

CLIENT COPY

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

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OMB No. 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning , 2014, and ending ,

Name of foundation NOVAK FAMILY FOUNDATION, INC.		A Employer identification number 26-0177940
Number and street (or P.O. box number if mail is not delivered to street address) 8000 MADISON ST.		B Telephone number (see instructions) (219) 769-2481
City or town, state or province, country, and ZIP or foreign postal code MERRILLVILLE IN 46410		C If exemption application is pending, check here. <input type="checkbox"/>
G Check all that apply:		D 1 Foreign organizations, check here. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 1,173,618.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 <input checked="" type="checkbox"/> If the foundn is not required to attach Sch B				
3 Interest on savings and temporary cash investments	11,595.	11,595.		
4 Dividends and interest from securities	7,996.	7,996.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	10,838.	L-6a Stmt		
b Gross sales price for all assets on line 6a	70,665.			
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11.	30,429.	19,591.		
ADMINISTRATIVE AND EXPENSES				
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch)	3,000.			3,000.
c Other prof. fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instrs)	339.			339.
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23.	3,339.			3,339.
25 Contributions, gifts, grants paid	47,225.			47,225.
26 Total expenses and disbursements. Add lines 24 and 25.	50,564.			50,564.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-20,135.			
b Net investment income (if negative, enter -0-)		19,591.		
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
ASSETS	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	789,570.	810,601.	810,601.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule) . L-10b. Stmt	394,595.	353,429.	363,017.
	c	Investments — corporate bonds (attach schedule)			
	LIABILITIES	11	Investments — land, buildings, and equipment: basis		
		Less: accumulated depreciation (attach schedule)			
12		Investments — mortgage loans			
13		Investments — other (attach schedule)			
14		Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
15		Other assets (describe)			
16		Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,184,165.	1,164,030.	1,173,618.
17		Accounts payable and accrued expenses			
18		Grants payable			
NET ASSETS OR FUND BALANCES	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	1,357,593.	1,357,593.		
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds	-173,428.	-193,563.		
30	Total net assets or fund balances (see instructions)	1,184,165.	1,164,030.		
31	Total liabilities and net assets/fund balances (see instructions)	1,184,165.	1,164,030.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,184,165.
2	Enter amount from Part I, line 27a	2	-20,135.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,164,030.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,164,030.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation(c) Date acquired
(month, day, year)(d) Date sold
(month, day, year)

1 a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-
in Part I, line 8

3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013	52,685.	1,162,177.	0.045333
2012	74,857.	1,183,134.	0.063270
2011	71,612.	1,232,770.	0.058090
2010	121,096.	1,339,785.	0.090385
2009	48,816.	1,296,607.	0.037649

2 Total of line 1, column (d) 2 0.294727

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 0.058945

4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. 4 1,156,487.

5 Multiply line 4 by line 3 5 68,169.

6 Enter 1% of net investment income (1% of Part I, line 27b) 6 196.

7 Add lines 5 and 6. 7 68,365.

8 Enter qualifying distributions from Part XII, line 4 8 50,564.

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	392.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (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	392.
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	392.
6 Credits/Payments:			
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a		
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		392.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		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?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation . . . ▶ \$ _____ (2) On foundation managers . . . ▶ \$ _____		
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?		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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		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 conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)		
IN - Indiana		
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	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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Part 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 meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ NOVAKFAMILYFOUNDATION.ORG				
14	The books are in care of ▶ WILLIAM LOGOTHETIS Telephone no. ▶ (219) 769-2481			
	Located at ▶ 8000 MADISON ST. MERRILLVILLE IN ZIP + 4 ▶ 46410			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,' enter the name of the foreign country ▶			X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	1 b	
	Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c	X
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)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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.)	2 b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __ .		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2014 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 2014.)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	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 2014?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**5 b** ☒**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

☐ Yes ☐ No**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870.

6 b ☒**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**7 b** ☐**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM LOGOTHETIS 5246 E. 107TH PLACE CROWN POINT IN 46307	PRESIDENT 10.00	0.	0.	0.
MICHAEL J. BERTA 59 LEVANNO DRIVE CROWN POINT IN 46307	SECRETARY 3.00	0.	0.	0.
JOHN PANGERE 5898 E. 106TH PLACE CROWN POINT IN 46307	DIRECTOR 2.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐ None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

3. 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		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	ST. IAKOVOS FAMILY RETREAT CENTER ANNUAL MAINTENANCE AND SUPPORT	13,500.
2	SS CONSTANTINE & HELEN GREEK ORTHODOX CATHEDRAL ROSS TWP FOOD PANTRY, ECUMENICAL PATRIARCHATE, PARISH PICNIC, IMPROVEMENTS, HARVEST FOR THE HUNGRY & YOUTH SCHOLARSHIPS	14,475.
3	ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND SUPPORT AND PROMOTE ORTHODOX FAITH AND HERITAGE	10,000.
4	HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY PARISH PARTNER ANNUAL SUPPORT	3,000.

Part IX-B 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
1	NONE	
2		0.
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		None

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1 a	374,012.
b	Average of monthly cash balances	1 b	800,086.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	1,174,098.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,174,098.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	17,611.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,156,487.
6	Minimum investment return. Enter 5% of line 5	6	57,824.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	57,824.
2 a	Tax on investment income for 2014 from Part VI, line 5	2 a	392.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2 b	
c	Add lines 2a and 2b	2 c	392.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	57,432.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	57,432.
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	57,432.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	50,564.
b	Program-related investments — total from Part IX-B.	1 b	0.
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:		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	50,564.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	50,564.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				57,432.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			0.	
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2014:				
a From 2009	0.			
b From 2010	0.			
c From 2011	1,327.			
d From 2012	16,080.			
e From 2013	0.			
f Total of lines 3a through e	17,407.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 50,564.				
a Applied to 2013, 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 required — see instructions).				
d Applied to 2014 distributable amount				50,564.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	6,868.			6,868.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	10,539.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	10,539.			
10 Analysis of line 9:				
a Excess from 2010	0.			
b Excess from 2011	0.			
c Excess from 2012	10,539.			
d Excess from 2013	0.			
e Excess from 2014	0.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ST. IAKOVOS RETREAT CENTER 40 E. BURTON PLACE CHICAGO IL 60610		PUBLIC CHARITY IRC SEC. 509(a) (1)	ANNUAL MAINTENANCE AND SUPPORT BUILDING FUND	13,500.
SS CONSTANTINE & HELEN CATHEDRAL 8000 MADISON ST. MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 509(a) (1)	PARISH PICNIC, IMPROVEMENTS YOUTH SCHOLARSHIPS FOOD PANTRY DONATIONS	14,475.
GREEK ORTHODOX METROPOLIS OF CHICAGO 11025 SOUTH ROBERTS ROAD PALOS HILLS IL 60465		PUBLIC CHARITY IRC SEC. 509(a) (1)	JUNIOR OLYMPICS CHAPEL ROOF	1,000.
CAMPAGNA ACADEMY 7403 CLINE AVENUE SCHERERVILLE IN 46375		PUBLIC CHARITY IRC SEC. 509(a) (1)	ANNUAL SUPPORT	500.
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY ST. AUGUSTINE FL 32086		PUBLIC CHARITY IRC SEC. 509(a) (1)	SUPPORT ORTHODOX FAITH AND HERITAGE	1,000.
ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND 645 FIFTH AVE. SUITE 906 NEW YORK NY 10022		PUBLIC CHARITY IRC SEC. 509(a) (1)	PARISH PARTNER ANNUAL SUPPORT	10,000.
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY 50 GODDARD AVE. BROOKLINE MA 02445		PUBLIC CHARITY IRC SEC. 509(a) (1)	BISHOPS NAME DAY	3,000.
METROPOLIS OF CHICAGO 40 E. BURTON PL. CHICAGO IL 60610-1697		PUBLIC CHARITY IRC SEC. 509(a) (1)	HOMELESS SHELTER	1,000.
SOJOURNER TRUTH HOUSE 410 W. 13TH AVE. GARY IN 46407		PUBLIC CHARITY IRC SEC. 509(a) (1)		500.
See Line 3a statement				2,250.
Total			3 a	47,225.
b Approved for future payment				
Total			3 b	

**Form 990-PF
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2014**

Name

NOVAK FAMILY FOUNDATION, INC.

Employer Identification Number

26-0177940

Asset Information:Description of Property: PIONEER MULTI ASSET ULTRASHORT INCOME FUND CLASS CDate Acquired: . 11/05/13 How Acquired: . . . PurchasedDate Sold: . . . 04/23/14 Name of Buyer: . . . _____Sales Price: . . . 29,000. Cost or other basis (do not reduce by depreciation) . . . 29,000.Sales Expense: . . . _____ Valuation Method: . . . Fair Market ValueTotal Gain (Loss): . . . 0. Accumulation Depreciation: . . . _____Description of Property: VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS N/LDate Acquired: . 11/05/13 How Acquired: . . . PurchasedDate Sold: . . . 04/23/14 Name of Buyer: . . . _____Sales Price: . . . 31,000. Cost or other basis (do not reduce by depreciation) . . . 30,827.Sales Expense: . . . _____ Valuation Method: . . . Fair Market ValueTotal Gain (Loss): . . . 173. Accumulation Depreciation: . . . _____Description of Property: CAPITAL GAIN DISTRIBUTIONS RAYMOND JAMES A/C 50943229 (FORM 1099)Date Acquired: . Various How Acquired: . . . PurchasedDate Sold: . . . Various Name of Buyer: . . . _____Sales Price: . . . 10,665. Cost or other basis (do not reduce by depreciation) . . . 0.Sales Expense: . . . _____ Valuation Method: . . . Fair Market ValueTotal Gain (Loss): . . . 10,665. Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: . . . _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . . _____ Valuation Method: . . . _____

Total Gain (Loss): . . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: . . . _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . . _____ Valuation Method: . . . _____

Total Gain (Loss): . . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: . . . _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . . _____ Valuation Method: . . . _____

Total Gain (Loss): . . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: . . . _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . . _____ Valuation Method: . . . _____

Total Gain (Loss): . . . _____ Accumulation Depreciation: . . . _____

Description of Property: _____

Date Acquired: . _____ How Acquired: . . . _____

Date Sold: . . . _____ Name of Buyer: . . . _____

Sales Price: . . . _____ Cost or other basis (do not reduce by depreciation) . . . _____

Sales Expense: . . . _____ Valuation Method: . . . _____

Total Gain (Loss): . . . _____ Accumulation Depreciation: . . . _____

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> JOANN MASSOW 1722 W. 93RD CT. CROWN POINT IN 46307	DIRECTOR 2.00	0.	0.	0.
Person . . <input type="checkbox"/> Business . <input type="checkbox"/> FR. THEODORE POTERES 1234 KNIGHTHOOD DRIVE DYER IN 46311	DIRECTOR 2.00	0.	0.	0.

Total

0. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
a Paid during the year				
ST. HELEN'S PHILOPTOCHOS SOCIETY		PUBLIC CHARITY	ROSS TWP. FOOD	Person or <input type="checkbox"/>
8000 MADISON ST		IRC SEC.	PANTRY	Business <input checked="" type="checkbox"/>
MERRILLVILLE IN 46410		509(a)(1)	NOVAK MEMORIAL	1,250.
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES		PUBLIC CHARITY	FIGHT PODOCONIOSIS	Person or <input type="checkbox"/>
110 WEST RD., SUITE 360		IRC SEC.	MINISTRY	Business <input checked="" type="checkbox"/>
BALTIMORE MD 21204		509(a)(1)		1,000.

Total

2,250.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
SECURITIES HELD IN RAYMOND JAMES A/C 50943229 (SEE ATTACHED)	353,429.	363,017.

Form 990-PF, Page 2, Part II, Line 10b

Continued

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
Total	<u>353,429.</u>	<u>363,017.</u>

RAYMOND JAMES®

December 31, 2013 to December 31, 2014
Account # [REDACTED]

Your Portfolio

For more information,
visit raymondjames.com/investoraccess

	Quantity	Price	Value	Gain or (Loss) ^o	Estimated Annual Income
--	----------	-------	-------	-----------------------------	-------------------------

Cash & Cash Alternatives

Raymond James Bank Deposit Program ‡ 0.01% - Selected Sweep Option			\$10,782.28		\$1.07
Raymond James Bank N.A.			\$10,782.28		

Your bank priority state: IN

Participating banks recently added: Wilshire Bank 12/18/2014; Cadence Bank 12/11/2014; Grandpoint Bank 12/03/2014; Franklin Synergy Bank 11/17/2014; Florida Community Bank 09/03/2014

‡ Please See the Raymond James Bank Deposit Program on the Understanding Your Statement page.

Cash & Cash Alternatives Total			\$10,782.28		\$1.07
---	--	--	--------------------	--	---------------

Mutual Funds

FIRST EAGLE FUND OF AMERICA CLASS C M/F (FEAMX)	1,102.597	\$31.430	\$34,654.62	\$4,654.62 ^B	
HARTFORD EQUITY INCOME FUND CLASS C M/F (HQICX)	4,534.830	\$18.750	\$85,028.06	\$10,028.06 ^B	\$952.31
JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CLASS C M/F (JVMCX)	1,831.571	\$19.610	\$35,917.11	\$5,917.11 ^B	
JOHN HANCOCK DISCIPLINED VALUE FUND CLASS C M/F (JVLGX)	1,890.786	\$18.530	\$35,036.26	\$5,036.26 ^B	
MFS UTILITIES FUND CLASS C M/F (MMUCX)	1,573.787	\$21.430	\$33,726.26	\$3,726.26 ^B	\$752.27
MAINSTAY HIGH YIELD CORPORATE BOND FUND CLASS C M/F (MYHCX)	5,307.930	\$5.710	\$30,308.28	\$308.28 ^B	\$1,836.54
PIONEER MULTI ASSET ULTRASHORT INCOME FUND CLASS C M/F (MCFRX)	9.754	\$9.990	\$97.44		\$0.72

Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss) ^o	Estimated Annual Income
Mutual Funds (continued)					
TEMPLETON GLOBAL BOND FUND CLASS C M/F (TEGBX)	2,458.197	\$12.490	\$30,702.88	\$702.88 ^B	\$828.41
VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS N/L (VWINX)	3,032.710	\$25.570	\$77,546.39	\$8,342.93 ^B	\$2,447.40
Mutual Funds Total			\$363,017.30		\$6,817.65
Portfolio Total			\$373,799.58	\$38,716.40	\$6,818.72

NOVAK FAMILY FOUNDATION, INC. EIN 26-0177940
FORM 990-PF PART II, LINE 10B

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NOVAK FAMILY FOUNDATION, INC	26-0177940
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	8000 MADISON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MERRILLVILLE, INDIANA 46410	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than 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	12

• The books are in the care of ► W.S. LOGOTHETIS

Telephone No. ► 219-769-2481 Fax No. ► 219-769-0610

• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2014 or

► ☐ tax year beginning , 20 , and ending , 20 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CLIENT COPY

NP-20State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 / 2014 and Ending 12 / 31 / 2014
MM/DD/YYYY MM/DD/YYYY

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization NOVAK FAMILY FOUNDATION, INC.		Telephone Number (219) 769-2481	
Address 8000 MADISON STREET		County LAKE	Indiana Taxpayer Identification Number
City MERRILLVILLE	State INDIANA	Zip Code 46410	Federal Identification Number 26-0177940
Printed Name of Person to Contact WILLIAM LOGOTHETIS		Contact's Telephone Number (219) 769-2481	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

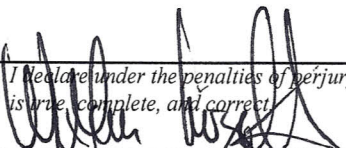
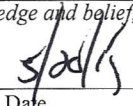
Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 8
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

PLEASE SEE ATTACHED 2014 FORM 990-PF

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

	PRESIDENT	
Signature of Officer or Trustee	Title	Date
WILLIAM LOGOTHETIS	(219) 769-2481	
Name of Person(s) to Contact	Daytime Telephone Number	

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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