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990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

_		endar year 2013 or tax year beginning	0.4	//01 , 2013 ,	and end			06/30, 2014
		of foundation THE JIRAIR S AND EI	IZABETH HOVNAN	IAN FAMIL	·Υ	- 1	A Employer Identific	
_		DATION, INC.					22-363023	
	Numbe	er and street (or P.O box number if mail is not delivere	d to street address)		Room/sui	e	B Telephone numbe	r (see instructions)
							(85	6) 235-4444
	900	BIRCHFIELD DRIVE						
	City or	town, state or province, country, and ZIP or foreign po	estal code					
						1	C If exemption applicate pending, check here	ion is
_	MOUL	IT LAUREL, NJ 08054					partering, accontinuo	
G	Che	ck all that apply: Initial return	Initial return	of a former p	ublic cha	rity	D 1 Foreign organizati	ons, check here
		Final return	Amended re	turn			2. Foreign organizat	ions meeting the
		Address change	Name chang				85% test, check he computation	
H	Che	ck type of organization X Section 501	(c)(3) exempt private f	foundation			E if private foundation	status was terminated
\perp	S	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		lon		under section 507(b)	
i	Fair	market value of all assets at JAcco	ounting method X C	ash Acc	rual	l	F If the foundation is	in a 60-month termination
			other (specify)		- 	1		(1)(B), check here . >
	16)	▶ \$ 5,971,740. (Part I	, column (d) must be or	n cash basis)				
Ē	art l	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Not in	ctmont		Advisted not	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	, ,	(b) Net investment Income) Adjusted net Income	for charitable purposes
_		column (a) (see instructions))	books		-			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .	326,985	A CHIEF NO.	Ç. Here			
	2	Check If the foundation is not required to attach Sch. B		The control of the second		\$ 10		
	3	Interest on savings and temporary cash investments	53		53.			FATCH 1 THE SAME
	4	Dividends and interest from securities	71,628	7	1,628.			ATCH-2
	5 a	Gross rents						THE PERSONNEL PROPERTY AND ADDRESS OF THE PERSONNEL PROPERTY ADDRESS OF
	ь	Net rental income or (loss)	and the graph of the color of t			1031 10 100 00 00 00 00 00 00 00 00 00 00 00 00	和四個學院	小性的 語。其是
9	6 a	Net gain or (loss) from sale of assets not on line 10	7,495			433	A Principle of the state of	Thornes Andrews College
Revenue	b	Gross sales price for all assets on line 6a 1,359,537				· \	国上方。5	300
è	7	Capital gain net Income (from Part IV, line 2) .			7,495.	767 (31) 767 (31)	国际	在创建。河南沿岸中
Œ	8	Net short-term capital gain			<u> </u>			
	9	Income modifications · · · · · · · · · · · · · · · · · · ·					CGDE	N. Granden
	10 a	Gross sales less returns and allowances • • • •	o idelegação fembriares	CTRO ASELES	= [1](1-12-51 m. 14-13-14-14-14-14-14-14-14-14-14-14-14-14-14-	A 100 CO	Maria de Maria de Maria de Carta de Car
		Less. Cost of goods sold .				-34[]		
	С	Gross profit or (loss) (attach schedule)			je i ujen kuje			
	11	Other income (attach schedule)	406 161	ļ	0 176			
_	12	Total. Add lines 1 through 11	406,161.	<u> </u>	9,176.			
	13	Compensation of officers, directors, trustees, etc $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		1				
Se	i .	Other employee salaries and wages						
Š		Pension plans, employee benefits		 				
XDE	16 a	Legal fees (attach schedule)	6,500	 				
a H	Ь	Accounting fees (attach schedule)ATCH 3	57,082		7,082.		· · · · · · · · · · · · · · · · · · ·	
Administrative Ex	C	Other professional fees (attach schedule).*.	34,082	<u> </u>	34.			· · · · · · · · · · · · · · · · · · ·
stra	17	Interest ATCH 5	8,028		5,982.		<u></u>	
inis	18	Taxes (attach schedule) (see instructions)ATCH 6		1	3, 302.			
Ę	19	Depreciation (attach schedule) and depletion.						
Ž	20	Occupancy	<u></u>	-	· · ·			
200	21	Travel, conferences, and meetings		 			·	ļ
5	22	Printing and publications						
afi	21 22 23 24	Other expenses (attach schedule)		 				
7	24	Total operating and administrative expenses	71 744	.]	3,098.			
ō	125	Add lines 13 through 23	20.020	Tright Manager		;		32,930
) a	25 26	Contributions, gifts, grants paid	104 574		3,098.		<u>, ,</u>	32,930
-	27	Subtract line 26 from line 12.			- والانزيمية باليار		erine (<u>n. et Albisk</u> e	52,550 52,45(-31-4) Strietz
	1	Excess of revenue over expenses and disbursements	301,587					
		Net Investment Income (if negative, enter -0-)			6,078.	7,		
		Adjusted net income (if negative, enter -0-).					<u> </u>	
			· · · · · · · · · · · · · · · · · · ·					

		Bolones Chaste	Attached schedules and amounts in the	Beginning of year	End o	of year
	art II	Balance Sneets	description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash - non-interest-bear	ing	1,001,322.	383,664.	383,664.
	2		cash investments			
	3	Accounts receivable ▶				Militarita bath
			btful accounts ▶			
	4	Pledges receivable		And the second of the second o	ر المراجع المر المراجع المراجع	
			btful accounts ►			
	5	Grants receivable	,			
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (at	tach schedule) (see instructions)			
	7	Other notes and loans	receivable (attach schedule) 🕨			THE HE TO A VEHI WITH
		Less. allowance for dou	ibtful accounts >			
ţ	8	Inventories for sale or us	se			
Assets	9	Prepaid expenses and d	leferred charges			
Ä	10 a	Investments - U.S. and star	te government obligations (attach schedule).			
	ь	Investments - corporate	e stock (attach schedule)	3,923,826.	4,840,583.	5,588,076
	c	Investments - corporate	e bonds (attach schedule)			
	11	Investments - land, building and equipment basis Less, accumulated deprect (attach schedule)			(Masserthers) bittely liqued for	Process Control of the State of
	12	•	loans			
	13	Investments - other (att	ach schedule)		, , , , , , , , , , , , , , , , , , , ,	
	14	Land, buildings, and equipment, basis	>		THE LITE WITH LESS THANKS	
		Less: accumulated depreca	ation >			
	15	Other assets (describe	► ATCH 7)	-2,488.		
	16		completed by all filers - see the			
	1	instructions. Also, see p	page 1, item I)	4,922,660.	5,224,247.	5,971,740
_	17	Accounts payable and	accrued expenses			
	18					
S	19					
ij	20		ors, trustees, and other disqualified persons			
Liabiliti	21	Mortgages and other n	otes payable (attach schedule)			
	22	Other liabilities (describ	pe ▶)			
	1					
	23	Total liabilities (add lin	es 17 through 22)	(
_			llow SFAS 117, check here . ▶		İ	
v,	,	and complete lines	24 through 26 and lines 30 and 31	.		
ances	24	Unrestricted			<u>, , , , , , , , , , , , , , , , , , , </u>	
-		Temporarily restricted				THE STATE OF
ä	26	Permanently restricted				
Net Assets or Fund Ba		Foundations that do	not follow SFAS 117, ► X			
ш	<u>:</u>	check here and cor	nplete lines 27 through 31.			
ď	27	Capital stock, trust pri	ncipal, or current funds	4,922,660	5,224,247	
to to	28	Paid-in or capital surplus,	or land, bldg., and equipment fund			
Δ	29	Retained earnings, accur	nulated income, endowment, or other funds 🚬			
đ	30	Total net assets or fur	nd balances (see instructions)	4,922,660	5,224,247	
2	31	Total liabilities and	d net assets/fund balances (see			
					5,224,247	
			langes in Net Assets or Fund			
			balances at beginning of year - Par		ž.	
	en	d-of-year figure report	ted on prior year's return),			4,922,660
:		ter amount from Part			2	301,587
;	3 Ot	her increases not incli	uded in line 2 (itemize) ▶		3	
	4 Ad	d lines 1, 2, and 3				5,224,247
	5 De	creases not included	in line 2 (itemize)		5	
_ '	6 To	tal net assets or fund	balances at end of year (line 4 minu	ıs line 5) - Part II, column	(b), line 30 6	5,224,247
_					-	Form 990-PF (2013)

_	
Page	-

Form 990-PF (2013)					Page 3
	and Losses for Tax on Inve	· · · · · · · · · · · · · · · · · · ·	(b) How	(c) Date	
• • •	rick warehouse; or common stock, 200 s	·	acquired P - Purchase	acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a SEE PART IV SCHE			D - Donation	(,, , , ,	
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					-
С					
d					
е					
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less Losses (from co	
a					
b					
С					
d					
e					
2 Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7			
	(11	(loss), enter -0- in Part I, line 7	2		7,495.
• -	n or (loss) as defined in sections 12	· · · · · · · · · · · · · · · · · · ·			
If gain, also enter in Pa	rt I, line 8, column (c) (see instr	ructions). If (loss), enter -0- in	ļ		_
Part I, line 8			3		0
	Under Section 4940(e) for Red c private foundations subject to the				.
If section 4940(d)(2) applies,	, leave this part blank. the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
	not qualify under section 4940(e).		000 po.10	- .	
	iount in each column for each year	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED	anv entr	ies	
(a)	(b)	(c)	J any one	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution (col (b) divided b	
2012	36,375.	4,242,627.		, ,	0.008574
2011	13,524.	3,149,696.	-		0.004294
2010	20,032.	1,917,587.			0.010446
2009	53,476.	1,187,684.	1		0.045025
2008	4,000.	935,545.			0.004276
2 Total of line 1, column (d)		2		0.072615
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	ndation has been in existence if less		3		0.014523
·					
4 Enter the net value of no	ncharitable-use assets for 2013 fro	m Part X, line 5	4	4	,742,928.
5 Multiply line 4 by line 3			5		68,882.
				•	
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		161.
- Alle - :-			_		69,043.
7 Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •		7		07,043.
8 Enter qualifying distributi If line 8 is equal to or g Part VI instructions	reater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% to	32,930. ax rate. See the

Page 4

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstructions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	er UMDichily
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	322.
	here ▶ 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	
3	Add lines 1 and 2	322.
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	322.
6	Credits/Payments.	gerkingturk
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a	
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	
7	Total credits and payments. Add lines 6a through 6d	0
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	322.
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	
Pai	t 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 participate	Yes No
	or Intervene In any political campaign?	1a X
ь	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.	
c	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
_	(1) On the foundation \$ (2) On foundation managers \$	
e	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 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes." has it filed a tax return on Form 990-T for this year?	4b
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
J	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:	
J	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	
	with the state law remain in the governing instrument?	6 X
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)	
Ja	NJ,	大きながり間には、「神経の
	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 X
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Part XIV	₉
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	
10	addresses,	10 X
		1

Total number of other employees paid over \$50,000

Form 990-PF (2013) Page 7 Part VIII 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." (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 chantable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions Total. Add lines 1 through 3.

Form 990-PF (2013)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes:	ALCON -	
а	Average monthly fair market value of securities	1a	4,322,853.
b	Average of monthly cash balances	1b	492,302.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	4,815,155.
е	Reduction claimed for blockage or other factors reported on lines 1a and	THE THE	
	1c (attach detailed explanation)1e	Hovay I	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	4,815,155.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	72,227.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,742,928.
6	Minimum investment return. Enter 5% of line 5	6	237,146.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	237,146.
	Tax on investment income for 2013 from Part VI, line 5 2a 322.	* (*) (*)	
b	Income tax for 2013. (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	322.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	236,824.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	236,824.
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	236,824.
Par	XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	32,930.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
4.	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	32,930.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,930.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a qualifies for the section 4940(e) reduction of tax in those years	calculating	whether the foundation

Form 990-PF (2013)

THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY 22-3630232 Form 990-PF (2013) Page 9 Undistributed Income (see instructions) Part XIII (a) (b) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 236,824. Line of the Galletine of the Undistributed income, if any, as of the end of 2013 210,160 Enter amount for 2012 only . . Total for pnor years 20 11 ,20 10 ,20 09 Excess distributions carryover, if any, to 2013. a From 2008 b From 2009 c From 2010 d From 2011 From 2012 Total of lines 3a through e Qualifying distributions for 2013 from Part XII. 32,930. line 4' ► \$ a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election d Applied to 2013 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2012. Subtract line 4a from line 2a Taxable amount - see 191,019 Undistributed Income for 2013. Subtract lines 4d and 5 from line 1. This amount must be 236,824. distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)

Form 990-PF (2013)

10

Excess distributions carryover to 2014.

Subtract lines 7 and 8 from line 6a

Analysis of line 9

a Excess from 2009 . . b Excess from 2010 . . . c Excess from 2011 . . . d Excess from 2012 . . . Excess from 2013

Check here $\triangleright X$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed.

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines.

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

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Form 990-PF (2013)

Form 990-PF (2013)

Page **11**

Supplementary Information	ring the Year or A	avad fa- F	inturo Doumont	
Grants and Contributions Paid Du Recipient Name and address (home or business)	If recipient is an individual,	Foundation	uture rayment	
Name and address (home or husiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
t i ald during the year				
тсн 9				
	}			
			1	
			ļ	
			,	
Total			▶ 3a	32,9
b Approved for future payment				
		1		
		i		
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		1		
		1		
	1			
			i	1

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Page **12**

art XVI-				T		1
ler gross a	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
Program s	service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
b						
c					 	
d		 		ļ		
e				1		
f				ļ		
•	nd contracts from government agencies					
	hip dues and assessments	-		14	53.	
	savings and temporary cash investments			14	71,628.	
	s and Interest from securities	ga nggaranga		1		
	Il income or (loss) from real estate:		Land Contract of the Contract	- 12 JULY 14 E	- Par I faz prez Sprignor zazzan in integ	- 170 Jr. J. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	financed property			 		
	ebt-financed property		-			
	income or (loss) from personal property		-			
	vestment income		······································	18	7,495.	
	oss) from sales of assets other than inventory me or (loss) from special events	` 	 	 	1	· · · · · · ·
	ofit or (loss) from special events			1	<u> </u>	
-	enue. a			 		
	/ciluc. d			İ		
			,		***	
				 		
c			1			i e
c				<u> </u>		
c d		T(,			79,176	
c d Subtotal. Total. Addee worksh	Add columns (b), (d), and (e)	culations.) s to the Ad	ccomplishment of Ex	cempt Purj		79,17
c d Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) di line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Added workshart XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Added workshart XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Added worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Ad e worksh art XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Ad e worksh art.XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,1
c d e Subtotal. Total. Ad e worksh art XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Ad e worksh art XVI-	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Added worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c d e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17
c de Subtotal. S Total. Addee worksh	Add columns (b), (d), and (e)	culations.) s to the Act	ccomplishment of Ex	tempt Purj	ooses (e) of Part XVI-A contrib	79,17

Part XVII	Information R Exempt Organ		sfers To and Transac	tions and	Relationships With Non	charitable
in sect organical Transfer (1) Case (2) Other (1) Sa (2) Pu (3) Re (4) Re (5) Loc (6) Pe c Sharin d If the value	cion 501(c) of the Conzations? ers from the reporting shall be a seed to a nonzero asset seed assets from the facilities, equipment arrange and or loan guarantee of services of facilities, equipment arrange and of facilities, equipment arrange of services of facilities, equipment and of the goods, other	and the control of th	t organization t organization exempt organization sets or fundraising solicitations other assets, or paid employ complete the following is	ns) or in se	cother organization described action 527, relating to political action 527	the fair market than fair market
		, , , , , , , , , , , , , , , , , , , 	charitable exempt organization	1		
(a) Line no.	(b) Amount involved N/A	(c) Name of none	charitable exempt organization	N/A	ription of transfers, transactions, and she	aring arrangements
	11/13	 		117.11		
						
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 			
				<u> </u>		
						
		<u> </u>				
				ļ		
descr		c) of the Code (other			e tax-exempt organizations a 527?	Yes X No
Und	er penalties of perjury, I dec	dere that I have examiner	d this return, including accompanying	schedules and	statements, and to the best of my knowle- my knowledge	dge and belief, it is true
Sign	gnature of officer or trustee		15-14-15 Date	Title	May the D	RS discuss this return
Paid	Print/Type preparer's n	strend OA	Preparer's signature	SUH	Date Check if 05/13/2015 self-employed	PTIN P00707131
Preparer	Firm's name H	EFFLER, RADE	TICH & SAITTA, LLI	?	Firm's EIN ▶ 23-	1602569
Use Only		03-B BIRCHFI	ELD DRIVE			

Form 990-PF (2013)

856-439-6462

MOUNT LAUREL, NJ

Phone no.

08057

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

OMB No 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer Identification number

THE JIRAIR S AND ELI FOUNDATION, INC.	ZABETH HOVNANIAN FAMILY	22-3630232
Organization type (check one)		· · · · · · · · · · · · · · · · · · ·
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
instructions General Rule X For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	
Special Rules		
under sections 509)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form d II.	ne year, a contribution of
during the year, tot	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use exclusively for religious, charital oses, or the prevention of cruelty to children or animals. Complete Parts I, I	able, scientific, literary,
during the year, co not total to more th year for an <i>exclusiv</i>	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions for use exclusively for religious, charitable, etc., purposes, but the an \$1,000. If this box is checked, enter here the total contributions that we ely religious, charitable, etc., purpose. Do not complete any of the parts unle nization because it received nonexclusively religious, charitable, etc., contributions.	nese contributions did re received during the less the General Rule outions of \$5,000 or
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file sat answer "No" on Part IV, line 2, of its Form 990, or check the box on line ocertify that it does not meet the filing requirements of Schedule B (Form 9	H of its Form 990-EZ or on its
For Paperwork Reduction Act Notice	e, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY FOUNDATION, INC.

Employer identification number 22-3630232

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(2)	(h)	(6)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIZABETH HOVNANIAN BENEFICIARY IRA 900 BIRCHFIELD DRIVE MT. LAUREL, NJ 08054	\$326,985.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Name of organization THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY FOUNDATION, INC.

Employer Identification number 22-3630232

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	<u></u>]

Name of organization THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY

Employer identification number

	FOUNDATION, INC.			22-3630232					
Part III	Exclusively religious, charitable, etc. that total more than \$1,000 for the y	ear. Complete column	ns (a) through (e)	and the following line entry					
	For organizations completing Part III, econtributions of \$1,000 or less for the	enter the total of <i>exclus</i> e year. (Enter this infor	sively religious, c mation once. Se	haritable, etc., e instructions.) ▶ \$					
	Use duplicate copies of Part III if additi	onal space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
	Transferee's name, address, ar	Relation	ship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
		(e) Transfer (of gift						
			Relationship of transferor to transferee						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
				·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
		-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
		(e) Transfer	of gift						
	Transferee's name, address, a	ind ZIP + 4	Relation	nship of transferor to transferee					

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Kind of Property Description				of Property Description Description								
					IDI			Date sold					
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)						
		TOTAL CAPIT	AL GAIN DIS				2,106.						
647,163.		THOMAS PAIN	E INVESTMEN	Т			VAR 144,440.	06/30/2014					
047,103.		THOMAS PAIN	E INVESTMEN	ጥ ነ.ጥ			VAR	06/30/2014					
710,268.		845,791.	D INVESTIBLE				-135,523.	00,50,2014					
		PUT OPTION 3,528.					VAR -3,528.	06/30/2014					
OTAL GAIN(I	oss)						7,495.						

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME	53.	53.
REVENUE	AND	EXPENSES	PER BOOKS	•	.53.
					TOTAL
			DESCRIPTION	INTEREST	

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

DIVIDENDS

DESCRIPTION

71,628.

71,628. 71,628.

TOTAL

71,628.

ATTACHMENT 2

CHARITABLE PURPOSES

ADJUSTED NET INCOME

NET INVESTMENT INCOME

> EXPENSES PER BOOKS

REVENUE AND 6,500.

6,500.

TOTALS

PROFESSIONAL FEES

DESCRIPTION

FORM 990PF, PART I - ACCOUNTING FEES

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	57,052.	30.	57,082.
REVENUE	AND	EXPENSES	PER BOOKS	57,052.	30.	57,082.
						TOTALS
			DESCRIPTION	ADVISORY FEES	INVESTMENT FEES	

ATTACHMENT 4

ATTACHMENT 5

1

- INTEREST EXPENSE PART I FORM 990PF, REVENUE AND

NET INVESTMENT INCOME

INTEREST EXPENSE

EXPENSES PER BOOKS

34.

34.

DESCRIPTION

TOTALS

34.

34.

- TAXES PART I FORM 990PF,

NET INVESTMENT INCOME	5,982.	5,982.
REVENUE AND EXPENSES PER BOOKS	5,982.	8,028.
DESCRIPTION	TAXES - FOREIGN WITHHELD TAXES	TOTALS

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

EXCHANGE

ENDING BOOK VALUE

ENDING

TOTALS

.

ATTACHMENT 7

FORM 990PE, PART VIII - LIST OF OFFICERS,	CERS, DIRECTORS, AND TRUSTEES		ATTACHMENT 8	MENT 8
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ESTATE OF JIRAIR S HOVNANIAN 900 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054	TRUSTEE 1.00	0	0	0
STEPHEN J HOVNANIAN 900 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054	TRUSTEE 1.00	0	0	0
PETER J HOVNANIAN 900 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054	TRUSTEE 1.00	0	0	0
	GRAND TOTALS	0	0	0

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	NONE TO DONATE TOWARDS THE "PERPETUATING OUR SCHOOL 4,250. AND HERITAGE" ANNUAL AFFAIR TO CELEBRATE ARMENIA CULTURE.	NONE TO CONTRIBUTE TO THE BUILDING FUND 1,180.	NONE TO SUPPORT THE ORGANIZATION. 25,000.	TO SUPPORT THE ORGANIZATION. 1,500.	NO SUPPORT THE ORGANIZATION. 1,000.
LATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	VE BLIC CHARITY	VE BLIC CHARITY	NE BLIC CHARITY	GR.	35
RELIPIENT NAME AND ADDRESS	ARMENIAN SISTERS ACADEMY 440 UPPER GULFH ROAD RADNOR, PA 19087	ST GREGORY THE ILLUMINATOR ARMENIAN APOSTOLIC CHUR NONE 8701 RIDGE AVENUE PHILADELPHIA, PA 19128	VIRTUA FOUNDATION SO LAKE CENTER 401 RTE 73 NORTH SUITE 301 MARLTON, NJ 08053	ARMENIAN ASSEMBLY OF AMERICA INC NONE 1334 G ST NW NO 200 PC WASHINGTON, DC 20005	BOY SCOUTS OF AMERICA

TOTAL CONTRIBUTIONS PAID

32,930.

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Internal Revenue Service Name of estate or trust

Department of the Treasury

FOUNDATION, INC.

THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY

Employer identification number

22-3630232

Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments to gain or loss from Subtract column (e) from column (d) and the lines below (d) (e) Cost Proceeds Form(s) 8949, Part I, combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (g) column (g) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 647,163. 502,723. 144,440. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on 144,440. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) (h) Gain or (loss) Adjustments to gain or loss from Subtract column (e) the lines below. Proceeds from column (d) and Form(s) 8949, Part II, This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with line 2, column (g) column (g) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 710,268. 849,319. -139,051. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 12 2,106. 13 13 Gain from Form 4797, Part I...... 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on -136,945.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2013

SCHOOL	18 D (1 0/11 1041) 2010				, ugo <u>=</u>
Part			(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this pa	art.	(see instr)	or trust's	
17	Net short-term gain or (loss)	17			144,440.
18	Net long-term gain or (loss):	ļ			
	Total for year	18a			-136,945.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			7,495.
Note: gains, necess	If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 go to Part V, and do not complete Part IV. If line 19, column (3), is a nary.	or Fo et loss	rm 990-T, Part I, line i, complete Part IV ar	4a). If lines 18a and nd the Capital Loss (19, column (2), are ne Carryover Worksheet, a
Part	V Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, li	ne 4c, if a trust), the s	maller of	
a	The loss on line 19, column (3) or b \$3,000			20 ()
Note: Loss C	If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, caryover Worksheet in the instructions to figure your capital loss carryover.	page	1, line 22 (or Form 99	10-1, line 34), is a los	s, сотрієте тпе Саріта
Part		s			······································
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains, or an a	amount is entered	n Part I or Part II and
there	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	re tha	n zero		
Cauti	on: Skip this part and complete the Schedule D Tax Worksheet in the	instru	ctions if:		
	her line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
Form	990-T trusts. Complete this part only if both lines 18a and 19 a	are ga	ins, or qualified divi	idends are include	d in income in Part
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part er line 18b, col. (2) or line 18c, col. (2) is more than zero	апо с	complete the Schea	ule D lax worksni	et in the instructions
n eur				[4,5,2,3]	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)			#117 2.51	
	but not less than zero				
23	Enter the estate's or trust's qualified dividends		10 kg - 200 10 kg - 200 10 kg - 200		
	from Form 1041, line 2b(2) (or enter the qualified			6년기 학교 기자 학교	
	dividends included in income in Part I of Form 990-T) . 23				
24	Add lines 22 and 23		2 1 2 2		
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24. If zero or less, enter -0		1		
27	Subtract line 26 from line 21 If zero or less, enter -0-				
28	Enter the smaller of the amount on line 21 or \$2,450				
29	Enter the smaller of the amount on line 27 or line 28			▶ 30	
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is		5 I		
31	Enter the smaller of line 21 or line 26		·	523	
32	Subtract line 30 from line 26		·	100 PM	
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30		•		
35	Subtract line 34 from line 33. If zero or less, enter -0		'	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
36	Enter the smaller of line 32 or line 35		•	▶ 37	
37	Multiply line 36 by 15%		1 1	11.3	
38	Enter the amount from line 31		• — —		
39	Add lines 30 and 36		•	9,000 m 1 mm 2 m 2 mm 2 m 2 mm 2 m 2 mm 2 m	
40			•	> 41	
41	Multiply line 40 by 20%			· · · · · · 	
42			1 1	7 (m. 4 m d) 7 (m. 4 m d) 7 (m. 4 m d) 7 (m. 4 m d) 8 (m.	
40	and Trusts (see the Schedule G instructions in the Instructions for Form 1041 Add lines 37, 41, and 42			+ 131 - 23505	
43	Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for		• — —	5 (18)	
44	and Trusts (see the Schedule G instructions in the instructions for Form 1041		1 1	5 1973 5 1974 5 1985	
4-	Tax on all taxable income. Enter the smaller of line 43 or line 44		•	Schedule 1:1040	
45	G, line 1a (or Form 990-T, line 36)				
	O, mile 12 (0) 1 Oint 330-1, mile 30)	<u></u>		<u> </u>	

Schedule D (Form 1041) 2013

Form 8949

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074
2013

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY

transactions, see page 2.

Social security number or taxpayer identification number

22-3630232

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions)

Schedule D, line 1a;	you are not	required to	report these tra	ansactions or	Form 8949	(see instructio	ns).		
You must check Box A, B, or C bel									
complete a separate Form 8949, p									
for one or more of the boxes, com									
(A) Short-term transactions repo	orted on Form(s) 1099-B shov	ving basis was repo	rted to the IRS (s	ee Note above))			
(B) Short-term transactions repo									
X (C) Short-term transactions not	•	-	-	•					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) ^f	Adjustment, if any, to gain or loss if you enter an amount in column (genter a code in column (f) See the separate instructions.				(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo., day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
THOMAS PAINE INVESTMEN		06/30/2014	647,163.	502,723			144,440		
									
									
	ļ <u></u>			ļ					
/									
		<u> </u>		ļ			 		
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	h total here ar above is chec	nd include on ked), line 2 (if	► 647,163.	502,723			144,440.		

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return. (Name and SSN or taxpayer identification no not required if shown on other side)

THE JIRAIR S AND ELIZABETH HOVNANIAN FAMILY

Social security number or taxpayer identification number 22-3630232

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so,

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

 (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (i) Long term dansactions i	ot roportou t	o you on i on	11 1000				
(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if a lif you enter a coo See the sepa	Gain or (loss). Subtract column (e) from column (d) and	
	(MO., day, yr.)	(Mo, day, yr)		see Column (e) in the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	combine the result with column (g)
THOMAS PAINE INVESTMEN		06/30/2014	710,268.	845,791.			-135,523
PUT OPTION		06/30/2014		3,528			-3,528
		_					
2 Totals. Add the amounts in col (subtract negative amounts). E include on your Schedule D, Iir	inter each tot ne 8b (if Box	al here and D above is					
checked), line 9 (if Box E above (if Box E above s checked) >	e is checked)	, or line 10	710,268	. 849,319			-139,051.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Thomas Paine Investment Advisors REALIZED GAINS AND LOSSES

The Jirair S and Elizabeth Hovnanian Family Foundation Inc 909-291060

From 07-01-13 Through 06-30-14

						Gain O	Loss
Open Date	Close Date	Quantity	Security	Cost Busis	Proceeds	Short Term	Long Term
05-31-2013	07-22-2013	-41	Put Silver Wheaton Exp 7/20/13 @ 22	3,008.49	3,008.49	0.00	
07-19-2013	08-16-2013	4,100	Silver Wheaton Corp	87,211.50	104,527 45	17,315.95	
07-25-2013	08-19-2013	-41	Call Silver Wheaton Exp 8/17/13 @ 25	2,049.23	2,049.23	0 00	
10-22-2012	08-21-2013	25	Incyte Corp	415.81	839.99	424.18	
08-09-2013	09-05-2013	-93	Put Potash Corp Exp 9/21/13 @ 29	3,708 98	10,054.84	6,345 86	
10-22-2012	09-20-2013	4,400	Incyte Corp	73,181 93	116,313,92	43,131 99	
08-21-2013	09-23-2013	-41	Put Silver Wheaton Exp 9/21/13 @ 26	4,591.18	4,591.18	0 00	
07-10-2013	09-23-2013	-44	Call Incyte Corp Exp 9/21/13 @ 25	6,335 83	6,335.83	0.00	
05-14-2010	09-30-2013	4,500	TD Bank Financial Group	319,005.00	398,178.25		79,173 25
07-18-2013	10-01-2013	-45	-	4,455.10	4,455.10	0.00	·
08-27-2013	10-14-2013	-74	Put QEP Resources Corp Exp 12/21/13 @ 25	2,287.27	5,852.62	3,565.35	
08-30-2013	10-19-2013	-153		3,696.51	3,696.51	0.00	
09-05-2013	10-21-2013	-68		0.00	6,057.26	6,057.26	
10-12-2006	11-25-2013	650	Kimber Resources, Inc	1,147.45	92.29		-1,055.16
02-13-2007	11-25-2013	2,625	Kimber Resources, Inc	3,989.45	372.70		-3,616 75
04-17-2007	11-25-2013	1,700	Kimber Resources, Inc	2,558.59	241.37		-2,317 22
06-11-2007	11-25-2013	2,525	Kimber Resources, Inc	3,369.49	358.50	•	-3,010.99
06-28-2007	11-25-2013	4,100	Kimber Resources, Inc	5,273.25	582.11		-4,691.14
09-11-2007	11-25-2013	650	Kimber Resources, Inc	553,08	92.29		-460.79
06-24-2010	11-25-2013	3,825	Kimber Resources, Inc	2,945.25	543.07		-2,402.18
08-20-2013	11-26-2013	3,400		43,971.99	53,394,58	9,422.59	
03-28-2012	12-19-2013	1,100		49,267.99	48,444.16		-823.83
01-31-2012	12-20-2013	3,650		49,576.26	12,147.94		-37,428.32
02-04-2014	03-24-2014	-53	3/22/14 @ 55	0.00	2,598.93	2,598.93	
01-21-2014	03-24-2014	-143	Put Alamos Gold Exp 3/22/14 @ 10	8,459.17	8,459.17	0.00	
01-21-2014	04-02-2014	1		4.65	1.12	-3.53	
03-21-2014	04-08-2014	4,300		40,462.34	42,796.42	2,334 08	
10-14-2009	04-11-2014	23	•	42.12	1,61		-40.51
10-30-2009	04-11-2014	47	Bravada Gold Corp	83.88	3,21		-80.67
02-27-2012	04-17-2014	575	Company	20,790.35	19,194.58		-1,595.77
08-19-2011	05-09-2014	500		16,382.56	23,084,49		6,701.93
04-07-2014	05-19-2014	-49	Put ACADIA Pharmaceutical Exp 5/17/14	8,281.89	8,281.89	0.00	
05-16-2014	05-19-2014	422	@ 20 ACADIA Pharmaceuticals Inc	7,728.46	. 8,171,81	443.35	
02-27-2012	05-21-2014	375		13,558.93	13,414.71		-144,22
03-13-2007	05-21-2014	1,119.012		29,900.00	16,471.86		-13,428.14
12-13-2007	05-21-2014	2.780		88.23	40.92		47.31
12-13-2007	05-21-2014	76.748		2,435.98	1,129.73		-1,306 25
12-27-2007	05-21-2014	21.941		703.22	322.97		-380.25

Thomas Paine Investment Advisors

REALIZED GAINS AND LOSSES

The Jirair S and Elizabeth Hovnanian Family Foundation Inc 909-291060 From 07-01-13 Through 06-30-14

Open	Close			Cost	-	Gain Or	Loss
Open Date	Date	Quantity	Security	Basis	Proceeds	Short Term	Long Term
			Minerals Fd				
12-11-2008	05-21-2014	3.366	USAA Precious Metals & Minerals Fd	57,02	49.55		-7.47
12-11-2008	05-21-2014	182.645	USAA Precious Metals & Minerals Fd	3,094.00	2,688.54		-405.46
12-18-2008	05-21-2014	0.934		17.54	13.75		-3.79
2-22-2009	05-21-2014	22.535		741.40	331.71		-409.69
2-10-2010	05-21-2014	129.427	USAA Precious Metals & Minerals Fd	5,547.26	1,905.17		-3,642.09
12-10-2010	05-21-2014	1.879		80.52	27.66		-52.86
12-21-2010	05-21-2014	24.875		1,045.25	366,16		-679.09
12-09-2011	05-21-2014	178.253	USAA Precious Metals & Minerals Fd	6,085.57	2,623.88		-3,461.69
12-09-2011	05-21-2014	0.010		0.35	0.15		-0 20
12-20-2011	05-21-2014	4.660		141.65	68.59		-73 06
12-10-2012	05-21-2014	29.603	USAA Precious Metals & Minerals Fd	786.86	435.76		-351.10
12-18-2013	05-21-2014	3.009		38.49	44.29	5.80	
05-16-2014	05-22-2014	4,478		82,009 64	88,204.66	6,195.02	
05-02-2014	05-22-2014	-38	Put Ensco Plc Exp 6/21/14	1,934.34	4,900.48	2,966.14	
05-07-2014	05-22-2014	-39	@ 49 Put Ensco Plc Exp 6/21/14 @ 49	1,985.25	2,533.76	548 51	
10-05-2010	05-22-2014	235.849		6,113.21	8,000.00		1,886.7
05-06-2014	05-23-2014	-144		3,721.45	8,518.35	4,796.90	1,000
02-27-2012	05-29-2014	450		16,270.71	16,517.43		246.7
03-06-2012	05-29-2014	275		9,339.89	10,093.99		754.1
03-21-2014	06-19-2014	100		940.98	1.003.48	62.50	
03-21-2014	06-19-2014	1,000		9,409.85	10,129.87	720.02	
03-21-2014	06-19-2014	8,900		83,747.64	90,155.00	6,407.36	
06-17-2011	06-27-2014	4,900		168,185.80	47,861.95	-,	-120,323.8
03-14-2014	06-27-2014	5,375		19,085.33	50,187.10	31,101 77	2-3,0-2.
01-04-2013	06-30-2014	3,025		106,612.81	84,567.14		-22,045.6
TOTAL GA	INS	-	-			144,443.55	88,762 7
TOTAL LO						-3.53	-224,285.5
TOTAL RE	ALIZED GAIN	/Loss	8,917.29	1,348,514.23	1,357,431.52	144,440 01	-135,522.7
CAPITAL (GAIN DISTRIB	UTIONS					
	12-19-2013		FPA Crescent Fund			36.00	
	12-19-2013		FPA Crescent Fund			20,00	2,069.9
TOTAL DE	STRIBUTIONS	•	2,105.96			36,00	2,069 9
				eranna socializazione		22 244 476 OL	

Thomas Paine Investment Advisors REALIZED GAINS AND LOSSES

The Jirair S and Elizabeth Hovnanian Family Foundation Inc 909-291060

From 07-01-13 Through 06-30-14

						Gain Or Loss			
	Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Short Term	Long Term	
	TOTAL GAIN	VI OSS		11.023.25					

(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

	filing for an Automatic 3-Month Extension, c				. ► X		
•	filing for an Additional (Not Automatic) 3-Mo						
Do not comp	<i>lete Part II unless</i> you have already been grar	ited an aut	omatic 3-month extens	sion on a previously filed Form 8868			
a corporation 8868 to requ	ing (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Personal	al (not auto forms liste	omatic) 3-month exten d in Part I or Part II wi	ision of time. You can electronically ith the exception of Form 8870, It	y file Form nformation		
	For more details on the electronic filing of th						
Part Aut	omatic 3-Month Extension of Time. On	ly submit	original (no copies ne	eeded).			
A corporation	required to file Form 990-T and requesting	an automa	tic 6-month extension	- check this box and complete			
•				•	▶□		
All other corn	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request an extension o	f time		
to file income		• •		Enter filer's identifying number, see			
	Name of exempt organization or other filer, see in	structions.		Employer Identification number (EIN) o			
Type or	THE JIRAIR S AND ELIZABETH HO	MAINANVO	FAMILY	22-3630232			
print	FOUNDATION, INC.						
File by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	tions.	Social security number (SSN)			
due date for filing your	900 BIRCHFIELD DRIVE			, , , ,			
return. See	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions				
Instructions	MOUNT LAUREL, NJ 08054						
Enter the Re	eturn code for the return that this application	is for (file a	separate application fo	or each return)	0 4		
Line to to	tant dodd for the retain that this application	15 101 (1110 0	ooparate application is				
Application		Return	Application		Return		
ls For		Code	ls For		Code		
Form 990 or	Form 990-EZ	01	Form 990-T (corpora	tion)	07		
Form 990-Bl	L	02	Form 1041-A		08		
Form 4720 ((individual)	03	Form 4720 (other tha	an individual)	09		
Form 990-Pf	=	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				
Telephon If the orga If this is for the whole list with the	s are in the care of THE FOUNDATION, e No. 856 235-8444 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box e names and EINs of all members the extenses est an automatic 3-month (6 months for a co	business in our digit Gro If it is for pa sion is for.	FAX No. the United States, che oup Exemption Number art of the group, check	GEN If the this box If the	is is		
until	02/16 , 20 15 , to file the organization's return for: calendar year 20 or	exempt on	ganization return for th	ne organization named above. The e	xtension is		
	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return						
		90-f, 4720	u, or 6069, enter the	1 1	0		
	fundable credits. See instructions.	4720 0	- 6060 ontos ony	3a \$			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.							
	ce due. Subtract line 3b from line 3a. Include				0		
	ronic Federal Tax Payment System). See instru		Total trial trial total in the	3c \$	0		
	ou are going to make an electronic funds withdraw		oit) with this Form 8868.				
instructions		,	,	25 2 53 53 25	, ,		

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

Form 8868 (Rev 1-2014)

Form 8868 (I	Rev. 1-2014)				Page 2	
 If you a 	re filing for an Additional (Not Automatic) 3-Mo	nth Extens	sion, complete only Part Í	and check this box	▶ X	
Note. Only	complete Part II if you have already been gran	nted an aut	omatic 3-month extension	on a previously filed Form 886	8.	
If you a	re filing for an Automatic 3-Month Extension, c	omplete o	nly Part I (on page 1).			
artl	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the original	inal (no copies needed).		
			·	nter filer's identifying number, se	e instructions	
	Name of exempt organization or other filer, see in:	structions.		Employer identification number (
Type or	THE JIRAIR S AND ELIZABETH HO	AINANVO	I FAMILY	,	•	
print	FOUNDATION, INC.			22-3630232		
princ		Number, street, and room or suite no. If a P.O. box, see instructions.				
File by the	900 BIRCHFIELD DRIVE	,		Social security number (SSN)		
due date for filing your	City, town or post office, state, and ZIP code. For	a foreign add	dress see instructions			
return See	MOUNT LAUREL, NJ 08054	a roroigi, au	areas, see mistractions.			
Instructions		for /£1				
	Return code for the return that this application	1		ach return)		
Applicati	ion	Return	Application		Return	
is For		Code	Is For	A CONTRACT OF THE PARTY OF THE	Code	
Form 99	0 or Form 990-EZ	01	计是工程的地位设计和 35 种	为他们的时间,这是是是一种一种的人们		
Form 990	0-BL	02	Form 1041-A		08	
Form 47	20 (ındividual)	03	Form 4720 (other than in	ndividual)	09	
Form 990	0-PF	04	Form 5227		10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		_ 11	
Form 99	0-T (trust other than above)	06	Form 8870		12	
STOP! Do	not complete Part II if you were not already	granted ar	n automatic 3-month exte	nsion on a previously filed Fo	rm 8868.	
• The bo	ooks are in the care of THE FOUNDATION,	900 BT	RCHFIELD DRIVE MOI	INT LAURET. NJ 08054		
Teleph	one No. ► 856 235-8444		Fax No ▶			
• If the c	organization does not have an office or place of	business ir	the United States, check	this box	▶□	
	s for a Group Return, enter the organization's fo					
	hole group, check this box ▶ 🔙 . I				ittach a	
	ne names and EINs of all members the extension		3 p ₁			
	questran additional 3-month extension of time u			05/15 ,20 15 .		
	calendar year, or other tax year beginn				, 20 14 .	
	e tax year entered in line 5 is for less than 12 n			eturn Final return	., 20	
, III	Change in accounting period	10111110, 0110	in reason in maar	Ctarr r mar rotarr		
7 Stat	te in detail why you need the extension ADDI:	rional :	TIME NEEDED TO FIL	E AN ACCURATE		
	TURN					
9a If th	nis application is for Forms 990-BL, 990-PF, 9	200-T 472	O or 6069 enter the te	ntative tax less any		
	refundable credits. See instructions.	750-1, 772	o, or occa, enter the te	8a \$	0	
	this application is for Forms 990-PF, 990-T	4720 6	or 6060 optor ony rofu			
				PASSE AND ADDRESS OF THE PASSE AND ADDRESS OF		
	imated tax payments made. Include any pr	noi year	overpayment allowed as	· []	0	
	ount paid previously with Form 8868.		and with this face.	8b \$		
	ance Due. Subtract line 8b from line 8a. Include		nent with this form, if requ		0	
(E16	ectronic Federal Tax Payment System). See instr		·	[8c \$	0	
	Signature and Verific			-		
Under pe knowledg	nalties of perjury, I declare that I have examined e and/bellef, it is true, correct, and complete, and that	this form, la I am authori	ncluding accompanying school ized to prepare this form.	edules and statements, and to t	he best of my	
			THE COP			
Signature]	XXXXX		Title > (/'//	Date ► 2/10	L115	
	1) ()				38 (Rev 1-2014)	