

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

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For calendar year 2015, or tax year beginning , 2015, and ending ,

Name of foundation
NOVAK FAMILY FOUNDATION, INC.

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
8000 MADISON ST.

City or town, state or province, country, and ZIP or foreign postal code
MERRILLVILLE IN 46410

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ 1,097,847.

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d) must be on cash basis.)

A Employer identification number
26-0177940

B Telephone number (see instructions)
(219) 769-2481

C If exemption application is pending, check here. ▶

D 1 Foreign organizations, check here ▶
2 Foreign organizations meeting the 85% test, check here and attach computation ▶

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶

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 Ck ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7,118.	7,118.		
	4 Dividends and interest from securities	37,714.	37,714.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,746.	I-6a Stmt		
	b Gross sales price for all assets on line 6a	219,685.			
	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.	46,578.	44,832.			
ADMINISTRATIVE 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)	475.			475.
	c Other prof. fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs) TAXES.	392.			392.
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	<u>EARLY WITHDRAWAL PENALTY</u>	1,509.			1,509.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,376.			2,376.
25 Contributions, gifts, grants paid	55,811.			55,811.	
26 Total expenses and disbursements. Add lines 24 and 25	58,187.			58,187.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-11,609.				
b Net investment income (if negative, enter -0-).		44,832.			
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	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
ASSETS	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	810,601.	274,052.	274,052.
	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			
	10 a	Investments — U.S. and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule). L-10b. Stmt	353,429.	878,369.	823,795.
	c	Investments — corporate bonds (attach schedule)			
	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).	1,164,030.	1,152,421.	1,097,847.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	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)			
NET ASSETS OR FUND BALANCES	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. <input checked="" type="checkbox"/>				
	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	-193,563.	-205,172.		
30	Total net assets or fund balances (see instructions)	1,164,030.	1,152,421.		
31	Total liabilities and net assets/fund balances (see instructions).	1,164,030.	1,152,421.		

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)	1,164,030.
2	Enter amount from Part I, line 27a	-11,609.
3	Other increases not included in line 2 (itemize)	
4	Add lines 1, 2, and 3	1,152,421.
5	Decreases not included in line 2 (itemize)	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	1,152,421.

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 (mo., day, yr.)	(d) Date sold (mo., day, yr.)
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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(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		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss).	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> 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):			3	
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8				

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 (col. (b) divided by col. (c))
2014	50,564.	1,156,487.	0.043722
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
2 Total of line 1, column (d)			0.300800
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			0.060160
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			1,140,853.
5 Multiply line 4 by line 3			68,634.
6 Enter 1% of net investment income (1% of Part I, line 27b)			448.
7 Add lines 5 and 6			69,082.
8 Enter qualifying distributions from Part XII, line 4			58,187.

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	897.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3 Add lines 1 and 2	3	897.
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	897.
6 Credits/Payments:		
a 2015 estimated tax pmts and 2014 overpayment credited to 2015	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	0.
d Backup withholding erroneously withheld	6 d	
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	9.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	906.
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 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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)? <i>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.</i>		X
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? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		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? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
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? <i>If 'Yes,' complete Part II, col. (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If 'No,' attach explanation</i>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

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)?

5 b X

Organizations relying on a current notice regarding disaster assistance check here

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?

Yes No

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

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 X

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 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	615,899.
b	Average of monthly cash balances	1 b	542,327.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	1,158,226.
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	1,158,226.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	17,373.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,140,853.
6	Minimum investment return. Enter 5% of line 5	6	57,043.

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	57,043.
2 a	Tax on investment income for 2015 from Part VI, line 5	2 a	897.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2 b	
c	Add lines 2a and 2b	2 c	897.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,146.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	56,146.
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	56,146.

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	58,187.
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	58,187.
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	58,187.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				56,146.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2015:				
a From 2010	0.			
b From 2011	0.			
c From 2012	10,539.			
d From 2013	0.			
e From 2014	0.			
f Total of lines 3a through e	10,539.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 58,187.				
a Applied to 2014, 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 2015 distributable amount				45,607.
e Remaining amount distributed out of corpus	12,580.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	10,539.			10,539.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	12,580.			
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 2014. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				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 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	12,580.			
10 Analysis of line 9:				
a Excess from 2011	0.			
b Excess from 2012	0.			
c Excess from 2013	0.			
d Excess from 2014	0.			
e Excess from 2015	12,580.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here 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:

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 & SUPPORT, SOCCER GOAL, & BUILDING FUND	14,500.
SS CONSTANTINE & HELEN CATHEDRAL 8000 MADISON ST. MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 509(a)(1)	PARISH PICNIC, EQUIPMENT YOUTH SCHOLARSHIPS	23,600.
CAMPAGNA ACADEMY 7403 CLINE AVENUE SCHERERVILLE IN 46375		PUBLIC CHARITY IRC SEC. 509(a)(1)	YOUNG ADULT LEAGUE, JR. OLYMPICS CHAPEL ROOF	500.
ORTHODOX CHRISTIAN PRISON MINISTRY P.O. BOX 1597 NEW YORK NY 10025		PUBLIC CHARITY IRC SEC. 509(a)(1)	PRISON MINISTRY	200.
ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND 645 FIFTH AVE. SUITE 906 NEW YORK NY 10022		PUBLIC CHARITY IRC SEC. 509(a)(1)	SUPPORT ORTHODOX FAITH AND HERITAGE	10,000.
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY 50 GODDARD AVE. BROOKLINE MA 02445		PUBLIC CHARITY IRC SEC. 509(a)(1)	PARISH PARTNER ANNUAL SUPPORT	2,000.
METROPOLIS OF CHICAGO 40 E. BURTON PL. CHICAGO IL 60610-1697		PUBLIC CHARITY IRC SEC. 509(a)(1)	BISHOPS NAME DAY SPECIAL NEEDS MINISTRY-	1,211.
SOJOURNER TRUTH HOUSE 410 W. 13TH AVE. GARY IN 46407		PUBLIC CHARITY IRC SEC. 509(a)(1)	PICK UP YOUR CROSS HOMELESS SHELTER	500.
ST. HELEN'S PHILOPTOCHOS SOCIETY 8000 MADISON ST MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 509(a)(1)	ROSS TWP. FOOD PANTRY	1,300.
See Line 3a statement			NOVAK MEMORIAL	1,300.
				2,000.
Total				3 a 55,811.
b Approved for future payment				
Total				3 b

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2015

Department of the Treasury
Internal Revenue Service

Name NOVAK FAMILY FOUNDATION, INC.	Employer identification number 26-0177940
----------------------------------------------	-----------------------------------------------------

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	897.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2 a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2 b		
c Credit for federal tax paid on fuels (see instructions)	2 c		
d Total. Add lines 2a through 2c		2 d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	897.
4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	392.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	392.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/15	06/15/15	09/15/15	12/15/15
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10	98.	98.	98.	98.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		98.	196.	294.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		98.	196.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	98.	98.	98.	98.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19 05/15/16	05/15/16	05/15/16	05/15/16
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20 366	335	243	152
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21 46	15		
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3%	22 0.	0.		
23 Number of days on line 20 after 6/30/2015 and before 10/1/2015	23 92	92	15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3%	24 1.	1.	0.	
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25 92	92	92	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3%	26 1.	1.	1.	0.
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27 91	91	91	91
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 3%	28 1.	1.	1.	1.
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29 45	45	45	45
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x 3%	30 0.	0.	0.	0.
31 Number of days on line 20 after 6/30/2016 and before 10/1/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x *%	32			
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x *%	34			
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 3.	3.	2.	1.
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			9.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Name: NOVAK FAMILY FOUNDATION, INC. Employer Identification Number: 26-0177940

Asset Information:

Description of Property:	91.68	FIRST EAGLE FUND OF AMERICA CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	07/06/15	Name of Buyer:
Sales Price:	2,906.	Cost or other basis (do not reduce by depreciation): 2,737.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	169.	Accumulation Depreciation:
Description of Property:	161.548	HARTFORD EQUITY INCOME FUND CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:		Name of Buyer:
Sales Price:	2,982.	Cost or other basis (do not reduce by depreciation): 2,973.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	9.	Accumulation Depreciation:
Description of Property:	80.835	JOHN HANCOCK DISCIPLINED VALUE FUND CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	07/06/15	Name of Buyer:
Sales Price:	1,488.	Cost or other basis (do not reduce by depreciation): 1,430.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	58.	Accumulation Depreciation:
Description of Property:	297.72	MAINSTAY HIGH YIELD CORPORATE BOND FUND CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	01/30/15	Name of Buyer:
Sales Price:	1,700.	Cost or other basis (do not reduce by depreciation): 1,776.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	-76.	Accumulation Depreciation:
Description of Property:	6.44	PIONEER MULTI ASSET ULTRASHORT INCOME FUND CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	01/30/15	Name of Buyer:
Sales Price:	64.	Cost or other basis (do not reduce by depreciation): 65.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	-1.	Accumulation Depreciation:
Description of Property:	152.034	TEMPLETON GLOBAL BOND FUND CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	07/06/15	Name of Buyer:
Sales Price:	1,869.	Cost or other basis (do not reduce by depreciation): 1,902.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	-33.	Accumulation Depreciation:
Description of Property:	17.21	FIRST EAGLE FUND OF AMERICA CLASS C
Date Acquired:	Various	How Acquired: Purchased
Date Sold:	07/06/15	Name of Buyer:
Sales Price:	546.	Cost or other basis (do not reduce by depreciation): 519.
Sales Expense:		Valuation Method: Fair Market Value
Total Gain (Loss):	27.	Accumulation Depreciation:
Description of Property:	See Net Gain or Loss from Sale of Assets	
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, Part I, Lines 6a

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	<u>993.707</u>	<u>FIRST EAGLE FUND OF AMERICA CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>11/05/13</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>31,501.</u>	Cost or other basis (do not reduce by depreciation)	<u>30,000.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>1,501.</u>	Accumulated Depreciation	-----
Description of Property	<u>2380.953</u>	<u>HARTFORD EQUITY INCOME FUND CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>11/05/13</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>01/30/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>42,994.</u>	Cost or other basis (do not reduce by depreciation)	<u>42,405.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>589.</u>	Accumulated Depreciation	-----
Description of Property	<u>173.999</u>	<u>HARTFORD EQUITY INCOME FUND CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>3,212.</u>	Cost or other basis (do not reduce by depreciation)	<u>3,056.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>156.</u>	Accumulated Depreciation	-----
Description of Property	<u>1830.164</u>	<u>HARTFORD EQUITY INCOME FUND CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>11/05/13</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>33,785.</u>	Cost or other basis (do not reduce by depreciation)	<u>32,595.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>1,190.</u>	Accumulated Depreciation	-----
Description of Property	<u>88.781</u>	<u>JOHN HANCOCK DISCIPLINED VALUE FUND CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>1,634.</u>	Cost or other basis (do not reduce by depreciation)	<u>1,509.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>125.</u>	Accumulated Depreciation	-----
Description of Property	<u>1721.17</u>	<u>JOHN HANCOCK DISCIPLINED VALUE FUND CLASS C</u>	-----
Business Code	-----	Exclusion Code	-----
Date Acquired	<u>11/05/13</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer	-----
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>31,687.</u>	Cost or other basis (do not reduce by depreciation)	<u>30,000.</u>
Sales Expense	-----	Valuation Method	<u>Fair Market Value</u>
Total Gain (Loss)	<u>1,687.</u>	Accumulated Depreciation	-----

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	<u>51,532</u>	<u>MAINSTAY HIGH YIELD CORPORATE BOND FUND CLASS C</u>
Business Code	Exclusion Code	
Date Acquired	<u>Various</u>	How Acquired <u>Purchased</u>
Date Sold	<u>01/30/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>294.</u>	Cost or other basis (do not reduce by depreciation) <u>310.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>-16.</u>	Accumulated Depreciation
Description of Property	<u>4958,678</u>	<u>MAINSTAY HIGH YIELD CORPORATE BOND FUND CLASS C</u>
Business Code	Exclusion Code	
Date Acquired	<u>11/05/13</u>	How Acquired <u>Purchased</u>
Date Sold	<u>01/30/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>28,308.</u>	Cost or other basis (do not reduce by depreciation) <u>29,975.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>-1,667.</u>	Accumulated Depreciation
Description of Property	<u>3,334</u>	<u>PIONEER MULTI ASSET ULTRASHORT INCOME FUND CLASS C</u>
Business Code	Exclusion Code	
Date Acquired	<u>Various</u>	How Acquired <u>Purchased</u>
Date Sold	<u>01/30/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>33.</u>	Cost or other basis (do not reduce by depreciation) <u>34.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>-1.</u>	Accumulated Depreciation
Description of Property	<u>53,92</u>	<u>TEMPLETON GLOBAL BOND FUND CLASS C</u>
Business Code	Exclusion Code	
Date Acquired	<u>Various</u>	How Acquired <u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>663.</u>	Cost or other basis (do not reduce by depreciation) <u>705.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>-42.</u>	Accumulated Depreciation
Description of Property	<u>2283,105</u>	<u>TEMPLETON GLOBAL BOND FUND CLASS C</u>
Business Code	Exclusion Code	
Date Acquired	<u>11/05/13</u>	How Acquired <u>Purchased</u>
Date Sold	<u>07/06/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>28,059.</u>	Cost or other basis (do not reduce by depreciation) <u>30,000.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>-1,941.</u>	Accumulated Depreciation
Description of Property	<u>235,018</u>	<u>VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS</u>
Business Code	Exclusion Code	
Date Acquired	<u>11/05/13</u>	How Acquired <u>Purchased</u>
Date Sold	<u>11/24/15</u>	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	<u>5,960.</u>	Cost or other basis (do not reduce by depreciation) <u>5,948.</u>
Sales Expense		Valuation Method <u>Fair Market Value</u>
Total Gain (Loss)	<u>12.</u>	Accumulated 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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
a Paid during the year				
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 110 WEST RD., SUITE 360 BALTIMORE MD 21204	-----	PUBLIC CHARITY IRC SEC. 509(a) (1)	FIGHT PODOCONIOSIS MINISTRY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY SAINT AUGUSTINE FL 32086	-----	PUBLIC CHARITY IRC SEC. 509 (a) (1)	ANNUAL SUPPORT OF MINISTRIES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.

Total

2,000.

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)	878,369.	823,795.

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

Continued

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
Total	<u>878,369.</u>	<u>823,795.</u>

RAYMOND JAMES®

November 30 to December 31, 2015

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			\$2,639.72		\$0.26
Raymond James Bank N.A.			\$2,639.72		
Your bank priority state: IN					
Participating banks recently added: Bank of India 01/11/2016; Pacific Western Bank 12/29/2015					
[#] Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Cash & Cash Alternatives Total			\$2,639.72		\$0.26
Mutual Funds					
BLACKROCK MULTI ASSET INCOME PORTFOLIO FUND CLASS A M/F (BAICX)	23,264.946	\$10.500	\$244,281.93	\$(5,724.02) ^B	\$12,423.48
FEDERATED HIGH YIELD TRUST CLASS C M/F (FHYCX)	4,518.988	\$6.180	\$27,927.35	\$(2,072.65) ^B	\$1,251.76
FIDELITY ADVISOR HEALTH CARE FUND CLASS C M/F (FHCCX)	1,034.438	\$31.340	\$32,419.29	\$(2,580.71) ^B	
HARTFORD BALANCED INCOME FUND CLASS C M/F (HBLCX)	5,459.871	\$12.740	\$69,558.76	\$(420.27) ^B	\$1,266.69
JANUS BALANCED FUND CLASS C M/F (JABCX)	1,900.381	\$28.730	\$54,597.95	\$(402.05) ^B	\$452.29
JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CLASS C M/F (JVMCX)	3,772.966	\$18.700	\$70,554.46	\$5,745.09 ^B	
JPMORGAN VALUE ADVANTAGE FUND CLASS C M/F (JVACX)	2,825.457	\$27.740	\$78,378.18	\$(1,627.77) ^B	\$158.51
MFS DIVERSIFIED INCOME FUND CLASS C M/F (DIFCX)	5,059.766	\$11.440	\$57,883.72	\$(2,116.28) ^B	\$1,436.97
MFS UTILITIES FUND CLASS C M/F (MMUCX)	1,700.785	\$16.750	\$28,488.15	\$(1,511.85) ^B	\$469.42
NUVEEN REAL ASSET INCOME FUND CLASS C M/F (NRICX)	1,761.873	\$21.890	\$38,567.40	\$(1,938.55) ^B	\$1,779.49

RAYMOND JAMES®

November 30 to December 31, 2015

Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss) ^g	Estimated Annual Income
Mutual Funds (continued)					
SUNAMERICA FOCUSED DIVIDEND STRATEGY PORT CLASS C MF (FDSTX)	3,180.084	\$15.270	\$48,559.88	\$(1,440.12) ^B	\$960.39
VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS N/L (VWINX)	2,959.968	\$24.520	\$72,578.42	\$9,322.70 ^B	\$2,258.46
<i>Mutual Funds Total</i>			\$823,795.49	\$(4,766.48)	\$22,457.46
Portfolio Total			\$826,435.21	\$(4,766.48)	\$22,457.72

NP-20

State 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 / 2015 and Ending 12 / 31 / 2015
MM/DD/YYYY MM/DD/YYYY

CLIENT COPY
Check if Change of Address
 Amended Report
 Initial 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.

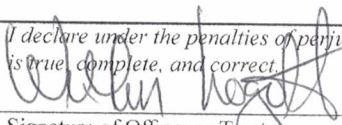
Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

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. 9
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 2015 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	6/30/16
Signature of Officer or Trustee WILLIAM LOGOTHETIS	Title (219) 769-2481	Date
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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