel, study, or other similar purpos	es?	\ _\	∕es ∑ No		
	(4) Provide a grant to an organization	on other than a charitable, etc , organiza	ation described in		_		
	section 509(a)(1), (2), or (3), or	section 4940(d)(2)? (see instructions)		\	∕es ∑ No		
	(5) Provide for any purpose other th	nan religious, charitable, scientific, litera	iry, or educational		_		1
	purposes, or for the prevention of	of cruelty to children or animals?		\	∕es X No		
b	If any answer is "Yes" to 5a(1)-(5), or	did any of the transactions fail to qualify	under the exceptions d	escribed in			-
	Regulations section 53 4945 or in a	current notice regarding disaster assist	tance (see instructions)?	•	N/A	5b	
	Organizations relying on a current ne	otice regarding disaster assistance che	ck here		▶ 📗		1
С	If the answer is "Yes" to question 5a	(4), does the foundation claim exemption	on from the tax		_		
	because it maintained expenditure r	esponsibility for the grant?		N/A 📗 ነ	′es No		
	If "Yes," attach the statement require	ed by Regulations section 53 4945–5(d))				1
6a	Did the foundation, during the year,	receive any funds, directly or indirectly,	to pay premiums		_		
	on a personal benefit contract?			□ \(\)	∕es ∑ No		Ī
b	Did the foundation, during the year,	pay premiums, directly or indirectly, on	a personal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870						1
7a	At any time during the tax year, was	the foundation a party to a prohibited to	ax shelter transaction?	<u> </u>	res X No		1
b	If "Yes," did the foundation receive a	any proceeds or have any net income at	ttributable to the transac	tion?	N/A	7b	
P	art VIII Information About	Officers, Directors, Trustees	, Foundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors						
1_	List all officers, directors, trustees,	foundation managers and their com	pensation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evn	ense account,
	(a) Name	and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
			devoted to position	citici -0-7	compensation	ļ	
J	DEE TEPLITSKY	TUCSON	TRUSTEE				
6	202 N CAMPBELL AVE	AZ 85718	4.00	0		ļ	0
BI	RUCE E HUEY	HOMEWOOD	TRUSTEE				
1	313 W 175TH STREET	IL 60430	4.00	0			0
2	· ·	d employees (other than those includ	ded on line 1 - see ins	tructions). If non	e, enter		
	"NONE."			Τ · ···			
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each empl	oyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
					compensation	<u> </u>	
N	ONE						
							
	<u> </u>					ļ	
_					<u> </u>	L	
Tota	I number of other employees paid over	er \$50,000				<u> </u>	0
					F	orm 99 0	0-PF (2013)

Form 990-PF (2013) DR. LEWIS A. HARE AND RUTH LERMAN 2	0-2043091	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation I	Managers, Highly Paid Em	ployees,
and Contractors (continued)	If none onter "NONE "	
3 Five highest-paid independent contractors for professional services (see instructions).		(0) Composition
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of	Expenses
1 N/A		-
,		
2		
3		
4		
Day IV D. Common of Dogwood Deleted Investments (see instructions)		
Part IX-B Summary of Program-Related Investments (see instructions)		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
I N/A		
2		
•		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

Form **990-PF** (2013)

43.652

3a

3b

4

5

3

4

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

63			·			
orm	990-PF (2013) DR. LEWIS A.	HARE AND	RUTH LERMAN	1 20-20430)91	Page 10
Pa	art XIV Private Operating Fou	indations (see in	structions and Pa	rt VII-A, question 9	9)	
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2013, enter the date	of the ruling	•		
b	Check box to indicate whether the foundation		_	ribed in section 4	942(j)(3) or 4942()(5)
2a	F	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c			-		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	 				
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform			f the foundation h	ad \$5,000 or more	in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who				•	
	before the close of any tax year (but only $N\!\left/A\right.$					
þ	List any managers of the foundation who				e portion of the	
	ownership of a partnership or other entity N/A					
2	Information Regarding Contribution, G Check here \blacktriangleright \boxed{X} if the foundation only unsolicited requests for funds. If the foundation of t	makes contributions	to preselected charita	able organizations and		
	other conditions, complete items 2a, b, c,					
а	The name, address, and telephone numb N/A	er or e-mail address	of the person to whon	n applications should be	e addressed	
b	The form in which applications should be	submitted and inform	nation and materials th	ney should include	 -	

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

c Any submission deadlines

Part XV Supplementary Information (co	ontinued)	uturo Poymont				
Grants and Contributions Paid During the Year or Approved for Future Payment Grants and Contributions Paid During the Year or Approved for Future Payment Grants an individual, Foundation Grants and Contributions Grants Grant						
Recipient	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	reapion	+			
a Paid during the year SEE STATEMENT 8						
				43,652		
ļ						
i						
Total			▶ 3a	43,652		
b Approved for future payment						
N/A						
Total			▶ 3b			
DAA				Form 990-PF (2013)		

	2013) DR. LEWIS A. HARE AND		IAN 20-	204309	<u> </u>	Page 14
Part XVI-A			·	T 51.4.4.4.		
inter gross am	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue			"""		(See instructions)
a		.		<u> </u>		
b		-		 		
c		-		 		
d		-		+		
е		-		 		
f						
_	nd contracts from government agencies			 		
	p dues and assessments			+		
	savings and temporary cash investments and interest from securities	-		14	13,476	
				1 2 1	13,470	
	ncome or (loss) from real estate nanced property	ļ -		++		
	ot-financed property			+		
	ncome or (loss) from personal property	-	·, -·		· · · · · ·	
7 Other inves						
	s) from sales of assets other than inventory			18	18,605	
	or (loss) from special events					
	t or (loss) from sales of inventory					
-	nue a					
е						
2 Subtotal A	dd columns (b), (d), and (e)				32,081	C
3 Total. Add	line 12, columns (b), (d), and (e)				13	32,081
	in line 13 instructions to verify calculations)		· 		 -	
Part XVI-B	· · · · · · · · · · · · · · · · · · ·					
Line No.	Explain below how each activity for which incom					\
	accomplishment of the foundation's exempt purp	ooses (other than by	y providing funds to	or such purp	oses) (See Instruction	ons)
<u> N/</u> A	-				. <u></u>	
			· <u>-</u> -			
				-		
					· · · · · · · · · · · · · · · · · · ·	
		 				
						
			<u>-</u>		 .	
			-	 -		
			 			
						
						

Part	XVII	Information Reg		ansfers To an	d Transactio	ns and Relatio	nships Wi	h Noncharitab	le		
1 Di	d the ora	anization directly or ind		e in any of the fol	lowing with any o	ther organization d	escribed			Yes	No
	_	01(c) of the Code (other			•	-					
	ganizatio		a 500	o oo .(o)(o) o.ga		o o,	,				
	_		lation to a na	naharitahla ayam	nt organization o	•					
		rom the reporting found	iation to a ne	nichaniable exem	pi diganization o	•			40/4)	1	v
•) Cash	_							1a(1)		<u>X</u>
•) Other a								1a(2)		
b O	ther trans	actions									
•	•	of assets to a noncharit	-	-					1b(1)		<u>X</u>
(2) Purcha	ses of assets from a no	oncharitable	exempt organizati	on				1b(2)		<u>X</u>
(3) Rental	of facilities, equipment,	, or other ass	sets					1b(3)		<u>X</u>
(4) Reimbi	rsement arrangements	s						1b(4)		X
(5) Loans	or loan guarantees							1b(5)		<u>X</u>
		nance of services or me	embership o	r fundraising solici	itations				1b(6)		X
c SI	naring of:	facilities, equipment, m	ailing lists, o	ther assets, or pa	id employees				1¢		X
	-	er to any of the above i	-			mn (b) should alway	vs show the fa	ır market			
		goods, other assets, o			-						
		y transaction or sharing	_		-						
	ine no	(b) Amount involved		e of noncharitable exem				insactions, and sharing ar	ranceme	nts	
	inte 110	(b) Allocali ilivoived	(C) Name	e of nonclamable exem	prorganization	(a) bescript	ion or wandlers, we	mozonoms, and onamig ar			
N/A											
			 								
				<u></u>							
		<u> </u>									
					· · · · · · · · · · · · · · · · · · ·						
											
		 	 								
			 								
		<u> </u>	<u> </u>			<u> </u>					
		dation directly or indirec	-				ons		П.,	(T)	1
		n section 501(c) of the		than section 501(c)(3)) or in section	n 5277			Ye	es <u>r</u>	No
b_lf	"Yes," co	mplete the following sc	hedule	γ							
		(a) Name of organization		(b) Type of o	organization		(c) Descrip	tion of relationship			
N/	A										
								•			
	Under pe	nalties of perjury, I declare th	at I have exami	ned this return, includin	g accompanying sch	edules and statements, a	and to the best of	my knowledge and belief	it is true	·,	
	correct, a	and complete Declaration of	preparer (other	than taxpayer) is based	on all information of	which preparer has any l	knowledge	May the IRS disc	uss this re	eturn	
Sign		/						with the preparer			_
		/ 1	//.			,	\circ	(see instructions)	² X	Yes	No
Here	Γ	100 0 Mit	HI 000)	1	المدا	2/2011	11/4	to			
	₩	ace seaffer!	gill,	7		3 1-7014	Tue Mu				
	F 696	nature of office of trustee			Date	/	1100	<u> </u>			
	Print/T	ype preparer's name	-		Preparer's signatu	re		Date		Check	ıt
Daid				_	1-6-	11/ 12		-0 0		self-em	ployed
Paid	JOSE	PH G. KENNEDY			Lexie,	4101	eune	26Cy 11-1	177		
Prepare	l Firm's	name ► KENNI		IRLER AND	ASSOCIA	rės, lic		PTIN PO	<u> 160</u>	766	5
Use On	Firm's	address ▶ 2211	W NOR	THERN AVE				Fym's EIN ▶ 26-	476	996	5
		PHOEN	NIX, AZ	Z 85021-	4917		[Phone no 602	-43	3-2	727

Form 990-PF	•	s for Tax on Investment Inc	come	2013
Name For caler	ndar year 2013, or tax year beginning	, and ending	Employer Ide	entification Number
	E AND RUTH LERMAN		2,p.0,0	
HARE CHARITABLE	FOUNDATION		20-2043	3091
(a) List and descri 2-story brick w	be the kind(s) of property sold, e.g., real estate, arehouse, or common stock, 200 shs. MLC Co	(b) How acquired P-Purchase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)
		D-Donation P	VARIOUS	11/13/13
	BOND FUND CLASS C	P	VARIOUS	11/13/13
	CON SCHEDULE	P	VARIOUS	VARIOUS
(4) SEE ATTACHED I	CON SCHEDULE	P	VARIOUS	VARIOUS
	CON SCHEDULE	P P	VARIOUS	VARIOUS
(6) ICON BOND FUND (7) SUNAMERICA FOC				
(7) SUNAMERICA FOC (8) ICON FUNDS CGD				
(9) COLE REAL ESTA				
(10)				
(11)			-	
(12)				
(13) (14)			 	
(15)				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (n or (loss) f) minus (g)
(1) 28,568		29,220		-652
(2) 11,348		11,603		-255
(3) 33,643		28,813		4,830 2,085
(4) 8,870 (5) 78,212		6,785 67,452		10,760
(5) 78,212 (6) 154		07,432		154
(7) 249				249
(8) 1,389				1,389
(9) 45				45
(10)			- -	
(11)	<u> </u>			
(12)				
(14)				
(15)				
		- favordetica en 12/21/60	<u> </u>	
	ing gain in column (h) and owned by the		(I) Gains (C col (k), but not le	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Losses (from	m col (h))
(1)				-652
(2)				-255
(3)				<u>4,830</u> 2,085
(4)	 			10,760
<u>(5)</u> <u>(6)</u>				154
(7)				249
(8)				1,389
(9)			+	45
(10)			 	
(11)			 	
(12)			<u> </u>	
(14)				
(15)				

3463 Dr. Lewis A. Hare and Ruth Lerman

Federal Statements

20-2043091 FYE: 12/31/2013

Fees
ounting
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Part I
990-PF,
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Statement

Charitable Purpose	\$\triangle \tag{\tau}{\tau}	o s
Adjusted Net	3,970	3,970
Ă	৵	₩.
Net Investment	3,970	3,970
VI	ψ	φ.
Total	3,970	3,970
	φ	ŵ
Description	ACCOUNTING FEES	TOTAL

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	ty.	\$
Adjusted Net	4,219	4,219
Ac	w	ψ.
Net ivestment	4,219	4,219
Inv	₩	w
Total	4,219	4,219
	ψ	ళు
Description	INVESTMENT ADVISOR FEES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose		0
Adjusted Net	101	126
PA	_ው	ئ
Net Investment	101	126
Inve	љ	w
Total	101	126
	<i>ጉ</i>	w
Description	EXPENSES POSTAGE ANNUAL ACCOUNT FEE	TOTAL

Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Fair Market Value	19,128	19,128
<u>щ</u>	w	₩.
Basis of Valuation	MARKET	
End of Year	19,128	19,128
	Ω	₩.
Beginning of Year	479	479
a o	ഹ	ψ.
Description	19127.71 FIDELITY US GOVT RESER	TOTAL

3463 Dr. Lewis A. Hare and Ruth Lerman

20-2043091 FYE: 12/31/2013

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 79,975	48,658	18,133	42,928	49,262	63,180	7,635		15,015	14,382		11,493	19,426			14,034	35,244	4,243	\$ 423,608	
Basis of Valuation	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET		
End of Year	120,900	108,876	16,896	36,547	46,099	44,288	6,107		10,241	11,392		909'6	14,598			12,607	34,869	4,174	477,200	
	የ ን																		w	
Beginning of Year	120,904	108,876	20,571	27,849	47,678	45,000		8,372	8,996	17,471	12,931	14,808	13,657	13,244	8,807	10,580			479,744	
	₩.																		₩.	
Description	3199 COLUMBIA PROPERTY TRUST	10934.316 SHS KBS REAL ESTATE	1327.446 ICON ASIA - PACIFIC R	2688.034 ICON EUROPE FUND	3881.929 ICON INTERNATIONAL EQ	4500 SHS COLE CREDIT PROPERTY	523.645 ICON MATERIALS FUND	1328.209 ICON FINANCIAL FUND	1310.198 ICON INDUSTRIALS FUND	1133.369 ICON INFORMATION TECH FD	1316.604 ICON CONSUMER DISCRETIONARY	494.534 ICON ENERGY FUND	1139.379 SUNAMERICA FOCUSED DIVIDEND	1225.797 ICON ICON FUND CLASS S	553.822 ICON HEALTHCARE FUND	1281.640 ICON CONSUMER STAPLES FUND	2580.122 ICON RISK MANAGED BALANCED	574.090 ICON UTILITIES FUND	TOTAL	

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Fair Market Value	11,551	11,551
"	တ	φ.
Basis of Valuation	MARKET	
End of Year	11,982	11,982
	₩	₩
Beginning of Year	12,164	12,164
ш	∾	w.
Description	1181.131 ICON BOND FUND CLASS C	TOTAL

3463 Dr. Lewis A. Hare and Ruth Lerman 20-2043091 FYE: 12/31/2013

Federal Statements

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Fair Market Value	\$ 515,345	\$ 515,345
Basis of Valuation	MARKET	
End of Year	268,367	268,367
	ψ	w
Beginning of Year	308,367	308,367
ш	ᡐ	w
Description	OHIO NATIONAL LIFE VARIABLE AN	TOTAL

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address	SS		
Address	Relationship	Status	Purpose	Amount
CONGREGATION M'KOR HAYIM	PO BOX 31806			
TUCSON AZ 85751	PUBLIC		GENERAL	522
LITERACY CONNECTS	PO BOX 40925			
TUCSON AZ 85717	PUBLIC		GENERAL	2,000
GUIDE DOG FOUNDATION	371 E. JERICHO	JERICHO TURNPIKE		
SMITHTOWN NY 11787	PUBLIC		GENERAL	1,000
BEREA COLLEGE	CPO 2216			
BEREA KY 40404	PUBLIC		GENERAL	1,000
LA RABIDA CHILDRENS HOSPITAL	65TH ST AT LAKE MICHIGAN	E MICHIGAN		
CHICAGO IL 60649	PUBLIC		GENERAL	1,500
JBI INTERNATIONAL	110 EAST 30TH ST	ST		
NEW YORK NY 10016	PUBLIC		GENERAL	2,000
WEITZMAN INSTITUTE OF SCIENCE	633 3RD AVE			
NEW YORK NY 10017 PUE	Ä		GENERAL	000, ו
UNIVERSITY OF AZ JUDAIC STUDIE	845 N.	PARK AVE STE 420		
TUCSON AZ 85721	PUBLIC		GENERAL	1,000
UNIVERSITY OF AZ SCHOOL OF MUSIC 1017 NORTH OLIVE ROAD	IC 1017 NORTH OLI	VE ROAD		
TUCSON AZ 85721	PUBLIC		GENERAL	2,000
AZ SCHOOL FOR THE DEAF & BLIND				
TUCSON AZ 85754	PUBL.		GENERAL	2,000
SAM HUGHES ELEMENTARY SCHOOL	700 NORTH WILSON	NC		
TUCSON AZ 85719	PUBLIC		GENERAL	1,000
ST JUDES CHILDRENS HOSPITAL	501 ST JUDES PLACE	LACE		
MEMPHIS IN 38105	PUBLIC PUBLIC	di i	GENERAL	1,000
SALVALLON ARMI		7	CENEDAL.	0000
10C20IN A4 03/10	FOBLIC		GENERAL	00617

3463 Dr. Lewis A. Hare and Ruth Lerman 20-2043091 FYE: 12/31/2013

Federal Statements

	Amount		8,000		1,000		1,000		1,000		1,500		1,000		1,000		1,000		1,000		150		1,000		1,000		3,000	43,652
	A																											
	Purpose																											
I		7	GENERAL		GENERAL		GENERAL		GENERAL	100	GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL		GENERAL	
Address	Status	ON AVE STE 607		RIVER ROAD		MORRILL WAY		ENTH ST NW		SKINNER PK ST 1		4647 FORBES BOULEVARD		4TH ST		ALGONQUIN RD		SENDERO DE JUANA		STONE AVE		ш		4		AVENUE		
- 1	Relationship	317 MADISON AVE STE	PUBLIC	AZ 3822 EAST	PUBLIC	8930 E. MO	PUBLIC	801 EIGHTEENTH	PUBLIC	7020 AC SK	PUBLIC	4647 FORBE	PUBLIC	406 WEST 34TH	PUBLIC	1760 W ALG		7735 N SEN	PUBLIC	564 S. STO	PUBLIC	1 WORLD AVE	PUBLIC	JTION PO BOX 4124	PUBLIC	550 FIRST AVENUE	PUBLIC	
Name	Address	PEF ISRAEL ENDOWMENT FUND	NEW YORK NY 10017	JEWISH FEDERATION OF SOUTHERN AZ 3822 EAST RIVER ROAD	TUCSON AZ 85718	EVERMOR FOUNDATION	TUCSON AZ 85749	PARALYZED VETERANS OF AMERICA	WASHINGTON DC 20006	WOUNDED WARRIOR PROJECT	JACKSONVILLE FL 32256	AMVETS	LANHAM MD 20706	VETERANS OF FOREIGN WARS	KANSAS CITY MO 64111	LITTLE CITY FOUNDATION	PALATINE IL 60067	SUDANESE PROMISE FUND	TUCSON AZ 85718	JEWISH HISTORY MUSEUM	TUCSON AZ 85701	HEIFER INTERNATIONAL	LITTLE ROCK AR 72202	AMERICAN JEWISH JOINT DISTRIBUTION PO BOX	NEW YORK NY 10163	NYU LANGONE MEDICAL CENTER	NEW YORK NY 10016	TOTAL

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3463 Dr. Lewis A. Hare and Ruth Lerman
20-2043091 Federal Statements

FYE: 12/31/2013

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
VARIOUS	60	
TOTAL	60	0

Taxable Dividends from Securities

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
ICON BOND FUND	\$	482		14		
SUNAMERICA FOCUSED		692		14		
SUNAMERICA MONEY FUND		1		14		
WELLS REIT II		3,647		14		
COLE CREDIT PROPERTY TRUST		2,339		14		
KBS REIT		4,319		14		
COLUMBIA PROPERTIES TRUST		960		14		
TRUST CO OF AMERICA	_	1,036		14		
TOTAL	\$_	13,476				

Form 1099-B (Covered Short)
Form 8949 Part 1 Box A
Proceeds from Broker and Barter Exchange Transactions
Tax Year 2013
Copy B For Recipient

ACCOUNT: 319134
JOEE TEPLITSKY & BRUCE HUBY TIEES
DR LEWIS A HARE & RUTH LERMAN HARE
8549 PONTE VEDRA CT
HOLLAND, OH 43528
TAX ID: **-**3091

Tax Information Provided by:
Trust Company of America
7103 S Revore Rewy
Centennial, CO:80112
Tax ID: 84-6179736

Nol Reported to the IRS Gain/Loss	571.29 623.54 6.40 468.75 384.93 12.24 508.63	16 . 19 15 . 91 140 . 41 243 . 14	12.35	112.85 412.51 22.12 772.23	16.61 466.99 0.88	4,829.97
(E)	0000000	<u> ೧</u> ೦೦೮	υ	oooo	ဗပပ	
Wash Sale Loss Disallowed (Box 5) Cov (8949 Col g) (00.000000000000000000000000000000000000	0000 0000 0000	0,00	00.00 00.00 00.00	00.00 00.00 00.00	0.00
rederal Income Tax Withheld (Box 4)						
Other Basis (Box 3)	2,542.59 2,712.10 2,059.23 2,121.45 2,121.45 4,191.62	64.64 120.43 984.32 3,003,03	116,29	531.79 1,433.12 93.60 4,275.17	342.38 3,932.79 26.76	28,812.61
Scocks, Bonds, etc* (Bcx 2a)	3,113 88 3,335.64 31,63 2,506.38 2,506.38 4,700.25	80.83 136.34 1,124.73 3,246.17	128.64	644,64 1,845.63 115.72 5,047,40	360.99 4,399.78 27.64	33,642.58
Quantity Sold (Box 1e)	(29K309) 225 8070 231,8030 177,0850 174,1750 17,2370 306,4050	10.7200 18.0820 147,7970 426,5660	10.4670	33,4680 85 0520 5,3330 232,5990	48 9810 562 6310 3 5350	•
Type of Gain or Loss (Box lc)	S (ICCC X) (449 Short Short Short Short Short Short Short	.4929K606) Short Short Short Short Short	Short	44929K705) Short Short Short Short	4929K879) Short Short Short	
Acquisition (Box 1b)	RY FUND CLASS 08/03/2012 11/02/2012 12/13/2012 12/17/2012 02/04/2013 05/06/2013	(ICFS X) 12/13/2013 04/18/2013 04/18/2013 05/06/2013	(44929K663) 12/13/2012	(ICHC X) 3/19/2012 3/03/2012 2/13/2012 2/04/2013	s (ICTU X) 02/04/2013 02/04/2013 03/28/2013	
	ER DISCRETIONA 07/01/2013 09/17/2013 09/17/2013 09/17/2013 09/17/2013 09/17/2013 11/25/2013	TAL FUND CLASS 07/22/2013 07/22/2013 09/18/2013 09/18/2013	LASS S (ICNZ X 03/18/2013	CARE FUND CLAS. 03/18/2013 07/22/2013 07/22/2013 07/22/2013	TES FUND CLASS 03/18/2013 05/06/2013 05/06/2013	
Description (Box 8) (Symbol) (Box 1d) (CUSIP)	ICON CONSUM	ICON FINANC	ICON FUND C	ICON HEALTH	ICON UTILIT	
	Out District Date of Quantity Bonds, etc. Other Basis Taxme District Covered (C) (Box 1a) (Box 1b) (Box 1b) (Box 2a) (Box 3) Taxme (Box 5) Covered (C) (Boy Col C) (8949 Col D) (Box 1c) (Box 1e) (Box 1e) (Box 2e) (Box 2e) Corrected (N)	Acquision Type of Quantity Bonds, etc* Other Basis Income Disallowed (Box 1b) Gain or Sold (Box 2a) (Box 3) Tax (Box 5) (Box 1b) (Box 1c)	Activities in Type of Quantity Bonds, etc. Other Basis Fractal Mass Sale Loss Sale Loss Sale Covered (C) (Box 1b) Gain or Sold (Box 2a) (Box 3) Tax (Box 5) (Box 5) (Box 5) (Box 5) (Box 1c) (Bo	Cquisition Type of Quantity Bonds, etc. Other Basis Income Basis Income Gain or Sold (Box 2a) (Box 3) Tax (Box 5) (Box 1b) (Gain or Sold (Box 2a) (Box 3) Tax (Box 4) (Box 5) (Box 5) (Box 1b) (Gain or Sold (Box 1c) (Box 1c) (Gain or Sold (Ga	CQUIENTIAN Type of Guantity Sold (Box 1s) (Box 1	The color of the

* Sales price less commissions and option and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines it has not been reported.



Form 1099-B (Covered Long)
Form 8949 Part II Box A
Proceeds from Broker and Barter Exchange Transactions
Tax Year 2013
Copy B For Recipient

Account 319134
JOSE TEPLITSKY & BRUCT HUEY TTEES
DR LEWIS A HARE & RUTH LERMAN HARE
8549 PONTE VEDRA C'T
HOLLAND, OH 43528
TEX ID. **-**3091

Tax Information Provided by: Trust Company of America 7101 S. Revere Pkwy Centennial, CO 80112 Tax 101 84 6179736

Supplemental Information -	Not Reported to the IRS		Corrected Gain/Loss		10.29	1,226.62	168.80	415.85	182.92	2,064.48	
									٠		
		Covered (C)	Noncovered (N) (Box 6)		U	ບ	U	U	U		
OMB No. 1545-0715	Wash Sale Loss	Disallowed (Box 5)	(8949 Col g)		00.00	0.00	00.00	0.00	00.0	00.00	
	Federal	Tex	Withheld (Box 4)								
		(Box 3)	(8949 Col e)		37.00		637.92			6,785.31	
	Stocks,	Box 2a)	(8949 Col d' (8949 Col e)		47 29	5,564.84	826 72	1,820.28	610,65	8,869.79	
		Quantity Sold	(Box 1e)	298309)	3.2860	273,1880	40.1710	88.4490	28.1410		
		Type or Gain or	Loss (Box 1c)	S (TOTO X) (449	Food	(44929K705) Long	Long	Long	Long		
	Date of	Acquisition (Box 1b)	8949 Col b)	V FIMID CLASS	08/03/2012	s (ICHC X) 03/19/2012	03/19/2012	06/04/2012	06/04/2012		
	Date_of Sale	(Box 8) or Exchange (Symbol) (Box 1a)	(8949 Col c) (8949 Col b)	GENOTAGOSTO GE	100N Consolina 2012 (100) 100 100	ICON HEALTHCARE PUND CLASS S (ICHC X) (44929K705) 05/06/2013 03/19/2012 LA	07/01/2013	07/01/2013	07/22/2013		
	Description	(Box 8) (Svmbol)	(Box 1d) (CUSIP)	MITONOD WOOT	TON COMBON	ICON HEALTH				٠	

* Sales price less commissions and option price less commissions and option premiums.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines it has not been reported.



:::

Account 319134
JOSE TEPLITSKY & BRUCE HUEY TIBES
DR LEWIS A HARE E RUTH LERMAN HARE
8549 PONTE VDBA CT
HOLLAND, OH 43528
TAX ID: /*-**13091

Form 1099-B (Noncovered Long) Form 8949 Part II Box B Proceeds from Broker and Barter Exchange Transactions Tax Year 2013 Copy B For Recipient

Jax Information Provided by: Trust Company of Amarica 7103 S. Ravere Pkwy Contennal, CO 80112 Tax ID: 84-6179736

Supplemental Information - Not Reported to the IRS		-27.09 161.02 883.46 1,223.13 1,018.73	836.57 1,661.70 1,065.94	-53.76 -129.07 185.93 303.40	-273.71	26.77 17.30 194.88 282.61 7.67 7.67 2.06	580.61 335.46 335.46 369.70 36.50	126.01 644.79	296.37 285.91 12.77
Supplemental Inform Not Reported to the	Purchase Value (8949 Col e)	217, 20 189, 24 912, 40 1, 163, 58 2, 802, 93 2, 906, 92	1,333.33 2,119.64 2,102.01	1,449.19 1,233.82 3,585.41 1,472.50	597,52	111.12 78.88 11,478.44 1,478.44 4,121.83 9,82	5,848.04 3,725.72 552.75 2,839.24 37.12 124.78	209.53 984,26	581.13 692,49 58.17
	Covered (C) Noncovered (N) (Box 6) Corrected	ZZZZZ	ZZZ	2222	z	222222	ZZZZZ	ZZ	%2 %
Wash Sale Lose	Sallowed (Box 5) 8949 Col g)								
545-0715 Federal	Income Tax Withheld (Box 4)								
OMB No. 15	Cost or Other Basis (Box 3)								
Stocks	Bonds, etc* (Box 2a) (8949 Col d)	210.11 350.26 1,795.86 2,386.91 3,821.66 4,004.78	2,169.90 3,781.34 3,167.95	1,395 43 1,104.75 3,771.34 1,775.90	323 81	157 89 96.18 2,613.59 1,761.05 93.05 4,901.98 11.88	6,428.65 4,061.18 622.45 3,226.14 42.68 161.18	335 54 1,629.05	877.50 978 40 70.94
	Quantity Sold (Box le)	(853) 16.1250 26.8810 137,8250 175 7670 281 4180 291,2570	X1 (44929K309) Long 172,4880 Long 274 2090 Long 229,7280	64.7830 55.1550 160.2780 75.4740	24 2010	23,0840 14,0610 382,1030 23,5600 650,1310 1,5760 8,0860	540 6770 344.4600 51 1040 262 5013 3.4727 13.1150	36.3140 170,5810	X) (44929K887) Long 83 0180 Long 98 9280 Iong 7 1730
	Type of Gain or Loss (Box 1c)	(ICAR X) (44929x853) Long Long Long Long Long Long Long	S (ICCC	929K507) Long Long Long Long Long	29K820) Long	(44929K606) Long Long Long Long Long Long Long Long	Long Long Long Long Long Long	(44929K861) Long Long	S (ICTE
Date of	Acquisition (Box 1b)	FUND CLASS S 12/17/2097 12/15/2009 02/11/2009 02/11/2009 07/30/2009	YY FUND CLASS 05/25/2010 05/25/2010 03/08/2011	(ICEN X) {449 02/18/2011 02/18/2011 02/18/2011 12/01/2011	(ICSE X) (44929K820) 11/05/2007	S (ICPS X) 09/08/2009 12/16/2009 05/03/2010 05/03/2010 12/16/2010 04/12/2011	(44929K663) 03/08/2011 03/08/2011 03/08/2011 03/08/2011 12/15/2011	S S (ICTR X) 07/30/2009 07/30/2009	Y FUND CLASS 07/30/2009 07/30/2009 12/16/2009
n Date of Sale	(B949 Col c)	FIC REGION 02/04/2013 02/04/2013 02/04/2013 02/05/2013 09/17/2013 09/17/2013 11/25/2013	MER DISCRETIONARY 03/18/2013 07/01/2013 07/01/2013 0	FUND CLASS S 03/18/2013 04/18/2013 11/25/2013 11/25/2013	E FUND CLASS S 01/09/2013	CIAL FUND CLASS 03/18/2013 03/18/2013 03/18/2013 07/22/2013 07/22/2013 07/22/2013 07/22/2013	H FUND CLASS S (ICNZ X) 02/04/2013 02/25/2013 03/07/2013 03/18/2013 03/18/2013	INDUSTRIALS FUND CLASS 02/11/2013 0 03/18/2013 0	4 IMPORMATION TECHNOLOGY F 03/18/2013 07 04/18/2013 07 04/18/2013 17
יירים פרו היירים פרו	(Symbol) (Box 1d) (Box 1d) (CUSIP)	ICON ASIA-PACI	ICON CONSUMER	ICON BNERGY	ICON EUROP	ICON FINANCIAL	ICON FUND	ICON INDUS,	ICON IMFOR

* Sales price less commissions and option and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines it has not been reported.

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ACCOUNT: 319134
JOBE TEPLITSKY & BRUCE HUBY TIEES
DR LEWIS A HARE & RUTH LERMAN HARE
8549 PONTE VEDRA CT
HOLLAND, OH 43838
TAX ID ****3091

Form 1099-B (Noncovered Long) Form 8949 Part II Box B Proceeds from Broker and Barter Exchange Transactions Tax Year 2013 Copy B For Recipient

Trust Company of America 7103 S, Revere Pkwy Centennial, CO 80112 Tax ID: 84.619735

Tax Informacion Provided by:

					_	_	_							_		_		
Supplemental Information -	Not Reported to the IRS	Purchase Value	(89		640.98 27.72	1,708,02 87.13			415.76 134.94						2,758.71 486.14		67,451.99 10,759.83	
	'	Covered (C)	Noncovered (N) (Box 6) Corrected		2	z	×	2	Z		Z	. 2	; z	: 2	: ×			
	Wash Sale Loss	Disallowed (Box 5)	(8949 Col g)															
45-0715	Federal	Income Tax	Withheld (Box 4)															
ONB No. 1545-0715		Cost or	Other Basis (Box 3)															
	Stocks,	Bonds, etc* (Box 2a)	(8949 Col d)	***************************************	668.70	1,795.15	5,248.00	19.97	550 70		3,894.39	3,395.11	633.06	627.78	3,244.85		78,211.82	
		Quantity Sold	(Box le)	XX.ac.	67.6140	181.5110	434.4370	1.6530	45.5880	1838)		-	54 8575		-			
	,	Type of Gain or	Loss (Box 1c)		פתסים	buo.	rong	Long	Long	Y FUND CLASS S (ICNE X) (44929K838)	Long	rong	Long	rong	Long			
	Date of	Acquisition (Box 1b)	(8949 Col b)	7 7 7 7 7 7 7 8 4 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	1102/27/20	1102/90/50	03/68/2011	04/12/2011	12/01/2011	FUND CLASS S	08/15/2007	12/17/2007	12/15/2008	01/30/2009	07/30/2009			
		or Exchange (Box la)	(8949 Col c) (8949 Col b)	647678747	04/18/2013	04/18/2013	11/25/7013	11/25/2013	11/25/2013	ATIONAL BQUITY	02/04/2013	02/04/2013	02/04/2013	02/04/2013	09/17/2013			
	Description	(Box 8) (Symbol)	(Box 1d) (CUSIP)							ICON INTERNA								

* Sales price less commissions and options are return, servence service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines it has not been reported.

. Form $\grave{8}868$

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

internal Revenu						
	filing for an Automatic 3-Month Extension,					▶\X
-	filing for an Additional (Not Automatic) 3-M					_
Do not comp	plete Part II unless you have already been gra	inted an au	itomatic 3-month exten	sion on a previously file	ed Form 8868	3
	ling (e-file). You can electronically file Form					
	n required to file Form 990-T), or an addition puest an extension of time to file any of the					
	Transfers Associated With Certain Persona					
	. For more details on the electronic filing of the					
	tomatic 3-Month Extension of Time. Or					n omo.
	n required to file Form 990-T and requesting				mplete	
~						. ▶ □
All other cor	porations (including 1120-C filers), partnersh	nps, REMIC	Cs, and trusts must use I	Form 7004 to request ar	n extension o	of time
to file incom				Enter filer's identifyi		
	Employer identification n	number (EIN) o	r			
Type or						
print	DR LEWIS A HARE & RUTH LERMAN HARE CH	HARITABLE	FOUNDATION	X 20-20430	091	
File by the due date for	Number, street, and room or suite no. If a P.O bo	x, see instru	ctions	Social security number (S	SSN)	
filing your	6202 N CAMPBELL AVENUE					
return See instructions	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions.			
	TUCSON AZ 85718					
Enter the Re	turn code for the return that this application	is for (file a	a separate application fo	r each return)		0 4
Application		Return	Application			Return
Is For		Code	is For			Code
	Form 990-EZ	01		orm 990-T (corporation)		
Form 990-BL		02	Form 1041-A	Form 1041-A		
Form 4720 (03	Form 4720 (other tha	n individual)		09
Form 990-PF		04	Form 5227	rm 5227		
	(sec_401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
Telephone If the orga If this is fo for the whole a list with the I reques until 08 for the co	e names and EINs of all members the extensist an automatic 3-month (6 months for a corporation) and the following set of the set of	Fousiness in ur digit Grof it is for pa on is for poration reexempt org	the United States, checup Exemption Number (int of the group, check to the group) the distribution return for the group, and ending	GEN) nis box	If this and atta	ech
	nange in accounting period application is for Form 990-BL, 990-PF, 99	O T 4720	or 6060 ontor the t	antatua tay laga anii	1 1	
	application is for Form 990-BL, 990-PF, 99 ndable credits. See instructions.	U-1, 4/2U,	, or occa, enter the t	emanye tax, less any	32 8	0 00
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any ref	fundable credits and	3a \$	0.00
	ed tax payments made Include any prior year			and and	3b \$	0.00
	e due. Subtract line 3b from line 3a. Include			uired, by using EFTPS		
(Electro	nic Federal Tax Payment System). See instruc	tions			3c \$	0.00
Caution. If you	are going to make an electronic funds withdrawal	(direct debit	t) with this Form 8868, see	e Form 8453-EO and Form	n 8879-EO for	payment
instructions						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• Form 8868 (Re	v. 1-2014)				Page 2		
 If you are 	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	I and check this box	▶ X		
	complete Part II if you have already been gra						
If you are	filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E			ınal (no copies needed).			
			E	nter filer's identifying number, se	e instructions		
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	EIN) or		
Type or							
print	DR LEWIS A HARE & RUTH LERMAN HARE CH	HARITABLE	FOUNDATION	X 20-2043091			
File by the	Number, street, and room or suite no. If a P O. bo	x, see instru	ctions.	Social security number (SSN)			
due date for	% KENNEDY/EHRLER 2211 WEST	NORTHER	N AVENUE				
filing your return See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions				
instructions	PHOENIX, AZ 85021						
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for ea	ach return)	. 0 4		
Application		Return	Application		Return		
Is For		Code	ls For		Code		
Form 990 o	r Form 990-EZ	01	演出的重要的意思。				
Form 990-B	L	02	Form 1041-A		08		
Form 4720	(individual)	03	Form 4720 (other than in	dıvıdual)	09		
Form 990-P	F	04	Form 5227		10		
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
STOP! Do no	ot complete Part II if you were not already	granted an	automatic 3-month exten	sion on a previously filed Form	m 8868.		
 The books 	s are in the care of > KENNEDY, EHRLES	R AND A	SSOCIATES, LLC				
Telephone	e No ▶ 602-433-2727	F	ax No ▶				
• If the orga	inization does not have an office or place of b	business ın	the United States, check th	us box	▶ 🔠		
• If this is fo	r a Group Return, enter the organizati <u>on's</u> fou	ur digit Gro	up Exemption Number (GEI	√l) If th	IS IS		
for the whole	e group, check this box ▶ 🔃 If	fit is for pa	rt of the group, check this b	oox ▶ and att	ach a		
list with the r	names and EINs of all members the extension	n is for					
4 i reque:	st an additional 3-month extension of time un	ntıl <u>11/15</u>		, 20 14_			
5 For cale	endar year 2013, or other tax year beginning	ng	, 20, and	d endi <u>ng</u> ,	20		
	ix year entered in line 5 is for less than 12 mi hange in accounting period	onths, chec	k reason Initial ret	urn Final return			
	detail why you need the extension TAXPA	AYER RES	SPECTFULLY REQUIRE	S ADDITIONAL TIME TO	0		
	ER INFORMATION NECESSARY TO F						
							
8a If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any			
nonrefu	ndable credits See instructions			8a \$			
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refund	dable credits and			
estimat	ed tax payments made. Include any prid	or year o	verpayment allowed as a	a credit and any			
amount	paid previously with Form 8868			8b \$			
c Balance	Due. Subtract line 8b from line 8a Include	your payme	ent with this form, if require	ed, by using EFTPS			
(Electro	nic Federal Tax Payment System) See instruc	ctions		8c \$			
	Signature and Verifica	tion mus	t be completed for Pa				
	es of perjury, I declare that I have examined the belief, it is true, correct, and complete, and that I a	is form, inc	luding accompanying schedu	•	best of my		
	1/2 1 4 CI 1			~1.1			
Signature >	Charles to Elis		Title ► CPA	Date ▶ 87/4//	4		
				Form 8868	(Rev 1-2014)		