

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

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/form990.

CLIENT
2016
COPY

Open to Public Inspection

For calendar year 2016 or tax year beginning

, 2016, 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)

8000 MADISON ST.

Room/suite

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

MERRILLVILLE

IN 46410

G Check all that apply:

Initial return

Final return

Address change

Initial return of a former public charity

Amended return

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)

▶ \$ **1,112,393.**

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)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	2,452.	2,452.		
4 Dividends and interest from securities	27,273.	27,273.		
5 a Gross rents				
b Net rental income or (loss)				
6 a Net gain or (loss) from sale of assets not on line 10	-1,182.	L-6a Stmt		
b Gross sales price for all assets on line 6a 50,000.				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10 a 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.	28,543.	29,725.		
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule).				
b Accounting fees (attach sch).	3,025.			3,025.
c Other professional fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instrs) TAXES.	906.			906.
19 Depreciation (attach schedule) 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	3,931.			3,931.
25 Contributions, gifts, grants paid	47,840.			47,840.
26 Total expenses and disbursements. Add lines 24 and 25	51,771.			51,771.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-23,228.			
b Net investment income (if negative, enter -0-).		29,725.		
c Adjusted net income (if negative, enter -0-).				

REVENUE

ADMINISTRATIVE AND EXPENSES

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		274,052.	274,737.	274,737.
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		878,369.	854,456.	837,656.
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).		1,152,421.	1,129,193.	1,112,393.
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				
Foundations that follow SFAS 117, check here <input type="checkbox"/>				
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 <input checked="" type="checkbox"/>				
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		-205,172.	-228,400.	
30 Total net assets or fund balances (see instructions)		1,152,421.	1,129,193.	
31 Total liabilities and net assets/fund balances (see instructions)		1,152,421.	1,129,193.	

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	1,152,421.
2 Enter amount from Part I, line 27a	2	-23,228.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,129,193.
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	1,129,193.

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

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (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 (col. (b) divided by col. (c))
2015	58,187.	1,140,853.	0.051003
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

2 Total of line 1, column (d)	2	0.261418
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	0.052284
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5.	4	1,123,696.
5 Multiply line 4 by line 3	5	58,751.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	297.
7 Add lines 5 and 6	7	59,048.
8 Enter qualifying distributions from Part XII, line 4	8	51,771.

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 instructions)			
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	595.
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	595.
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	595.
6 Credits/Payments:			
a 2016 estimated tax pmts and 2015 overpayment credited to 2016	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		14.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		609.
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 2017 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
<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>		
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?		
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) _____ 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 2016 or the taxable year beginning in 2016 (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

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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	Yes	No
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? Website address <u>NOVAKFAMILYFOUNDATION.ORG</u>	13	X	
14	The books are in care of <u>WILLIAM LOGOTHETIS</u> Telephone no. <u>(219) 769-2481</u> Located at <u>8000 MADISON ST. MERRILLVILLE IN</u> ZIP + 4 <u>46410</u>			
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 <u>15</u>			
16	At any time during calendar year 2016, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country	16	Yes	No
				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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
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. <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
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 2016 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 2016.)	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 2016?	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

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? Yes No
If 'Yes' to 6b, file Form 8870.

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?

5 b		X
6 b		X
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.'

(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.

	Expenses
1 <u>ST. IAKOVOS FAMILY RETREAT CENTER</u> <u>ANNUAL MAINTENANCE AND SUPPORT</u> -----	
2 <u>SS CONSTANTINE & HELEN GREEK ORTHODOX CATHEDRAL</u> <u>PARISH PICNIC, YOUNG ADULT LEAGUE, HARVEST FOR THE HUNGRY</u> <u>YOUTH SCHOLARSHIPS, 5K WALK/RUN, VASILOPITA CELEBRATION</u> -----	13,500.
3 <u>ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND</u> <u>SUPPORT AND PROMOTE ORTHODOX FAITH AND HERITAGE</u> -----	12,090.
4 <u>HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY</u> <u>PARISH PARTNER</u> <u>ANNUAL SUPPORT</u> -----	10,000.
	3,200.

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	866,413.
b	Average of monthly cash balances	1 b	274,395.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	1,140,808.
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	1,140,808.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	17,112.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,123,696.
6	Minimum investment return. Enter 5% of line 5	6	56,185.

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	56,185.
2 a	Tax on investment income for 2016 from Part VI, line 5	2 a	595.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2 b	
c	Add lines 2a and 2b	2 c	595.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,590.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	55,590.
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	55,590.

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	51,771.
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	51,771.
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	51,771.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				55,590.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			0.	
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2016:				
a From 2011	0.			
b From 2012	0.			
c From 2013	0.			
d From 2014	0.			
e From 2015	12,580.			
f Total of lines 3a through e	12,580.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 51,771.				
a Applied to 2015, 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 2016 distributable amount				51,771.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	3,819.			3,819.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	8,761.			
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 2015. Subtract line 4a from line 2a. Taxable amount — see instructions.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	8,761.			
10 Analysis of line 9:				
a Excess from 2012	0.			
b Excess from 2013	0.			
c Excess from 2014	0.			
d Excess from 2015	8,761.			
e Excess from 2016	0.			

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 2016, 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)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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. 501(c)(3)	ANNUAL MAINTENANCE, SUPPORT, & BUILDING FUND	13,500.
SS CONSTANTINE & HELEN CATHEDRAL 8000 MADISON ST. MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 501(C)(3)	PARISH PICNIC, YOUTH SCHOLARSHIPS, YOUNG ADULT LEAGUE, VASILOPITA	12,090.
URBAN LEAGUE OF NW INDIANA, INC. 3101 BROADWAY MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 501(c)(3)	COLLEGE READINESS WORKSHOPS	1,000.
ORTHODOX CHRISTIAN PRISON MINISTRY P.O. BOX 1597 NEW YORK NY 10025		PUBLIC CHARITY IRC SEC. 501(C)(3)	PRISON MINISTRY	250.
ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND 645 FIFTH AVE. SUITE 906 NEW YORK NY 10022		PUBLIC CHARITY IRC SEC. 501(c)(3)	SUPPORT ORTHODOX FAITH AND HERITAGE	10,000.
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY 50 GODDARD AVE. BROOKLINE MA 02445		PUBLIC CHARITY IRC SEC. 501(c)(3)	PARISH PARTNER ANNUAL SUPPORT	3,200.
GREEK ORTHODOX METROPOLIS OF CHICAGO 40 E. BURTON PL. CHICAGO IL 60610-1697		PUBLIC CHARITY IRC SEC. 501(C)(3)	METROPOLIS CLERGY SYNDISMOS IAKOVOS	1,000.
SOJOURNER TRUTH HOUSE 410 W. 13TH AVE. GARY IN 46407		PUBLIC CHARITY IRC SEC. 501(C)(3)	HOMELESS SHELTER	500.
ST. HELEN'S PHILOPTOCHOS SOCIETY 8000 MADISON ST MERRILLVILLE IN 46410		PUBLIC CHARITY IRC SEC. 501(C)(3)	SPAGHETTI DINNER, NOVAK MEMORIAL	1,250.
See Line 3a statement				5,050.
Total				3 a 47,840.
b Approved for future payment				
Total				3 b

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.
▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2016

Name

NOVAK FAMILY FOUNDATION, INC.

Employer identification number

26-0177940

Note: Generally, the corporation isn't 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	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2 a		595.
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 doesn't owe the penalty			
4 Enter the tax shown on the corporation's 2015 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.		3	595.
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		4	897.
		5	595.

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 doesn't 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	05/15/16	06/15/16	09/15/16	12/15/16
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% (0.25) of line 5 above in each column	10	148.	149.	149.	149.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	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		148.	297.	446.
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		148.	297.	
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	148.	149.	149.	
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.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.	19 05/15/17	05/15/17	05/15/17	05/15/17
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20 365	334	242	151
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21 46	15		
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 4% (0.04)	22 1.	0.		
23 Number of days on line 20 after 6/30/2016 and before 10/1/2016	23 92	92	15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4% (0.04)	24 1.	1.	0.	
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25 92	92	92	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 4% (0.04)	26 1.	1.	1.	0.
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27 90	90	90	90
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	28 1.	1.	1.	1.
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29 45	45	45	45
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 4 %	30 1.	1.	1.	1.
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32			
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34			
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	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 5.	4.	3.	2.
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			14.

*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:	1785.077 JPMORGAN VALUE ADVANTAGE FUND CLASS C		
Date Acquired:	01/30/15	How Acquired:	Purchased
Date Sold:	05/16/16	Name of Buyer:	
Sales Price:	50,000.	Cost or other basis (do not reduce by depreciation)	51,182.
Sales Expense:		Valuation Method:	Fair Market Value
Total Gain (Loss):	-1,182.	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:	
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 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 REBUILDING TOGETHER DUNELAND P.O. BOX 644 CHESTERTON IN 46304	-----	PUBLIC CHARITY IRC SEC. 501 (c) (3)	REHABILITATION OF LOW-INCOME HOMES	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 500.
ST. ANDREW GREEK ORTHODOX CHURCH 5649 N. SHERIDAN RD. CHICAGO IL 60660	-----	PUBLIC CHARITY IRC SEC. 501 (c) (3)	90TH ANNIVERSARY GALA	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 250.
LAKE RIDGE HEAD START 6111 W. RIDGE RD. GARY IN 46408	-----	PUBLIC CHARITY IRC SEC. 501 (c) (3)	PRE-SCHOOL BOOKS FOR AT-NEED CHILDREN	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 2,300.
HOLY APOSTLES GREEK ORTHODOX CHURCH 2501 S. WOLF RD. WESTCHESTER IL 60154	-----	PUBLIC CHARITY IRC SEC. 501 (C) (3)	METROPOLITAN IAKOVOS NAME DAY CELEBRATION	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 1,000.
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY SAINT AUGUSTINE FL 32086	-----	PUBLIC CHARITY IRC SEC. 501 (c) (3)	ANNUAL SUPPORT OF MINISTRIES	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 1,000.

Total

5,050.

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)	854,456.	837,656.
Total	<u>854,456.</u>	<u>837,656.</u>

RAYMOND JAMES[®] December 31, 2015 to December 30, 2016

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 Φ 0.02% - Selected Sweep Option			\$872.63		\$0.17
Raymond James Bank N.A.			\$872.63		
Your bank priority state: IN					
Φ Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
Cash & Cash Alternatives Total			\$872.63		\$0.17
Mutual Funds					
BLACKROCK MULTI ASSET INCOME PORTFOLIO FUND CLASS A M/F (BAICX)	24,401.908	\$10.660	\$260,124.34	\$10,118.39 ^B	\$11,566.50
FEDERATED HIGH YIELD TRUST CLASS C M/F (FHYCX)	4,715.971	\$6.730	\$31,738.48	\$1,738.48 ^B	\$1,296.89
FIDELITY ADVISOR HEALTH CARE FUND CLASS C M/F (FHCCX)	1,034.438	\$27.900	\$28,860.82	\$(6,139.18) ^B	
HARTFORD BALANCED INCOME FUND CLASS C M/F (HBLCX)	5,624.736	\$13.650	\$76,777.65	\$6,798.62 ^B	\$1,423.06
JANUS BALANCED FUND CLASS C M/F (JABCX)	1,950.306	\$29.010	\$56,578.38	\$1,578.38 ^B	\$793.77
JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CLASS C M/F (JVMCX)	3,846.190	\$20.930	\$80,500.76	\$15,691.39 ^B	
JPMORGAN VALUE ADVANTAGE FUND CLASS C M/F (JVACX)	1,045.921	\$31.970	\$33,438.09	\$4,614.11 ^B	\$177.81
MFS DIVERSIFIED INCOME FUND CLASS C M/F (DIFCX)	5,205.846	\$11.990	\$62,418.09	\$2,418.09 ^B	\$1,738.75
MFS UTILITIES FUND CLASS C M/F (MMUCX)	1,732.369	\$17.980	\$31,147.99	\$1,147.99 ^B	\$569.95
NUVEEN REAL ASSET INCOME FUND CLASS C M/F (NRICX)	1,842.146	\$22.770	\$41,945.66	\$1,531.14 ^B	\$1,873.46

RAYMOND JAMES[®] December 31, 2015 to December 30, 2016

Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss) [°]	Estimated Annual Income
Mutual Funds (continued)					
SUNAMERICA FOCUSED DIVIDEND STRATEGY PORT CLASS C MF (FDSTX)	3,263.908	\$17.060	\$55,682.27	\$5,682.27 ^B	\$1,312.09
VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS N/L (VWINX)	3,079.822	\$25.470	\$78,443.07	\$15,187.35 ^B	\$2,309.87
<i>Mutual Funds Total</i>			\$837,655.60	\$60,367.03	\$23,062.15
Portfolio Total			\$838,528.23	\$60,367.03	\$23,062.32

^B Please see Cost Basis on the Understanding Your Statement page regarding Open End Mutual Funds.
[°] Please see Cost Basis on the Understanding Your Statement page.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2016
Notice date	April 17, 2017
Employer ID number	26-0177940
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

176599.748078.164802.10674 1 AB 0.403 370



NOVAK FAMILY FOUNDATION INC
% WILLIAM S LOGOTHETIS
8000 MADISON ST
MERRILLVILLE IN 46410-5404

Page: 1 of 1

176599

Important information about your December 31, 2016 Form 990PF

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2016 Form 990PF.

Your new due date is November 15, 2017.

What you need to do

File your December 31, 2016 Form 990PF by November 15, 2017. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

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 / 2016 and Ending 12 / 31 / 2016
MM/DD/YYYY MM/DD/YYYY

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

CLIENT COPY

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
City MERRILLVILLE	State INDIANA	Indiana Taxpayer Identification Number
Printed Name of Person to Contact WILLIAM LOGOTHETIS		Federal Identification Number 26-0177940
		Contact's Telephone Number (219) 769-2481

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

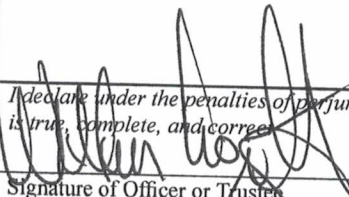
Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

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. 10
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 2016 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.

Signature of Officer or Trustee 	PRESIDENT	2/14/17
WILLIAM LOGOTHETIS	Title	Date
Name of Person(s) to Contact	(219) 769-2481	
	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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