## **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For o	calend	ar year 2015 or tax year beginning , a	ina ending				
	-	undation LEWIS A. HARE & RUTH LERMAN			A Emplo	yer Identification number	
H.	ARE	CHARITABLE FOUNDATION			_20-	-2043091 🖊	
Nur	nber and	d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	B Teleph	one number (see instructions	)
$\overline{}$		E GLENROSA AVENUE			602	<u>2-909-9688                                  </u>	
	or town	n, state or province, country, and ZIP or foreign postal code ${ m NIX} - { m AZ} - { m 85018}$			C If exen	nption application is pending,	check here
			n of a former public ch	erity	D 1. For	reign organizations, check he	•
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return Amended	•	ш н. у			<u> </u>
		X Address change Name cha			1	reign organizations meeting th % test, check here and attach	
	N- aala A		<del></del>		ł	,	
			oundation private foundation		1 '	ite foundation status was term n 507(b)(1)(A), check here	inated under
		n 4947(a)(1) nonexempt charitable trust   Other taxable trust   Other taxable trust   J Accounting method.	X Cash Acc		1		
		ear (from Part II, col. (c),  Other (specify)	ACC	iuai	1	oundation is in a 60-month tei section 507(b)(1)(B), check hi	_
	e 16) <b>l</b>		on on each backs \				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T	<del>'</del> -		(d) Disbursements
	** *	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions) )	books	11100		income	(cash basis only)
21.17	1	Contributions, gifts, grants, etc , received (attach schedule)	200				
<del>-</del>	2	Check ► X If the foundation is <b>not</b> required to attach Sch B					
£)	3	Interest on savings and temporary cash investments					
-	4	Dividends and interest from securities	8,034		8,034	8,034	
ر	5a	Gross rents					
≥ã	b	Net rental income or (loss)	F 00F	ļ			
⊋ū	6a	Net gain or (loss) from sale of assets not on line 10	5,005				
<u>6</u>	b	Gross sales price for all assets on line 6a 262, 212			5 005		<del> </del>
Revenue Revenue	7   8	Capital gain net income (from Part IV, line 2)  Net short-term capital gain	***************************************	<u> </u>	5,005	2,886	
2	9	Income modifications				2,000	
Ĩ,	10a	Gross sales less returns and allowances	<del></del>	<u> </u>			
	b	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)		<del>  ········</del>	***************************************		
	11	Other income (attach schedule)				<del></del>	
	12	Total. Add lines 1 through 11	13,239		13,039	10,920	
- Si	13	Compensation of officers, directors, trustees, etc.	0				<u></u>
xpenses	14	Other employee salaries and wages					
ЭĞ	15	Pension plans, employee benefits		<u> </u>			
	16a	Legal fees (attach schedule)					
ē	b	Accounting fees (attach schedule) SEE STMT	8,144		8,144	8,144	<del></del>
¥	С	Other professional fees (attach schedule) STMT	2,876		2,876	2,876	<del></del>
str	17	Interest	400	<del></del>	ECE		
Ë	18	Taxes (attach schedule) (see instructions) STMT	400		40.0		
표	19	Depreciation (attach schedule) and depletion Occupancy		80	NOV 2		······································
Ă	20	Travel, conferences, and meetings		11 12 11		s calli	<u> </u>
Operating and Administrative E	22	Printing and publications	<u> </u>	1 1 6	GODE	N. 15 ES	
B	23	Other expenses (att sch ) SEE STMT	12		12	12	
ij	24	Total operating and administrative expenses.		<del>                                     </del>	14	12	
ā	ĺ .	Add lines 13 through 23	11,432		11,432	11,432	0
þe	25	Contributions, gifts, grants paid	48,115		, ,	, .52	48,115
_	26	Total expenses and disbursements.Add lines 24 and 25	59,547		11,432	11,432	48,115
	27	Subtract line 26 from line 12.				7	
	а	Excess of revenue over expenses and disbursements	-46,308				
	b	Net investment income (if negative, enter -0-)			1,607		
	<u>c</u>	Adjusted net income (if negative, enter -0-)		1		0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

Form 990	)-PF(2015) DR. LEWIS A. HARE & RUTH LERMAN	20-204309		Page
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	<del></del>
T 1	Cash – non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
2	Savings and temporary cash investments	377	4,467	4,46
3	Accounts receivable		1,107	
	Less: allowance for doubtful accounts	1	1	
4	Pledges receivable ▶			
-	Less. allowance for doubtful accounts	<b>i</b>	j	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	<del>                                     </del>		
"	disqualified persons (attach schedule) (see		ì	
ł	instructions)			
7	Other notes and loans receivable (att. schedule)			
'	Less: allowance for doubtful accounts		Ì	
	Inventories for sale or use			
e is	Prepaid expenses and deferred charges	\\\		
Assets 9 10a	Investments – U.S. and state government obligations (attach schedule) STMT 5	2,444		
		509,368	261,414	155,57
b	,	309,368	201,414	155,57
C	Investments – corporate bonds (attach schedule)	<u> </u>		
11	Investments – land, buildings, and equipment basis		1	
1,0	Less accumulated depreciation (attach sch.)	<del></del>		<del></del>
12	Investments – mortgage loans  Investments – other (attach schedule)  SEE STATEMENT 7	240.267	440 267	711 05
13		248,367	448,367	711,95
14	Land, buildings, and equipment basis		1	
1	Less accumulated depreciation (attach sch.)			
15	Other assets (describe > )			
16	Total assets (to be completed by all filers – see the	760 556	714 040	071 00
+	instructions. Also, see page 1, item I)	760,556	714,248	871,99
17	Accounts payable and accrued expenses	<u> </u>		
ا د ا	Grants payable			
19 20 21	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe )			
23_	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	•			
24	Unrestricted			
25	Temporarily restricted	<del></del>		
26	Permanently restricted			
24 25 26 27 28 29 30 31	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	į		
27	Capital stock, trust principal, or current funds	25,001	25,001	
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ğ 29	Retained earnings, accumulated income, endowment, or other funds	735,555	689,247	
30	Total net assets or fund balances (see instructions)	760,556	714,248	
Z 31	Total liabilities and net assets/fund balances (see		Ì	
	instructions)	760,556	714,248	
Part I				
	net assets or fund balances at beginning of year - Part II, column (a), line 30 (must ac	gree with		
end-c	f-year figure reported on prior year's return)			760 <b>,</b> 55

2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 714,248 4 Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) ▶ 5 714, 248 Form **990-PF** (2015) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

45,030 970,534 43,652 910,108 0.047964 2013 45,979 875,112 0.052541 2012 44,911 924,105 0.048599 2011 903,666 909 0.048590 2010 0.244091 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.048818 918,199

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5

5 Multiply line 4 by line 3

Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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.

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44,825

44,841

48,115

5

6

7

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PE	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				<del></del>
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	1			16
	here ► X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			16
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5,,,,,,			16
6	Credits/Payments.				
а	2015 estimated tax payments and 2014 overpayment credited to 2015				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d -	Backup withholding erroneously withheld  6d	_			
7	Total credits and payments. Add lines 6a through 6d	7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			16
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			10
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1 Da	Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	11			
<u> </u>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
ıa	participate or intervene in any political campaign?		1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		- <del>"</del> -		
•	Instructions for the definition)?		1b		Х
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials		13		
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		Х
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		X
	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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>
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		X
	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      and the state legislation that effectively amends the governing instrument so that no mandatory directions that			v	
	conflict with the state law remain in the governing instrument?		7	X	
/ D-	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				
Ва	Enter the states to which the foundation reports or with which it is registered (see instructions) AZ				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		Х
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
	<del></del>	F	orm <b>9</b> 9	0-PF	(2015)

	irt VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			1		l
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			13	X	<u> </u>
	Website address ► N/A		600 F	<i>~</i> ^	^^-	^
14		phone no. 🕨	602-5	69-	995	9
	1440 E. MISSOURI AVE. STE C-200		0.01.4			
	Located at Phoenix AZ	ZIP+4 ▶	85014	:		. —
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	<b>~</b> 1	<b></b> 1			▶ ∟
46	and enter the amount of tax-exempt interest received or accrued during the year		15		V	l Na
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority			10	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			16		<del></del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶					
D:	int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-				<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		_			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		_			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days.)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations					
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here		▶ 📋			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		4-			
	were not corrected before the first day of the tax year beginning in 2015?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	□ <b></b>	X No			
	6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X) No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		,	_==		
•	► 20 , 20 , 20 , 20					
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2015.)		N/A	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	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 2015?			4b	<u></u> _	<u> </u>
			_	00	M DE	(201E)

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	· · · · · · · · · · · · · · · · · · ·	ding Activities for Which	Form 4720 May Be F	Required (cont	inued)		<del></del>
5a	,			П.,			
	(1) Carry on propaganda, or otherwise			Y	es X No		ļ
	(2) Influence the outcome of any speci	·	); or to carry on,		V N-		
	directly or indirectly, any voter regis	•		=	es X No es X No		
	(3) Provide a grant to an individual for the			<b>_</b>	es X No		
	(4) Provide a grant to an organization of		ation described in	Пν	es X No		ŀ
	section 4945(d)(4)(A)? (see instruc	•		1	es 🔀 No		
	(5) Provide for any purpose other than		ry, or educational		es X No		
-	purposes, or for the prevention of c				es 🔀 No		
Ь	If any answer is "Yes" to 5a(1)–(5), did			ibea in	N/A	5b	İ
	Regulations section 53.4945 or in a cur				N'A	35	
	Organizations relying on a current notic						
С	If the answer is "Yes" to question 5a(4)		on from the tax	N/A 🗌 Y	es No		
	because it maintained expenditure resp			N/A [] I	es 🗀 140		
<b>C</b> -	If "Yes," attach the statement required to						-
6a	Did the foundation, during the year, rec	eive any funds, directly or indirectly,	to pay premiums		es 🗵 No		
L	on a personal benefit contract?  Did the foundation, during the year, pay		a parcanal hanofit contract?	L '	es [21] NO	6b	X
b		premiums, directly or indirectly, on	a personal benefit contract.				
7-	If "Yes" to 6b, file Form 8870	foundation a party to a prohibited to	ov chalter transaction?		es X No		
7a	At any time during the tax year, was the If "Yes," did the foundation receive any				N/A	7b	
b	Information About	Officers, Directors, Truste	es Foundation Man	agers Highly			!
-	and Contractors	Officers, Directors, Truste	ses, i odiladion mai	iagers, riigiii,	r ala Emplo	,000,	
1	List all officers, directors, trustees, fo	undation managers and their con	npensation (see instruction	ns).			<u> </u>
•					(d) Contributions to		
			(b) Title, and average	(c) Compensation			
	(a) Name a	nd address	hours per week	(If not paid,	employee benefit		nse account,
	(a) Name a	nd address			plans and deferred compensation		nse account, allowances
—		nd address PHOENIX	hours per week	(If not paid,	plans and deferred		
	ONI TEPLITSKY	PHOENIX	hours per week devoted to position	(If not paid,	plans and deferred		
3	ONI TEPLITSKY 741 E GLENROSA AVENUE		hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation		allowances
3	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY	PHOENIX AZ 85018	hours per week devoted to position  TRUSTEE  2.00	(If not paid, enter -0-)	plans and deferred compensation	other	allowances
3	ONI TEPLITSKY 741 E GLENROSA AVENUE	PHOENIX AZ 85018 TUCSON	hours per week devoted to position  TRUSTEE  2.00  TRUSTEE	(If not paid, enter -0-)	plans and deferred compensation	other	allowances
3 HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST.	PHOENIX AZ 85018 TUCSON AZ 85719	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00	(If not paid, enter -0-)	plans and deferred compensation	other	allowances
3 HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE	(If not paid, enter -0-)	plans and deferred compensation	other	allowances 0
3 HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE	(If not paid, enter -0-)	plans and deferred compensation	other	allowances 0
3 HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00	(If not paid, enter -0-) 0	plans and deferred compensation  O	other	allowances 0
3° HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00	(If not paid, enter -0-) 0	plans and deferred compensation  O	other	allowances 0
3° HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00	(If not paid, enter -0-) 0	plans and deferred compensation  0  0  0  enter	other	0 0
3° HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-) 0	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	allowances 0
3° HA	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE 2.00  TRUSTEE 2.00  Uded on line 1 – see instru	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3° HA 1° JC 62° 2	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018 TUCSON AZ 85719 TUCSON AZ 85718 employees (other than those inclination)	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0
3 HH H H H H H H H H H H H H H H H H H	ONI TEPLITSKY 741 E GLENROSA AVENUE ANNAH TEPLITSKY 713 E. COPPER ST. DEE TEPLITSKY 202 N. CAMPBELL AVENUNE  Compensation of five highest-paid ("NONE."	PHOENIX AZ 85018  TUCSON AZ 85719  TUCSON AZ 85718  employees (other than those includes a second se	hours per week devoted to position  TRUSTEE 2.00  TRUSTEE 2.00  TRUSTEE 2.00  trustee 2.00  trustee 2.00  trustee 2.00	(If not paid, enter -0-)  0  0  ctions). If none, 6	plans and deferred compensation  0  0  enter  (d) Contributions to employee benefit plans and deferred	other:	0 0

n 990-PF (20	<u> 15) DR. LEWIS A. HARE &amp; RUTH LERMAN</u>	20-2043091	Page Page	<u>.</u>
ari VIII	Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid	l Employees,	
Five highe		ctions). If none, enter "NONE."		_
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	
ONE				
				_
				_
	· .			
				_
I number of	others receiving over \$50,000 for professional services		<b>•</b>	_
art IX-A	Summary of Direct Charitable Activities		· · · · · · · · · · · · · · · · · · ·	
		such as the number of	Expenses	
N/A				_
		<del></del>		_
				_
art IX-B	Summary of Program-Related Investments (see instr	uctions)	·	_
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	_
N/A				
other program-re	elated investments. See instructions		<del> </del>	_
<b>p</b> g				
	Five higher ONE  If number of art IX-A the foundations and on N/A  Art IX-B scribe the two land N/A	Information About Officers, Directors, Trustees, Four and Contractors (continued)  Five highest-paid independent contractors for professional services (see instruction (a) Name and address of each person paid more than \$50,000  ONE  Inumber of others receiving over \$50,000 for professional services  art IX-A Summary of Direct Charitable Activities  It the foundation's four largest direct chantable activities during the tax year include relevant statistical information anizations and other beneficianes served, conferences convened, research papers produced, etc.  N/A  Summary of Program-Related Investments (see instructions)  Series IX-B Summary of Program-Related Investments (see instructions)  Series to two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)  Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000  (b) Type of service ONE  In number of others receiving over \$50,000 for professional services  art IX-A Summary of Direct Charitable Activities  It is foundation's four largest direct charitable activities (see instructions)  N/A  N/A  Summary of Program-Related Investments (see instructions)  series IX-B Summary of Program-Related Investments (see instructions)  N/A	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."  (e) Name and address of each person paid more than \$50,000  (b) Type of service (c) Compensation  (c) Type of service (d) Type of service (e) Compensation  (e) Name and address of each person paid more than \$50,000  (d) Type of service (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Type of service (e) Compensation  (e) Compensa

Total. Add lines 1 through 3

orn	n 990-PF (2015) DR. LEWIS A. HARE & RUTH LERMAN 20-2043091		Page <b>8</b>
P	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	921,452
b	Average of monthly cash balances	1b	10,730
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	932,182
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	J	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3_	932,182
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	13,983
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	918,19 <u>9</u>
6	Minimum investment return. Enter 5% of line 5	6	45,910
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	, four	ndations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	45,910
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	16
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,894
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5_	45,894
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	45,894
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	48,115
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	48,115

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2015)

6

P:	art XIII Undistributed Incom	e (see instructions	)		·	
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part X	(1,	Corpus	Years prior to 2014	2014	2015
	line 7					45,894
2	Undistributed income, if any, as of the end	d of 2015:				
а	Enter amount for 2014 only				48,115	
b	Total for prior years. 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2	015.				
а	From 2010					
b	From 2011					
С	From 2012		,			
d	From 2013					
е	From 2014				1	
f	Total of lines 3a through e					
4	Qualifying distributions for 2015 from Part	t XII,				
	line 4: ▶ \$ 48,115	,				
а	Applied to 2014, but not more than line 2a	ı ·			48,115	
b	Applied to undistributed income of prior ye	ears .				
	(Election required – see instructions)		,		1	
c	Treated as distributions out of corpus (Ele	ection				***************************************
	required - see instructions)				1	
d	Applied to 2015 distributable amount					
е		us				
5	Excess distributions carryover applied to 2					
	(If an amount appears in column (d), the s					
	amount must be shown in column (a) )					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e. Subtrac	t line 5				
	Prior years' undistributed income. Subtract					
	line 4b from line 2b					
С	Enter the amount of prior years' undistribu	ited				
	income for which a notice of deficiency ha					
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed	•				
ď	Subtract line 6c from line 6b. Taxable	•				
	amount - see instructions		}			
е	Undistributed income for 2014 Subtract li	ine				
	4a from line 2a. Taxable amount - see					
	instructions		}			
f	Undistributed income for 2015. Subtract I	ines				
	4d and 5 from line 1. This amount must b	е	}			
	distributed in 2016		<u> </u>			45,894
7	Amounts treated as distributions out of co	orpus				•
	to satisfy requirements imposed by section	n				
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)		L			
8	Excess distributions carryover from 2010	not	_			
	applied on line 5 or line 7 (see instructions	S)				
9	Excess distributions carryover to 2010	6.				
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9:					
а	Excess from 2011					
b	Excess from 2012					
C	Excess from 2013					
ď	Excess from 2014					
е	Excess from 2015					

	Rrt XIV Private Operating For			urt VII-A guestion		rage I
				in vii-A, question	<del>9)</del>	
1a	If the foundation has received a ruling or de					
	foundation, and the ruling is effective for 20		-			
b	Check box to indicate whether the foundati		foundation described		942(j)(3) or 494	2( <sub>J</sub> )(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	( <b>d</b> ) 2012	· - · · · · · · · · · · · · · · · · · ·
	investment return from Part X for			Ì		
	each year listed			<u> </u>		
b	85% of line 2a				<u> </u>	
C	Qualifying distributions from Part XII,			ł	Į.	
	line 4 for each year listed			}		
d	Amounts included in line 2c not used directly			Ţ		
	for active conduct of exempt activities			,		
е	Qualifying distributions made directly		·····	<u> </u>		
•	for active conduct of exempt activities.	j				i
	Subtract line 2d from line 2c					
2	·			<del> </del>		
3	Complete 3a, b, or c for the	(		1		
	alternative test relied upon:	ĺ				
а	"Assets" alternative test – enter:			1		•
	(1) Value of all assets			<del> </del>		
	(2) Value of assets qualifying under			4		•
	section 4942(j)(3)(B)(i)			<del> </del>		
b	"Endowment" alternative test – enter 2/3	ì		1	}	
	of minimum investment return shown in	Ì				•
	Part X, line 6 for each year listed			ļ		
C	"Support" alternative test – enter.	}				1
	(1) Total support other than gross			)		
	investment income (interest,	ļ		}		
	dividends, rents, payments on			J		
	securities loans (section					
	512(a)(5)), or royalties)		<del></del>	<del> </del>	<del></del>	
	(2) Support from general public					
	and 5 or more exempt			1		ı
	organizations as provided in section 4942(j)(3)(B)(iii)					1
	(3) Largest amount of support from	· <del>· </del>		<del> </del>		
	an exempt organization					•
	(4) Gross investment income					
De	In XV Supplementary Inform	nation (Complete	this part only it	the foundation I	ad \$5,000 or mo	re in assets at
* 6	any time during the y			the loundation i	144 40,000 OI 1110	ic iii aggetg at
1	Information Regarding Foundation Mar					
-	•	_	on 00/ of the total easi	and boulease sees to ad but the	a faundation	
а	List any managers of the foundation who h			•	e roundation	
	before the close of any tax year (but only if	they have contributed n	nore than \$5,000). (Se	e section 507(d)(2))		
<del></del>	N/A	<del></del>	<del></del>		<del></del>	<del></del>
р	List any managers of the foundation who o		•		on of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greater	interest.		
	N/A					<del></del>
2	Information Regarding Contribution, G		• •			
	Check here $\blacktriangleright$ $X$ if the foundation only	makes contributions to	preselected charitable	organizations and does	not accept	
	unsolicited requests for funds. If the found	ation makes gifts, grant	s, etc. (see instruction	s) to individuals or orgar	nizations under	
	other conditions, complete items 2a, b, c, a	and d	<del></del>			
а	The name, address, and telephone number	r or e-mail address of th	ne person to whom app	olications should be add	ressed:	
	N/A					
b	The form in which applications should be s	submitted and information	on and materials they s	hould include.		
	N/A					
С	Any submission deadlines					
	N/A	<del> </del>				
d	Any restrictions or limitations on awards, s	uch as by geographical	areas, charitable fields	s, kinds of institutions, o	r other	
	factors.					
	N/A					000 PF

Grants and Contributions Paid During the	If recipient is an individual,	<b>1</b>	<del></del>	· · ·
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
SEE STATEMENT 8				
				48,11
Total	<del>.</del>			40 11
b Approved for future payment			<b>▶</b> 3a	48,11
N/A				
11,11				
Total			▶ 3b	

Page **12** 

Part XVI-A Enter gross amo	unts unless otherwise indicated		business income	Excluded	d by section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program sen		<del> </del>		<del> </del>		(SSS MISSISSIS)
a	<del></del>	-		<del> </del>		
	<del></del>	-	<del></del>			
		-		+		
	<del></del>	-		+		
ř		-		<del> </del>		<del></del>
·	d contracts from government agencies	- <del> </del>	<del></del>	1		
-	dues and assessments		·	1		
•	avings and temporary cash investments					
	nd interest from securities			14	8,034	
5 Net rental ind	come or (loss) from real estate.					
a Debt-fina	anced property		·			<del></del>
<b>b</b> Not debt	t-financed property		<del></del>			
	come or (loss) from personal property					
7 Other investi		<u> </u>	<del></del>	<b> </b>		<u>.</u>
	s) from sales of assets other than inventory	<u> </u>		18	5,005	
	or (loss) from special events		<del> </del>	<del> </del>		
	or (loss) from sales of inventory	<del> </del>		<del> </del> -		
	ue a	- <del> </del>			<del></del>	<del></del>
				+	<u> </u>	
		- <del> </del>		<del> </del>	<del></del>	<del></del>
e	<del></del>	-		-	<del></del>	
	A - 1 (12 / 18 - 17 )	- <del> </del>		+		
	a columns (b) (d) and (e)	1 1	(	ור ור	13.0391	()
	d columns (b), (d), and (e)			01	13,039 13	
13 Total. Add li	ne 12, columns (b), (d), and (e)	1		<u> </u>	13,039	
13 Total. Add li	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)	Accomplishm			13	
13 Total. Add li See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
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13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	
13 Total. Add li (See worksheet i Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations.)  Relationship of Activities to the  Explain below how each activity for which income	is reported in colun	ent of Exempt on (e) of Part XVI-A o	Purpos	es I importantly to the	

rø	, ILT VAIF	Exempt Organize		ansiers to ar	iu i i alisactii	ons and herationships t	Titii HUIICIIaiitaUt	,	
1	Did the org	anization directly or indire		ın any of the follow	ing with any other	organization described		Yes	No
	in section 5	501(c) of the Code (other	than section	501(c)(3) organiza	ations) or in section	on 527, relating to political			
	organizatio	ns?							
а	Transfers f	rom the reporting founda	tion to a none	charitable exempt o	organization of.		1		
	(1) Cash	•					<u>1a</u>	(1)	X
	(2) Other						1 <u>1a</u>	(2)	X
Ь	Other trans						ļ.,		
		of assets to a noncharital			•		16	$\overline{}$	X
	• •	ases of assets from a nor					16		X
		of facilities, equipment, our ursement arrangements	or other asset	S			1 <u>1</u> 5		$\frac{\hat{x}}{x}$
	-	or loan guarantees					16		X
		nance of services or mer	nbership or fi	undraising solicitat	ions			(6)	X
С		facilities, equipment, mai		·=			<del> </del>	c	X
			-	·		b) should always show the fair m	arket		
	value of the	goods, other assets, or	services give	n by the reporting	foundation If the	foundation received less than fair	market		
	value in an	y transaction or sharing a	rrangement,	show in column (d	) the value of the	goods, other assets, or services	received.		
	(a) Line no	(b) Amount involved	(c) Name	e of nonchantable exem	pt organization	(d) Description of transfers, t	ransactions, and shanng arrang	ements	
1/1	Α	<u> </u>							
		<del></del>		<del></del>					
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2a		dation directly or indirectl	-	•		, -		v . 13	7
		n section 501(c) of the C	•	an section 501(c)(	3)) or in section 5	27?		Yes X	∐ No
D	ir Yes, co	mplete the following sche (a) Name of organization	aule	(b) Type of o	organization	(c) Descr	iption of relationship		
	N/A	(a) Name of organization		(b) Type of o	nganization	(c) Desci	iption of relationship		
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						ules and statements, and to the best of m nich preparer has any knowledge	y knowledge and belief, it is tru	э,	
	Correct,	and complete Declaration of pr	eparer (other till	an (axpayer) is cased o	in an imprimation of wi	ich preparer has any knowledge	May the IRS discuss		
Sigi							with the preparer sho (see instructions)?	wn below	¬ No
ter	e   _	long - din	1 LAW		1	1/11	<u> </u>	<u> </u>	
	_	July July	WTW	<b>Y</b>	111		STEE		
	Sig	nature of officer or trustee		J	Date	Title			
	Print/1	Type preparer's name			Preparer's signatu	e /	Date	Check	
aid	1,000	יחוו כ אמאומריי			Chu	ald Cita	- de 1/10	self-er	mployed
rep	arer	PH G. KENNEDY	'ACE' NO	VISORS LI	C	10/ens	DOOT	63766	<del></del>
Jse (	Only			OURI AVE		<u>.                                    </u>		22016	
	Firm's		IIX, AZ				Phone no 602-		
		111001		000112		<del>**</del>		990-P	

3463 Dr. Lewis A. Hare & Ruth Lerman 20-2043091 FYE: 12/31/2015

Federal Statements

	Charitable Purpose		Charitable Purpose		Charitable Purpose		Charitable Purpose
ounting Fees	Adjusted Net 8, 144 8 8, 144	rofessional Fees	Adjusted Net \$ 2,876 \$ 2,876	Taxes	Adjusted Net \$ 400	er Expenses	Adjusted Net
; Part I, Line 16b - Acco	Net Investment 8, 144	90-PF, Part I, Line 16c - Other Professional Fees	Net   Investment   \$ 2,876   \$ 2,876   \$	990-PF, Part I, Line 18 - Taxes	Net Investment	F, Part I, Line 23 - Othe	Investment  \$ 12  \$ 12  \$ 12
Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	\$ 8,144 \$ 8,144	Statement 2 - Form 990-PF, Pa	\$ 2,876	Statement 3 - Form 990-PF,	<b>Total</b>	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	\$ Total \$ 12
	Description ACCOUNTING FEES TOTAL		Description INVESTMENT ADVISOR FEES TOTAL		Description FEDERAL EXCISE TAX TOTAL		Description EXPENSES ACCOUNT /CHECK FEE TOTAL

2-7

3463 Dr. Lewis A. Hare & Ruth Lerman 20-2043091 FYE: 12/31/2015

## Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Fair Market Value	w w	
Basis of Valuation	MARKET	
End of Year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Beginning of Year	\$ 2,444	
Description	2444.26 FIDELITY US GOVT RESER TOTAL	

10b - Corporate Stock Investments
Statement 6 - Form 990-PF, Part II,

Description	_	Seginning of Year		End of Year	Basis of Valuation	Ш	Fair Market Value
2714 COLUMBIA PROPERTY TRUST	တ	120,900	ا س	102.570	MARKET	, v	63 725
10934.316 SHS KBS REAL ESTATE		108,876	-	108,876	MARKET	<b>&gt;</b>	43,723
9698.939 ICON INTERNATIONAL EQ		121,368		200	MARKET		100/04
829.688 ICON MATERIALS FUND		10,886			MARKET		
1652.67 ICON FINANCIAL FUND		13,009			MARKET		
1310.774 ICON INDUSTRIALS FUND		10,248			MARKET		
877.347 ICON INFORMATION TECH FD		9,057			MARKET		
1094.614 ICON CONSUMER DISCRETIONARY		17,176			MARKET		
374.859 ICON ENERGY FUND		6,947			MARKET		
1356.251 SUNAMERICA FOCUSED DIVIDEND		16,213		18,045	MARKET		20 710
350.166 ICON OPPORTUNITIES FUND		4,800			MARKET		01.107
3543 VEREIT INC		44,312		31,923	MARKET		28 061
1293.854 ICON FUND CLASS S		18,839			MARKET		1000
514.627 ICON EMERGING MARKETS FUND		6,737			MARKET		
TOTAL	တ မ	509,368	ω 	261,414		ς <sub>ν</sub>	155,577

Investments
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Line 13 - Other Inv
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Par
390-PF.
Form
Statement 7 - Form 990-PF, Part

Fair Market Value	\$ 711,954	\$ 711,954
Basis of Valuation	MARKET	
End of Year	448,367	448,367
	5 2	S
Beginning of Year	248,36	248,36
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Description	OHIO NATIONAL LIFE VARIABLE AN	TOTAL

3463 Dr. Lewis A. Hare & Ruth Lerman 20-2043091 FYE: 12/31/2015

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year
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	Amount	522		2,500	2,000	2,000		2,500		2,093	5,000	3,500
	Purpose											
Address	ship Status	BOX 31806 GENERAL BOX 40925	E. JERICHO TURNPIK	2216	ST AT LAK	O EAST 30TH ST GENERAL 3 3RD AVE	N G	1017 NORTH OLIVE ROAD GENERAL PO BOX 8851	NORTH WILSON ST JUDES PLACE	N R EAS	O E. MORRILL WAY EIGHTEENTH ST NW O AC SKINNER PK ST	GENERAL
Name	Address Relationship	CONGREGATION M'KOR HAYIM  TUCSON AZ 85751  LITERACY CONNECTS	7 PUBLIC	SMITHTOWN NY 11787 PUBLIC BEREA COLLEGE CPO	BEREA KI 40404  RABIDA CHILDRENS HOSPITAL  CHICAGO IL 60649  PUBLIC	JBI INTERNATIONAL NEW YORK NY 10016 WEITZMAN INSTITUTE OF SCIENCE 633	NEW YORK NY 10017 PUBLIC VERSITY OF AZ JUDAIC STUDIES TUCSON AZ 85721 PUBLIC	AZ SCHOOL OF MUSIC 85721 PUBLIC THE DEAF & BLIND	RY SCHOOL PUBLIC HOSPITAL	S FUBLIC OF SOUTHERN AZ PUBLIC	ON 49 PUBLIC NS OF AMERICA 2 20006 PUBLIC PROJECT	JACKSONVILLE FL 32256 PUBLIC

3463 Dr. Lewis A. Hare & Ruth Lerman	20-2043091	FYE: 12/31/2015
3463 Dr. Lewis /	20-2043091	FYE: 12/31/2015

## Federal Statements

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

	Amount			2,500		2,000		2,000	000'6	3,500	2,500	2,000	2,500
	Purpose												
		ARD GENERAL	GENERAL D	JUANA GENERAL	GENERAL	GENERAL	GENERAL GENERAL NE	GENERAL	GENERAL I ST 102	GENERAL H40		GENERAL 800	
Address	ship Status	4647 FORBES BOULEVARD	1760 W ALGONQUIN RD	7735 N SENDERO DE JUANA G	. 9	PO BOX 4124	550 FIRST AVENUE		5025 E. WASHINGTON	E. CORONADO RD	Z	SE 1ST	
	Relationship	464 PUBLIC	PUBLIC 176		PUBLIC 1 W	U	PUBLIC PUBLIC	PUBLIC INC	PUBLIC	PUBLIC	PUBLIC	IC	UBLIC
Name	Address	AMVETS LANHAM MD 20706 VETERANS OF FOREIGN WARS	KANSAS CITY MO 64111 LITTLE CITY FOUNDATION	SUDANESE PROMISE FUND TUCSON AZ 85718	CEWISH HISTORI HOSEON TUCSON AZ 85701 HEIFER INTERNATIONAL	LITTLE ROCK AR 72202 PUBLI AMERICAN JEWISH JOINT DISTRIBUTION	NEW YORK NY 10163 NYU LANGONE MEDICAL CENTER NEW YORK NY 10016 ROYS & GTRLS CLIBS OF AMERICA	ATLANTA GA 30309-3506 AMERICAN FRIENDS OF KISHORIT	WEST HARTFORD CT 06137 NATIONAL MS SOCIETY	PHOENIX AZ 85034 ALS ASSOCIATION AZ CHAPTER	PHOENIX AZ 85004 PUBLAZ WOMEN'S EDICATION & EMPLOYMENT	PHOENIX AZ 85003 NATIONAL PARKINSONS FOUNDATION	