#### Form **990-PF**

**Return of Private Foundation** 

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calen	dar year 2017 or tax year beginning	. 201	7, and	endina		, 20
		undation	,	,		er identification numb	
NO	VAK	FAMILY FOUNDATION, INC.				177940	
Nu	mber an	d street (or P.O. box number if mail is not delivered to street address)	Room	n/suite		ne number (see instruc	tions)
		ADISON ST.				•	1101107
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code				769-2481	
		LVILLE IN 46410			C if exemp	tion application is pen	ding, check here ▶ 📋
			of a former public	obority			_
-	01.001	Final return Amended		Chanty	D 1. Foreig	n organizations, check	here ►
		☐ Address change ☐ Name chan			2. Foreig	n organizations meetir	g the 85% test,
Н	Check	type of organization:   Section 501(c)(3) exempt p			check E If private	here and attach comp foundation status was	utation · · • [
$\Box$	Section	on 4947(a)(1) nonexempt charitable trust $\Box$ Other tax	rivate foundation	dation	section 5	607(b)(1)(A), check here	
	Fair m	narket value of all assets at J Accounting method	Cook O	aation			
•	end of	f year (from Part II, col. (c),	. 🔼 Cash 📋 A	ccruai	F If the fou	ndation is in a 60-mon	th termination
		(Part I, column (d) must be	on each besit		under se	ction 507(b)(1)(B), ched	ck nere ▶ □
-	art I		on cash basis.)			· ·	T
	A1 6 1	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	expenses per books		ncome	income	purposes
	4						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				V. Cal. C. Cherry	
	2	Check ► ☑ if the foundation is <b>not</b> required to attach Sch. B		4 a			The Analysis
	3	Interest on savings and temporary cash investments	637.		637.		
	4	Dividends and interest from securities	49,930.		49,930.		
	5a	Gross rents					2. 化自然性的
a\	b	Net rental income or (loss)		7 7 7			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	0.				
Je.	b	Gross sales price for all assets on line 6a 55,000.		L-6a	Stmt		
3è	7	Capital gain net income (from Part IV, line 2)					
ш.	8	Net short-term capital gain			48.3		
	9	Income modifications		140			
	10a	Gross sales less returns and allowances			Process of		Control of the Contro
	b	Less: Cost of goods sold					了一种"ASASSES"。
	_ C	Gross profit or (loss) (attach schedule)					28/20/20/20 A
	11 12	Other income (attach schedule)					
		Total. Add lines 1 through 11	50,567.		50,567.		
es	13	Compensation of officers, directors, trustees, etc.					
ns	14	Other employee salaries and wages					
denses	15 16a	Pension plans, employee benefits					
		Legal fees (attach schedule)					
Ve.	b	Accounting fees (attach schedule)	475.				475.
ati	17	Other professional fees (attach schedule) Interest					
str	18	Interest	600				
Ë	19	Depreciation (attach schedule) and depletion	609.				609.
E	20						
Operating and Administrative E)	21	Occupancy					
pu	22	Printing and publications					
a	23	Other expenses (attach schedule) See Stmt	740				
ing	24	Total operating and administrative expenses.	742.				742.
rat		Add lines 13 through 23	1 000			3,	4 000
oel	25	Contributions, gifts, grants paid	1,826.				1,826.
Ō	26		53,468.	EXCENT.			53,468.
	27	<b>Total expenses and disbursements.</b> Add lines 24 and 25 Subtract line 26 from line 12:	55,294.				55,294.
		Excess of revenue over expenses and disbursements					
	a	Net investment income (if negative, enter -0-)	-4,727.		FO FCE		
	b	Adjusted net income (if negative, enter -0-)		The state of the s	50,567.		
		Adjusted het income (in negative, enter -0-)					

Da	rt II	Attached schedules and amounts in the description column	Beginning of year	Ena c	of year
Га	TTU	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	274,737.	10,115.	10,115.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶	-		*
	4	Pledges receivable ►			CARLES LA TRACT
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		4	
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges	18 7 8 80		
As	10a	Investments—U.S. and state government obligations (attach schedule)	10 · 1 · 1	A Section of the contract of t	
	b	Investments—corporate stock (attach schedule) L-10b Stmt	854,456.	1,114,351.	1,164,644.
	С	Investments—corporate bonds (attach schedule)	001/1001	2/221/0021	
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			<del> </del>
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶		The second second the	
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ )			
	16	Other assets (describe ►)  Total assets (to be completed by all filers—see the			V
		instructions. Also, see page 1, item l)	1,129,193.	1,124,466.	1,174,759.
	17	Accounts payable and accrued expenses			
rD.	18	Grants payable			
įį.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iak	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
	23	Other liabilities (describe ► ) <b>Total liabilities</b> (add lines 17 through 22)			
es		Foundations that follow SFAS 117, check here Danie and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			生 50 美洲东西中亚
<u>a</u>	25				
	26	Temporarily restricted			
р	20	Foundations that do not follow SFAS 117, check here ► 🗵			
Net Assets or Fund B		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds	1,357,593.	1,357,593.	
eţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	-228,400.	-233,127.	
tΑ	30	Total net assets or fund balances (see instructions)	1,129,193.	1,124,466.	
Š	31	Total liabilities and net assets/fund balances (see instructions)	1 120 102	1 124 466	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,129,193.	1,124,466.	The state of the s
1		al net assets or fund balances at beginning of year—Part II, colu		at agree with	
		-of-year figure reported on prior year's return)			1,129,193.
2		er amount from Part I, line 27a			-4,727.
3					1,121.
4	. Δda	er increases not included in line 2 (itemize)  I lines 1, 2, and 3			1,124,466.
_				_	1,124,400.
6	Total	creases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) Ii	ne 30 6	1,124,466.
_	1010	arrior access or raine balances at end or year fille 4 minus line of	, a.c.ii, oolaiiii (b), ii		Form <b>990-PF</b> (2017)

Part I	V Capital Gains and L	osses for Tax on Investme	nt Income				
		of property sold (for example, real esta or common stock, 200 shs. MLC Co.)	te,	(b) How acquired P—Purchase D—Donation		ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b							
С	· · · · · · · · · · · · · · · · · · ·	***************************************					
d							
e						41.0	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale			in or (loss) (f) minus (g))
a b							
C							
d	2 2 2 2				<del> </del>		
е	11						
	Complete only for assets showi	ng gain in column (h) and owned by	the foundation	on 12/31/69.		(I) Gains (Co	ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) l. (j), if any		col. (k), but no	ot less than -0-) <b>or</b> (from col. (h))
а							
b							
С							
d			-				
е		( If goin al	so enter in Pa	ort Llino 7	-		
2	Capital gain net income or (	net capital loss) { If (loss), a	enter -0- in Pa	art I, line 7	2		
3	If gain, also enter in Part I,	or (loss) as defined in sections 1 line 8, column (c). See instruct	tions. If (loss	), enter -0- in <b>)</b>			
Part		Section 4940(e) for Reduc			3		
Was t		his part blank. ection 4942 tax on the distributa alify under section 4940(e). Do r			base p	eriod?	☐ Yes ☐ N
1	Enter the appropriate amou	nt in each column for each year	; see the instr	uctions before m	naking	any entries	•
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) of noncharitable-use a		Di	(d) stribution ratio divided by col. (c))
	2016	51,77	1.	1,123,	696.	(0011 (0)	0.04607
	2015	58,18		1,140,8			0.05100
	2014	50,56		1,156,			0.04372
	2013	52,68		1,162,	177.		0.04533
	2012	74,85	7.	1,183,	134.		0.06327
2	Total of line 1, column (d)					2	0.24940
3		or the 5-year base period—divid ndation has been in existence it				3	0.04988
4	Enter the net value of nonch	naritable-use assets for 2017 fro	om Part X, line	5		4	1,109,928
5	Multiply line 4 by line 3 .		0.00			5	55,363
6		income (1% of Part I, line 27b)				6	506
7	Add lines 5 and 6		, .			7	55,869
8	Enter qualifying distribution	s from Part XII, line 4 er than line 7, check the box in	 Part VI line 1	b. and complete	that n	8 art using a	55,294 1% tax rate. See the
	Part VI instructions.	or and time to be the box in		_,a complete	p	35g a	

Part v	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see if	ISTRUCT	tion	S)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	N. (D		\$3.	
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check	N/A 1,011			
U	here \bigsigma and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		13	# 1.	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	(	0.		
3	Add lines 1 and 2	1,011	1.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1,011	1.		
6	Credits/Payments:				
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a				
b	Exempt foreign organizations—tax withheld at source 6b  Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached	1	7.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1,028	-		
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 2018 estimated tax ► Refunded ► 11				
TO SERVICE	VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		es	No	
_	participate or intervene in any political campaign?	1a	-	×	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16		~	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials	1b		×	
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?	1c		×	
d					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×	
3	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ana t			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		×	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×	
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that				
-	conflict with the state law remain in the governing instrument?		×		
7 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		×		
b	IN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×		
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"				
	complete Part XIV	9		×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		×	

Dor	VII A Statementa Regarding Antivities (continue)			
Par	VII-A Statements Regarding Activities (continued)	2000	Van	NI-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
••	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	44		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		×
	person had advisory privileges? If "Yes," attach statement. See instructions	12		J
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	×
	Website address NOVAKEAMII VEOLINDATION ORC	13	^	
14	The books are in care of ► WILLIAM LOGOTHETIS  Telephone no. ► (219)	760-	2 / 0 1	
	Located at ▶ 8000 MADISON ST. MERRILLVILLE IN ZIP+4 ▶ 46410	109-	2401	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Par	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
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No			曹 :
	(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)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □	1	1438131	
С	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 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	建模		22
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?		100	
h	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	OL	8.2	
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		
	► 20 , 20 , 20 , 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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	10.0	5 8	
	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 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			100 E
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	<b>d</b> (contir	nued)			
5a	During th	e year, did the foundation pay or incur a									Yes	No
	_	on propaganda, or otherwise attempt to	•		n (sect	ion 4945(e)	)? .	Yes	× No			
	(2) Influe	nce the outcome of any specific public	election	on (see section	on 495	5); or to ca	arry on,					
	direct	ly or indirectly, any voter registration dri	ve?					Yes	× No		· 應 意	30.00
	(3) Provid	de a grant to an individual for travel, stu	dy, or c	ther similar p	urpose	es?		X Yes	☐ No			
	(4) Provid	de a grant to an organization other than	a chai	ritable, etc., o	organiz	ation descr	ibed in					
	section	on 4945(d)(4)(A)? See instructions						Yes	× No		900	
		de for any purpose other than religious,									10.5	
	purpo	ses, or for the prevention of cruelty to c	hildren	dren or animals? 🗌 Yes 🗵								
b			y of the transactions fail to qualify under the exceptions described									2.39
		ns section 53.4945 or in a current notice	-	•						5b		×
		tions relying on a current notice regardi										
C	to describe the description of the foundation of the first the fir											
		it maintained expenditure responsibility		-				Yes	☐ No			
		attach the statement required by Regula										
6a	to pay promising							2.00				
	and the second							Yes	× No			
b		oundation, during the year, pay premium	ns, dire	ctly or indired	tly, on	a personal	benefit	contract	? .	6b		×
-		o 6b, file Form 8870.										48
/a		e during the tax year, was the foundation a						∐ Yes	⊠ No	100000000000000000000000000000000000000		6.0
Dor	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	did the foundation receive any proceeds						-		7b		
ган	the same of the same of	Information About Officers, Direction and Contractors	tors, i	rustees, re	ounda	uon wana	agers,	підпіу і	ald E	mploy	ees,	
1		fficers, directors, trustees, and found	ation r	nanagers an	d their	compens	ation S	See instri	ictions			
				e, and average		mpensation		Contribution				
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		yee benefit erred compe		(e) Expe	allowar	
WTT	T.TAM T.O	GOTHETIS		IDENT	***			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		TH PLACE CROWN POINT IN 46307		10.00		0.			0.			0.
	HAEL J.		SECRI	ETARY								
		DRIVE CROWN POINT IN 46307		3.00		0.			0.			0.
JOH	N PANGE	RE	DIRE	CTOR								
5898	B E. 106	TH PLACE CROWN POINT IN 46307		2.00		0.			0.			0.
See	Statem	ent										
				4.00		0.			0.			0.
2		sation of five highest-paid employee	es (oth	er than thos	e incl	uded on li	ne 1—:	see instr	uction	s). If n	one,	enter
	"NONE."											
	(a) Nama ama	d address of each employee and energy through 0.00		(b) Title, and a hours per w	verage	(-) ()		(d) Contrib employee		(e) Expe	nse ac	count.
	(a) Name and	address of each employee paid more than \$50,00	10	devoted to po	eek osition	(c) Comper	isation	plans and compens	deferred	other	allowar	ices
NIONIE	,							Соттреть	- Sation			
NONE												
	·											
	300 Maria (1980)											
Total	number of	other employees paid over \$50,000 .							. ▶	0		
										Form 99	0-PF	(2017)

3	and Contractors (continued)  Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONI		(-)
otal	number of others receiving over \$50,000 for professional services	
		0
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	-
org	anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	ST. IAKOVOS FAMILY RETREAT CENTER ANNUAL MAINTENANCE AND SUPPORT	
		11,000
2	SS CONSTANTINE & HELEN GREEK ORTHODOX CATHEDRAL PARISH PICNIC,	
	VASILOPITA CELEBRATION , 5K RUN/WALK, YOUTH SCHOLARSHIPS, HARVEST FOR	
_	THE HUNGRY, CLASSROOM A/C	13,718
3	ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND SUPPORT AND PROMOTE	
	ORTHODOX FAITH AND HERITAGE	10 000
4	ECHMENICAL DAMBIADCHAME DE ECMADITCHMENM OF MUE HOLV CDERV ORMUDOV	10,000
	ECUMENICAL PATRIARCHATE RE-ESTABLISHMENT OF THE HOLY GREEK ORTHODOX METROPOLIS OF SELYVRIA	
	HILINOIOUIS OF SEUIVNIA	5,000
Par	IX-B Summary of Program-Related Investments (see instructions)	0,000
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NONE	×
		C
2		
ΛU	other program related investments. See instructions	
	other program-related investments. See instructions.	
3		
otal	. Add lines 1 through 3	C

REV 06/11/18 PRO

Part	1 Space of the Control of the Contro	gn fou	ındations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	984,404.
b	Average of monthly cash balances	1b	142,426.
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,126,830.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,126,830.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	16,902.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,109,928.
6	Minimum investment return. Enter 5% of line 5	6	55,496.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	55,496.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	1,011.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,485.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	54,485.
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	54,485.
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	55,294.
b	Program-related investments—total from Part IX-B	1b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	55,294.
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	55,294.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Part	XIII Undistributed Income (see in	nstruction	ons)			Page 9
	(000)		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from P	art XI,	Corpus	Years prior to 2016	2016	2017
	line 7					54,485.
2	Undistributed income, if any, as of the end o				A LEGAL TO	31/103.
а	Enter amount for 2016 only				0.	
b	Total for prior years: 20,20,20	)	1 1			
3	Excess distributions carryover, if any, to	2017:				
а	From 2012	0.		<b>一个条件</b> 工作数点	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
b	From 2013	0.				
C	From 2014	0.			1 1 1 1 1 1	
d	From 2015 8	,761.				Marin Miller of
е	From 2016	0.				<b>年日报报</b>
f	Total of lines 3a through e		8,761.			
4	Qualifying distributions for 2017 from P line 4: ► \$ 55,294	art XII,		<b>建筑建筑的编建</b>	设备 60 · 图6 6	
			AND THE REAL PROPERTY.		<b>是是这个人的</b>	
a	Applied to 2016, but not more than line					
b	Applied to undistributed income of prior (Election required—see instructions).	r years				
С	Treated as distributions out of corpus (E required—see instructions)	ection .				
d						54,485.
e	Remaining amount distributed out of co		809.			
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the amount must be shown in column (a).)	same				李. A. A. A. A. E. T. T. A.
6	Enter the net total of each colum	nn as				
	indicated below:					BEERE !
а	Corpus. Add lines 3f, 4c, and 4e. Subtract	l line 5	9,570.			
b	Prior years' undistributed income. So line 4b from line 2b			0.		
С	Enter the amount of prior years' undistrincome for which a notice of deficience					A STATE OF THE STA
	been issued, or on which the section 4					
	tax has been previously assessed				The State of the S	TO ALTERNAT
d	Subtract line 6c from line 6b. T					
•	amount—see instructions			0.		
е	4a from line 2a. Taxable amoun	t-soc				
	instructions	1-566				
f	Undistributed income for 2017. Subtract	· ·	AND CONTRACTOR OF THE PARTY OF		0.	
•	4d and 5 from line 1. This amount me					
	distributed in 2018				The state of the s	0
7	Amounts treated as distributions out of	corpus		State of the state of the state of		0.
	to satisfy requirements imposed by s					
	170(b)(1)(F) or 4942(g)(3) (Election m	ay be				
	required—see instructions)					
8	Excess distributions carryover from 20	12 not				
	applied on line 5 or line 7 (see instruction	•	0.		THE LANGE THE PERSON	
9	Excess distributions carryover to	2018.			The second of the second	
			9,570.			
10	Analysis of line 9:				A Commence of the Commence of	
а	Excess from 2013	0.				
b	Excess from 2014	0.				
C		,761.				
d	Excess from 2016	0.				
е	Excess from 2017	809.				

Part .	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	N/A
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	2017, enter the da	ate of the ruling .	🎽		
b	Check box to indicate whether the four				ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
	each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	. 4				
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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 <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed					
С	"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		n (Complete th	is part only if the	ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ıs.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation was before the close of any tax year (but o	who have contribunly if they have co	ited more than 2% ontributed more th	6 of the total contr an \$5,000). (See so	ributions received ection 507(d)(2).)	by the foundation
b	List any managers of the foundation ownership of a partnership or other er	who own 10% or ntity) of which the	more of the stoc foundation has a	ck of a corporation	n (or an equally la erest.	rge portion of the
2	Information Regarding Contribution Check here ► ☒ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes contr oundation makes	ibutions to presel	lected charitable of	organizations and rganizations under	does not accept rother conditions,
а	The name, address, and telephone nu	mber or email add	dress of the persor	n to whom applica	tions should be ac	ddressed:
b	The form in which applications should	be submitted and	d information and i	materials they sho	uld include:	
С	Any submission deadlines:					T. T. S. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
d	Any restrictions or limitations on aw factors:	ards, such as by	y geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During to	If recipient is an individual,		- Taymont	
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
ST. IAKOVOS RETREAT CENTER			TANKING MATAMANANGA	
40 E. BURTON PLACE			ANNUAL MAINTENANCE,	
CHICAGO IL 60610		NC	SUPPORT, & BUILDING FUND	11 000
SS CONSTANTINE & HELEN CATHEDRAL		NC	DADICU DIONIC VACITORIMA EV DUN	11,000.
8000 MADISON ST.			PARISH PICNIC, VASILOPITA, 5K RUN, YOUTH SCHOLARSHIPS, CLASSROOM	
MERRILLVILLE IN 46410		NC	A/C, HARVEST FOR THE HUNGRY	13,718.
URBAN LEAGUE OF NW INDIANA, INC.		INC	COLLEGE READINESS	13,710.
3101 BROADWAY			WORKSHOPS	
GARY IN 46409		NC	WORKSHOLD	1,000.
ORTHODOX CHRISTIAN PRISON MINISTRY	/	1.0	PRISON MINISTRY	1,000.
P.O. BOX 1597			TRIBON HINIBIRI	
NEW YORK NY 10025		NC	, v v v	250.
ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND		1.0	SUPPORT ORTHODOX FAITH	250.
645 FIFTH AVE. SUITE 403			AND HERITAGE	
NEW YORK NY 10022		NC	111101	10,000.
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY			PARISH PARTNER	10,000.
50 GODDARD AVE.			ANNUAL SUPPORT	
BROOKLINE MA 02445		NC		2,000.
GREEK ORTHODOX METROPOLIS OF CHICAGO	9		METROPOLIS CLERGY	
40 E. BURTON PL.			SYNDESMOS IAKOVOS	
CHICAGO IL 60610-1697		NC		1,000.
SOJOURNER TRUTH HOUSE			HOMELESS SHELTER	
410 W. 13TH AVE.				
GARY IN 46407		NC		500.
ST. HELEN'S PHILOPTOCHOS SOCIETY			SPAGHETTI DINNER,	
8000 MADISON ST MERRILLVILLE IN 46410		27.0	NOVAK MEMORIAL	4 050
See Statement		NC		1,250.
see statement				
				12,750.
				12,750.
Total				
Total	· · · · · · · ·		▶ 3a	53,468.
2 Approved for fatare payment				

Pa	rt X\	/I-A Analysis of Income-Producing Ad	ctivities				Page 12
Ente	r gro	ss amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 51	4
1	Pro	gram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exemp function income (See instructions.
	а						
	b						
	С						
	d						
	е						
	f						
		Fees and contracts from government agencies					
2		mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments				A	637.
4	Divi	dends and interest from securities					49,930.
5		rental income or (loss) from real estate:					
	а	Debt-financed property				2.9	
_	b	Not debt-financed property			1 20		
6	Net	rental income or (loss) from personal property	,				
7		er investment income					
8	Gair	or (loss) from sales of assets other than inventory					0.
9	Net	income or (loss) from special events					
10 11	Oth	ss profit or (loss) from sales of inventory					
1.1	b	er revenue: a					
	C .						
	d .						
	e .				-		
12	-	ototal. Add columns (b), (d), and (e)					F0 F67
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	50,567. 50,567.
(See	worl	ksheet in line 13 instructions to verify calculation	 ns.)			13	30,367.
Pa	rt X\	/I-B Relationship of Activities to the A	ccomplishm	ent of Exemp	ot Purposes		
	e No. ▼	accomplishment of the foundation's exempt pur					importantly to the uctions.)
3		Provides grants for philanthro	pic purpos	es. It is	the intent	to	
		distribute all allowable earni			the foundat	cion's	
		bylaws each year for purposes	stated abo	ve.			
							vermont and the same of the sa
				***************************************		****	
			3-1				

orm 99	0-PF	(2017)							Pag	je <b>13</b>
Part	XVI	Information Organization		sfers to and Tra	ansactions a	nd Relationships Wi	th Nonchai	ritable		
1 a	in s	section 501(c) (o anizations?		501(c)(3) organiza	ations) or in	th any other organization section 527, relating			Yes	No
u	(1)	Cash						1a(1) 1a(2)		×
b		er transactions:						1b(1)		×
	(2)	Purchases of asse	ets from a noncharita	able exempt organ	ization			1b(1)		$\hat{\mathbf{x}}$
	(3)	Rental of facilities,	equipment, or othe	rassets				1b(3)		×
	(4)	Reimbursement a	rrangements					1b(4)		×
	(5)	Loans or loan gua	rantees					1b(5)		×
	(6)	Performance of se	ervices or membersh	nip or fundraising s	olicitations .			1b(6)		×
С						ees		1c		×
d	valu	ue of the goods, or ue in any transaction	ther assets, or servi	ces given by the r	eporting found	dule. Column <b>(b)</b> should ation. If the foundation alue of the goods, other	received less	s than t	fair m	arket
(a) Lin	e no.	(b) Amount involved	(c) Name of nonch	naritable exempt organi	zation (d	Description of transfers, trans	actions, and sha	aring arra	angeme	nts
				·						
2a	Is t	he foundation dire scribed in section (	ectly or indirectly aff 501(c) (other than se	filiated with, or rection 501(c)(3)) or	ated to, one of the section 527?	or more tax-exempt org	anizations	Yes	× I	No
b	If "		following schedule							
		(a) Name of organ	ization	(b) Type of	organization	(c) Desc	cription of relation	nship		
		1								
			$\Lambda$							
		1 1								
		nder penalties of perjury, I	declare that I have examine	ed this return, including a	ccompanying schedu	ules and statements, and to the b	est of my knowle	dge and b	pelief, it	is true
Sigr Her	e P	rrect, and complete. Decl	aration of preparer (other tha	an taxpayer) is based on	all information of whi PRESI Title	ich preparer has any knowledge.	May the with the page instru	RS discu	ss this	return elow?
	1		1	. /7				The second second	THE R. P. LEWIS CO., LANSING	The state of the last

		1					
Paid	Print/Type preparer's	name F	reparer signature	110	Date	Check [	if PTIN
Prepa	rer Bill M. Bik	cos, CPA	///X		07/19/2	2018 self-emp	P00104914
Use O		BIKOS & ASSONT	ATES CPA PC	•		Firm's EIN ► 3	38-3646247
		99 E 86TH AVE,	SUITE E1			Phone no. (2	19)769-6981
BAA		MERRILLVILLE		IN	46410		Form <b>990-PF</b> (2017)

#### Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

	_			
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				
REBUILDING TOGETHER DUNELAND P.O. BOX 644 CHESTERTON, IN 46304		NC	REHABILITATION OFREHABILITATION OF LOW-INCOME HOMES	750.
ECUMENICAL PATRIARCHATE 342 20 FENER-HALIC ISTANBUL, TURKEY		NC	RE-ESTABLISHMENT OF THERE- ESTABLISHMENT OF THE HOLY GREEK ORTHODOX METROPOLIS OF SELYVRIA	5,000.
CAMPAGNA ACADEMY 7403 CLINE AVENUE SCHERERVILLE, IN 46375		NC	PERSONAL ITEMS PROJECTPERSONAL ITEMS PROJECT	1,000.
MARTHA & MARY MATERNITY HOUSE 8926 N. GREENWOOD AVENUE, #227 NILES, IL 60714		NC	SUPPORT FOR ASSISTINGSUPPORT FOR ASSISTING WOMEN IN NEED & THEIR BABIES	500.
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY SAINT AUGUSTINE, FL 32086		NC	ANNUAL SUPPORT OFANNUAL SUPPORT OF MINISTRIES	1,000.
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 110 WEST ROAD, SUITE 360 BALTIMORE, MD 21204		NC	SUPPORT RESPONSE TO NATURALSUPPORT RESPONSE TO NATURAL & MANMADE EMERGENCIES	1,000.
SS MONICA & LUKE SOUP KITCHEN 645 RHODE ISLAND GARY, IN 46402		NC	SUPPORT COMMUNITYSUPPORT COMMUNITY SOUP KITCHEN	2,500.
SS CONSTANTINE & HELEN GREEK ORTHODOX CHURCH 11025 SOUTH ROBERTS ROAD PALOS HILLS, IL 60465		NC	METROPOLIS' JUNIOR OLYMPICSMETROPOLI S' JUNIOR OLYMPICS	1,000.
				12,750.

12,750.

NOVAK FAMILY FOUNDATION, INC.

Form 990-PF: Return of Private Foundation

**Continuation Statement** Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
JOANN MASSOW	DIRECTOR	0	.0	.0
CT.	2.00			
CROWN POINT, IN 46307				
	DIRECTOR	0	.0	0
1234 KNIGHTHOOD DRIVE	2.00			
DYER, IN 46311				
		.0	.0	0.

#### Additional information from your Form 990-PF: Return of Private Foundation

#### Form 990-PF: Return of Private Foundation

Taxes

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
TAXES	609.			609.
Total	609.			609.

#### Form 990-PF: Return of Private Foundation

**Other Expenses** 

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
WEBSITE/DOMAIN	742.			742.
Total	742.			742.

#### **Investments**

Name NOVAK FAMILY FOUNDATION	, INC.				ver Identification No. L77940
Line 10a - Investments - US and State Government Obligations:	S and State Government Obligations Obligations			End onment	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investm	ents - Corporate	Stock:	Bool Value	<	of Year Fair Market Value
SECURITIES HELD IN RAY	1,114,351.		1,164,644.		
Totals to Form 990-PF, Part II,	1,114,	,351.	1,164,644.		
Line 10c - Investme	End o Book Value		of Year Fair Market Value		
Totals to Form 990-PF, Part II,	Line 10c				
Line 12 - Investm	Bool Valu	k	of Year Fair Market Value		
Totals to Form 990-PF, Part II,	Line 12				
Line 13 - Inv	restments - Other	<del>":</del>	Boo Valu	k	of Year Fair Market Value
Totals to Form 990-PF, Part II,	Line 13				-

#### **Underpayment of Estimated Tax by Corporations**

► Attach to the corporation's tax return.

OMB No. 1545-0123

**Employer identification number** 

26-0177940

Department of the Treasury Internal Revenue Service

NOVAK FAMILY FOUNDATION, INC.

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

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 1,011. 1 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a 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 . . . 2b Credit for federal tax paid on fuels (see instructions) . . . . . . . . . . . . . 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 1,011. Enter the tax shown on the corporation's 2016 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 5 595. Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter 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. The corporation is using the annualized income installment method. 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) (d) (c) 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 . . . . . . . . . . . . . . . . 05/15/17 06/15/17 09/15/17 12/15/17 Required installments. If the box on line 6 and/or line 7 above is 10 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 148. 149. 149. 10 149. 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 Add lines 11 and 12 . . . . . . . . . . . . 13 13 14 Add amounts on lines 16 and 17 of the preceding column . . . . . 148. 297. 446. 14 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . . 15 0. 0. 0. 15 16 If the amount on line 15 is zero, subtract line 13 from line 14. 297. 148. 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 17 15 from line 10. Then go to line 12 of the next column. Otherwise, go 17 148. 149. 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 . . . . . . . . . . . . .

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.

	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					(4)
20	instead of 4th month.) See instructions	19	05/15/18	05/15/18	05/15/18	05/15/18
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 4/15/2017 and before 7/1/2017	21	46	15		
22	Underpayment on line 17 $\times$ Number of days on line 21 $\times$ 4% (0.04)	22	\$ 1.	\$ 0.	\$	\$
23	Number of days on line 20 after 6/30/2017 and before 10/1/2017	23	92	92	15	
24	Underpayment on line 17 × $\frac{\text{Number of days on line 23}}{365}$ × 4% (0.04)	24	\$ 1.	\$ 2.	\$ 0.	\$
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25	92	92	92	10
26	Underpayment on line 17 $\times$ Number of days on line 25 $\times$ 4% (0.04)	26	\$ 1.	\$ 2.	\$ 2.	\$ 0
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	90	90	90	9
28	Underpayment on line 17 $\times$ Number of days on line 27 $\times$ 4% (0.04)	28	\$ 1.	\$ 1.	\$ 1.	\$ 1
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29	45	45	45	4.
30	Underpayment on line 17 × Number of days on line 29 ×5%	30	\$ 1.	\$ 1.	\$ 1.	\$ 1
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31				
32	Underpayment on line 17 $\times$ Number of days on line 31 $\times$ %	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33				
34	Underpayment on line 17 $\times$ Number of days on line 33 $\times$ %	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35				,
36	Underpayment on line 17 × Number of days on line 35 × %	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$ 5.	\$ 6.	\$ 4.	\$ 2.
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here a line for other income tax returns.					<b>\$</b> 17.

<sup>\*</sup>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.

### Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method See instructions.

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

#### Part I Adjusted Seasonal Installment Method

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

			(a)	(b)	(c)	(d)
1	Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
а	Tax year beginning in 2014	1a				
b	Tax year beginning in 2015	1b				
С	Tax year beginning in 2016	1c				
2	Enter taxable income for each period for the tax year beginning in					
_	2017. See the instructions for the treatment of extraordinary					
	items	2		-	,	
3	Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
		0-	That 4 months	That o months	That a months	Littlie year
a	Tax year beginning in 2014	3a				
b	Tax year beginning in 2015	3b				
С	Tax year beginning in 2016	3с				
4	Didde the second is seen as a second in the					
4	Divide the amount in each column on line 1a by the amount in					8
-	column (d) on line 3a	4				
5	Divide the amount in each column on line 1b by the amount in		8			
_	column (d) on line 3b	5				
6	Divide the amount in each column on line 1c by the amount in					>
	column (d) on line 3c	6				
7	Add lines 4 through 6	7				
8	Divide line 7 by 3.0	8				
9a	Divide line 2 by line 8	9a				(A)
b	Extraordinary items (see instructions)	9b				
С	Add lines 9a and 9b	9c				
10	Figure the tax on the amount on line 9c using the instructions					
	for Form 1120, Schedule J, line 2 or comparable line of					
	corporation's return	10				
11a	Divide the amount in columns (a) through (c) on line 3a by the					
	amount in column (d) on line 3a	11a				Wassing State Co.
b	Divide the amount in columns (a) through (c) on line 3b by the					
_	amount in column (d) on line 3b	11b				
С	Divide the amount in columns (a) through (c) on line 3c by the					
	amount in column (d) on line 3c	11c				
	Tanaha and an anakaran					
12	Add lines 11a through 11c	12				
13	Divide line 12 by 3.0	13				
					3:	,
14	Multiply the amount in columns (a) through (c) of line 10 by					
	columns (a) through (c) of line 13. In column (d), enter the					
	amount from line 10, column (d)	14				
4-						
15	Enter any alternative minimum tax for each payment period. See					
	instructions	15				
16	Enter any other taxes for each payment period. See instructions	16				
17	Add lines 14 through 16	17				
18	For each period, enter the same type of credits as allowed on				1	
	Form 2220, lines 1 and 2c. See instructions	18				
19	Total tax after credits. Subtract line 18 from line 17. If zero or					
	less, enter -0	19				- 0000

Part	Annualized income installment Method					
			(a)	(b)	(c)	(d)
			First	First	First	First
20	Annualization periods (see instructions)	20	months	months	months	months
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21				· ·
22	Annualization amounts (see instructions)	22				
23a b c	Annualized taxable income. Multiply line 21 by line 22 Extraordinary items (see instructions)	23a 23b 23c				
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	, i		,	
25	Enter any alternative minimum tax for each payment period (see instructions)	25				
26	Enter any other taxes for each payment period. See instructions	26				
27	Total tax. Add lines 24 through 26	27				
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29				
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31				
Part	Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32				
33	Add the amounts in all preceding columns of line 38. See instructions	33				
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0	34				
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	35			,	
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36				
37	Add lines 35 and 36	37				
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .	38				

#### **NP-20**

State Form 51062 (R7 / 8-13)

# Indiana Department of Revenu Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year Beginning 01 / 01 / 2017 and Ending 1 / 11 / 2 17 MM/DD/YYYY MM/DD/YYYY Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Name of Organization				Telephone Number				
NOVAK FAMILY FOUNDATIO	N, INC.			(219) 769-2481				
Address		County		Indiana Taxpayer Identification Number				
8000 MADISON STREET								
City	State INDIANA	Zip Code 46410		Federal Identification Number				
MERRILLVILLE	26-0177940							
Printed Name of Person to Contact	Contact's Telephone Nur	mber						
WILLIAM LOGOTHETIS (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				,				
<ol> <li>Indicate number of years your</li> <li>Attach a schedule, listing the r</li> </ol>	f similar importance? If yes, attach a deorganization has been in continuous expanses, titles and addresses of your currentsision of your organization below.  17 FORM 990-PF.	istence.	11 .					
I declare under the penalties of perju	ury that I have examined this return, in	cluding all	attachments, and to	the best of my knowledge and belief, it				
Signature of Officer or Trustee WILLIAM LOGOTHETIS		PRESII Title	DENT	Date				
Name of Person(s) to Contact  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.



Department of the Treasury Internal Revenue Service Ogden UT 84201 
 Notice
 CP211A

 Tax period
 December 31, 2017

 Notice date
 June 11, 2018

 Employer ID number
 26-0177940

 To contact us
 Phone 1-877-829-5500

 FAX 801-620-5555

Page 1 of 1

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



70673

Important information about your December 31, 2017 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, 2017 Form 990PF.
Your new due date is November 15, 2018.

#### What you need to do

File your December 31, 2017 Form 990PF by November 15, 2018. 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.