

**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.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2018**

Open to Public Inspection

**For calendar year 2018 or tax year beginning** \_\_\_\_\_, **2018, and ending** \_\_\_\_\_, **20**

Name of foundation <b>NOVAK FAMILY FOUNDATION, INC.</b>		<b>A Employer identification number</b> 26-0177940
Number and street (or P.O. box number if mail is not delivered to street address) <b>8000 MADISON ST.</b>	Room/suite	<b>B Telephone number (see instructions)</b> (219) 769-2481
City or town, state or province, country, and ZIP or foreign postal code <b>MERRILLVILLE IN 46410</b>		<b>C If exemption application is pending, check here</b> <input type="checkbox"/>
<b>G Check all that apply:</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1. Foreign organizations, check here</b> . . . <input type="checkbox"/> <b>2. Foreign organizations meeting the 85% test, check here and attach computation</b> . . . <input type="checkbox"/>
<b>H Check type of organization:</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> . . . <input type="checkbox"/>
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16)</b> ▶ \$ 1,063,545.	<b>J Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
<b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> . . . <input type="checkbox"/>		

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	109.	109.		
	<b>4</b> Dividends and interest from securities . . . . .	66,011.	66,011.		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-6,042.			
	<b>b</b> Gross sales price for all assets on line 6a 168,134.		L-6a Stmt		
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .				
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	60,078.	66,120.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.				
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule) . . . . .				
	<b>b</b> Accounting fees (attach schedule) . . . . .	3,025.			3,025.
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .	12.			12.
	<b>18</b> Taxes (attach schedule) (see instructions) See Stmt.	1,028.			1,028.
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule) . . . . .				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,065.			4,065.
	<b>25</b> Contributions, gifts, grants paid . . . . .	40,650.			40,650.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	44,715.			44,715.	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	15,363.				
<b>b Net investment income</b> (if negative, enter -0-)		66,120.			
<b>c Adjusted net income</b> (if negative, enter -0-)					

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST, 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 18 or  
 ►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

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

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	10,115.	15,743.	15,743.
	<b>3</b> Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) L-10b Stmt	1,114,351.	1,124,086.	1,047,802.
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
<b>15</b> Other assets (describe ▶ _____ )				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item l) . . . . .	1,124,466.	1,139,829.	1,063,545.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____ )			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> . . . ▶ <input type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,357,593.	1,357,593.	
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	-233,127.	-217,764.	
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,124,466.	1,139,829.		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	1,124,466.	1,139,829.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	1,124,466.
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	15,363.
<b>3</b> Other increases not included in line 2 (itemize) ▶	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,139,829.
<b>5</b> Decreases not included in line 2 (itemize) ▶	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	1,139,829.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> 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 }			<b>2</b>
<b>3</b> 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				<b>3</b>

**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 doesn't 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))
2017	55,294.	1,109,928.	0.049818
2016	51,771.	1,123,696.	0.046072
2015	58,187.	1,140,853.	0.051003
2014	50,564.	1,156,487.	0.043722
2013	52,685.	1,162,177.	0.045333
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.235948
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.047190
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 1,115,166.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 52,625.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 661.
<b>7</b> Add lines 5 and 6			<b>7</b> 53,286.
<b>8</b> Enter qualifying distributions from Part XII, line 4 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.			<b>8</b> 44,715.

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

<b>1a</b>	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>b</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	<b>1</b>	1,322.	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	0.	
<b>3</b>	Add lines 1 and 2	<b>3</b>	1,322.	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	0.	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	1,322.	
<b>6</b>	Credits/Payments:			
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0.	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	0.	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	44.	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	1,366.	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	0.	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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 published or distributed by the foundation in connection with the activities.		X
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>2</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>▶</b> IN		
<b>b</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 <i>General Instruction G</i> ? If "No," attach explanation . . . . .	X	
<b>9</b> 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

**Part VII-A Statements Regarding Activities (continued)**

		Yes	No
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 . . . . .		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NOVAKFAMILYFOUNDATION.ORG	X	
14	The books are in care of ► WILLIAM LOGOTHETIS Telephone no. ► (219) 769-2481 Located at ► 8000 MADISON ST. MERRILLVILLE IN ZIP+4 ► 46410		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► 15		
16	At any time during calendar year 2018, 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 ►		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
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? . . . . . <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? ( <b>Exception.</b> 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 <b>any</b> 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"/>	1b	
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 2018? . . . . .	1c	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is <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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	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. ► 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2018 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 2018.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2018?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** 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  Yes  No  
 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).

**6a** 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.

**7a** 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?  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and 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 Statement	4.00	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  0

**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		
-----		
-----		
-----		
-----		
-----		
<b>Total number of others receiving over \$50,000 for professional services</b> . . . . . ▶		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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 ORTHODOX CHRISTIAN MISSION CENTER ANNUAL SUPPORT OF MINISTRIES	3,000.
2 SS CONSTANTINE & HELEN GREEK ORTHODOX CATHEDRAL PARISH PICNIC, VASILOPITA CELEBRATION, 5K RUN/WALK, YOUTH SCHOLARSHIPS, HARVEST FOR THE HUNGRY, FOOD PANTRY	14,900.
3 ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND SUPPORT AND PROMOTE ORTHODOX FAITH AND HERITAGE	10,000.
4 SS MONICA AND LUKE SOUP KITCHEN SUPPORT COMMUNITY SOUP KITCHEN	2,500.

**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	0.	
2		
3 All other program-related investments. See instructions.		
<b>Total.</b> Add lines 1 through 3 . . . . . ▶		0.



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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,119,219.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	12,929.
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,132,148.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,132,148.
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	16,982.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,115,166.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	55,758.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	55,758.
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5 . . . . .	<b>2a</b>	1,322.
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	1,322.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	54,436.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	54,436.
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	54,436.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	44,715.
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	44,715.
<b>5</b>	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 . . . . .	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	44,715.

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7 . . . . .				54,436.
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013 . . . . .				0.
<b>b</b> From 2014 . . . . .				0.
<b>c</b> From 2015 . . . . .				8,761.
<b>d</b> From 2016 . . . . .				0.
<b>e</b> From 2017 . . . . .				809.
<b>f</b> Total of lines 3a through e . . . . .	9,570.			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ► \$ <u>44,715.</u>				
<b>a</b> Applied to 2017, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2018 distributable amount . . . . .				44,715.
<b>e</b> Remaining amount distributed out of corpus . . . . .	0.			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .	9,570.			9,570.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0.		
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0.		
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0.	
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .				151.
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .	0.			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014 . . . . .				0.
<b>b</b> Excess from 2015 . . . . .				0.
<b>c</b> Excess from 2016 . . . . .				0.
<b>d</b> Excess from 2017 . . . . .				0.
<b>e</b> Excess from 2018 . . . . .				0.

**Part XIV Private Operating Foundations** (see instructions 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 2018, enter the date of the ruling . . . . . ▶

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

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter <sup>2/3</sup> of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> 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).)

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- 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

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- 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	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST. IAKOVOS RETREAT CENTER 40 E. BURTON PLACE CHICAGO IL 60610		NC	ANNUAL MAINTENANCE AND SUPPORT	1,000.
SS CONSTANTINE & HELEN CATHEDRAL 8000 MADISON ST. MERRILLVILLE IN 46410		NC	PARISH PICNIC, VASILOPITA, 5K RUN, YOUTH SCHOLARSHIPS, KIDS FOR KIDS, HARVEST FOR THE HUNGRY, FOOD PANTRY SPECIAL NEEDS SEMINAR	14,900.
LAKE RIDGE HEAD START 6111 W. RIDGE RD. GARY IN 46408		NC	PRISON MINISTRY	1,700.
ORTHODOX CHRISTIAN PRISON MINISTRY P.O. BOX 1597 NEW YORK NY 10025		NC	SUPPORT ORTHODOX FAITH AND HERITAGE	250.
ARCHBISHOP IAKOVOS LEADERSHIP 100 ENDOWMENT FUND 645 FIFTH AVE. SUITE 403 NEW YORK NY 10022		NC	PARISH PARTNER ANNUAL SUPPORT	10,000.
HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY 50 GODDARD AVE. BROOKLINE MA 02445		NC	METROPOLITAN ENTHRONEMENT	2,000.
GREEK ORTHODOX METROPOLIS OF CHICAGO 40 E. BURTON PL. CHICAGO IL 60610-1697		NC	HOMELESS SHELTER	2,000.
SOJOURNER TRUTH HOUSE 410 W. 13TH AVE. GARY IN 46407		NC	SPAGHETTI DINNER, NOVAK MEMORIAL	500.
ST. HELEN'S PHILOPTOCHOS SOCIETY 8000 MADISON ST MERRILLVILLE IN 46410		NC		1,300.
See Statement				7,000.
<b>Total</b> . . . . .				<b>3a</b> 40,650.
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .				<b>3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Print/Type preparer's name: Bill M. Bikos, CPA; Preparer's signature; Date: 06/20/2019; Firm's name: BIKOS & ASSOCIATES CPA PC; Firm's address: 99 E 86TH AVE, SUITE E1; Firm's EIN: 38-3646247; Phone no.: (219) 769-6981; PTIN: P00104914

BAA MERRILLVILLE IN 46410 Form 990-PF (2018)

**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
<i>a. Paid during the year</i>				
REBUILDING TOGETHER DUNELAND P.O. BOX 644 CHESTERTON, IN 46304		NC	REHABILITATION OF LOW-INCOME HOMES	500.
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY SAINT AUGUSTINE, FL 32086		NC	ANNUAL SUPPORT OF MINISTRIES	3,000.
SS MONICA & LUKE SOUP KITCHEN 645 RHODE ISLAND GARY, IN 46402		NC	SUPPORT COMMUNITY SOUP KITCHEN	2,500.
SS CONSTANTINE & HELEN GREEK ORTHODOX CHURCH 11025 SOUTH ROBERTS ROAD PALOS HILLS, IL 60465		NC	METROPOLIS' JUNIOR OLYMPICS	1,000.
				7,000.

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

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

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 1722 W. 93RD CT. CROWN POINT, IN 46307	DIRECTOR 2.00	0.	0.	0.
FR. THEODORE POTERES 1234 KNIGHTHOOD DRIVE DYER, IN 46311	DIRECTOR 2.00	0.	0.	0.
		0.	0.	0.



**Additional information from your Form 990-PF: Return of Private Foundation****Form 990-PF: Return of Private Foundation****Taxes****Continuation Statement**

<b>Description</b>	<b>Revenue and Expense per Book</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursement for charitable purpose</b>
TAXES	1,028.			1,028.
<b>Total</b>	1,028.			1,028.

Name NOVAK FAMILY FOUNDATION, INC.	Employer Identification No. 26-0177940
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**Asset Information:**

Description of Property . . . . . 156.130 MFS DIVERSIFIED INCOME FUND CLASS C  
 Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
 Date Acquired . . . . . Various How Acquired . Purchased  
 Date Sold . . . . . 05/15/18 Name of Buyer \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 1,883. Cost or other basis (do not reduce by depreciation). . . . . 1,939.  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . -56. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . 45.015 MFS UTILITIES FUND CLASS C  
 Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
 Date Acquired . . . . . Various How Acquired . Purchased  
 Date Sold . . . . . 03/02/18 Name of Buyer \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 857. Cost or other basis (do not reduce by depreciation). . . . . 896.  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . -39. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . 528.541 MFS UTILITIES FUND CLASS C  
 Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
 Date Acquired . . . . . 03/21/17 How Acquired . Purchased  
 Date Sold . . . . . 03/02/18 Name of Buyer \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 10,058. Cost or other basis (do not reduce by depreciation). . . . . 10,000.  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . 58. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . 110.466 NUVEEN REAL ASSET INCOME FUND CLASS C  
 Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
 Date Acquired . . . . . Various How Acquired . Purchased  
 Date Sold . . . . . 03/02/18 Name of Buyer \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . 2,548. Cost or other basis (do not reduce by depreciation). . . . . 2,650.  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . -102. Accumulated Depreciation . . . . . \_\_\_\_\_

Description of Property . . . . . See Net Gain or Loss from Sale of Assets  
 Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
 Date Acquired . . . . . \_\_\_\_\_ How Acquired . \_\_\_\_\_  
 Date Sold . . . . . \_\_\_\_\_ Name of Buyer . \_\_\_\_\_  
 Check Box, if Buyer is a Business . . .   
 Sales Price . . . . . \_\_\_\_\_ Cost or other basis (do not reduce by depreciation). . . . . \_\_\_\_\_  
 Sales Expense . . . . . \_\_\_\_\_ Valuation Method . . . . . \_\_\_\_\_  
 Total Gain (Loss) . . . . . \_\_\_\_\_ Accumulated Depreciation . . . . . \_\_\_\_\_

**Totals:**

Total Gain (Loss) of all assets . . . . . -6,042.  
 Gross Sales Price of all assets . . . . . 168,134.  
 Unrelated Business Income . . . . . \_\_\_\_\_ Business Code . \_\_\_\_\_  
 Excluded by section 512, 513, 514 . . . . . \_\_\_\_\_ Exclusion Code . \_\_\_\_\_  
 Related/Exempt Function Income . . . . . -6,042.

QuickZoom here to Form 990-PF, Page 1 . . . . . ►  
 QuickZoom here to Form 990-PF, Page 12 . . . . . ►

## Additional information from your Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets

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

#### Net Gain or Loss from Sale of Assets

#### Continuation Statement

Description of Property	Business Code	Exclusion Code	Date Acquired	How Acquired	Date Sold	Name of Buyer	Buyer a Business	Sale Price	Cost or other basis	Sale Expense	Valuation Method	Total Gain or Loss	Accumulated Depreciation
429.553 NUVEEN REAL ASSET INCOME FUND CLASS C			03/21/17	Purchased	03/02/18			9,910.	9,992.			-82.	
298.507 PUTNAM SHORT DURATION INCOME FUND CLASS A			03/21/17	Purchased	03/08/18			3,000.	3,000.			0.	
416.209 MFS DIVERSIFIED INCOME FUND CLASS C			Various	Purchased	05/15/18			5,019.	4,917.			102.	
4838.710 MFS DIVERSIFIED INCOME FUND CLASS C			07/06/15	Purchased	05/15/18			58,355.	60,000.			-1,645.	
375.991 MFS UTILITIES FUND CLASS C			Various	Purchased	03/02/18			7,155.	7,272.			-117.	
1386.322 MFS UTILITIES FUND CLASS C			11/05/13	Purchased	03/02/18			26,382.	30,000.			-3,618.	
141.305 NUVEEN REAL ASSET INCOME FUND CLASS C			Various	Purchased	03/02/18			3,260.	3,218.			42.	
536.304 NUVEEN REAL ASSET INCOME FUND CLASS C			01/30/15	Purchased	03/02/18			12,373.	12,926.			-553.	
1184.834 NUVEEN REAL ASSET INCOME FUND CLASS C			07/06/15	Purchased	03/02/18			27,334.	27,366.			-32.	

Name NOVAK FAMILY FOUNDATION, INC.	Employer Identification No. 26-0177940
---------------------------------------	---

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
SECURITIES HELD IN RAYMOND JAMES A/C 50943229 (SEE ATTACHED)	1,124,086.	1,047,802.
Totals to Form 990-PF, Part II, Line 10b . . . . .	1,124,086.	1,047,802.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 10c . . . . .		

Line 12 - Investments - Mortgage loans:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 12 . . . . .		

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 13 . . . . .		

# Underpayment of Estimated Tax by Corporations

**2018**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name NOVAK FAMILY FOUNDATION, INC.	Employer identification number 26-0177940
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) . . . . .	1	1,322.
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	
c Credit for federal tax paid on fuels (see instructions) . . . . .	2c	
d <b>Total.</b> Add lines 2a through 2c . . . . .	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty . . . . .	3	1,322.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>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</b> . . . . .	4	1,011.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .	5	1,011.

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

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

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	9	05/15/18	06/15/18	09/15/18	12/15/18
10 <b>Required installments.</b> 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	252.	253.	253.	253.
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				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
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		252.	505.	758.
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		252.	505.	
17 <b>Underpayment.</b> 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	252.	253.	253.	253.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	18				

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .	<b>19</b> 05/15/19	05/15/19	05/15/19	05/15/19
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 . . . . .	<b>20</b> 365	334	242	151
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018	<b>21</b> 46	15		
<b>22</b> Underpayment on line 17 × $\frac{\text{Number of days on line 21}}{365} \times 5\% (0.05)$	<b>22</b> \$ 2.	\$ 1.	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>23</b> 92	92	15	
<b>24</b> Underpayment on line 17 × $\frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	<b>24</b> \$ 3.	\$ 3.	\$ 1.	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>25</b> 92	92	92	16
<b>26</b> Underpayment on line 17 × $\frac{\text{Number of days on line 25}}{365} \times 5\% (0.05)$	<b>26</b> \$ 3.	\$ 3.	\$ 3.	\$ 1.
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019	<b>27</b> 90	90	90	90
<b>28</b> Underpayment on line 17 × $\frac{\text{Number of days on line 27}}{365} \times 6\% (0.06)$	<b>28</b> \$ 4.	\$ 4.	\$ 4.	\$ 4.
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019	<b>29</b> 45	45	45	45
<b>30</b> Underpayment on line 17 × $\frac{\text{Number of days on line 29}}{365} \times *%$	<b>30</b> \$ 2.	\$ 2.	\$ 2.	\$ 2.
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019	<b>31</b>			
<b>32</b> Underpayment on line 17 × $\frac{\text{Number of days on line 31}}{365} \times *%$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>33</b>			
<b>34</b> Underpayment on line 17 × $\frac{\text{Number of days on line 33}}{365} \times *%$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020	<b>35</b>			
<b>36</b> Underpayment on line 17 × $\frac{\text{Number of days on line 35}}{366} \times *%$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	<b>37</b> \$ 14.	\$ 13.	\$ 10.	\$ 7.
<b>38</b> <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . .				<b>38</b> \$ 44.

\*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](http://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 "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)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b>	Enter taxable income for the following periods.				
<b>a</b>	Tax year beginning in 2015 . . . . .				
<b>b</b>	Tax year beginning in 2016 . . . . .				
<b>c</b>	Tax year beginning in 2017 . . . . .				
<b>2</b>	Enter taxable income for each period for the tax year beginning in 2018. See the instructions for the treatment of extraordinary items . . . . .				
<b>3</b>	Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
<b>a</b>	Tax year beginning in 2015 . . . . .				
<b>b</b>	Tax year beginning in 2016 . . . . .				
<b>c</b>	Tax year beginning in 2017 . . . . .				
<b>4</b>	Divide the amount in each column on line 1a by the amount in column (d) on line 3a . . . . .				
<b>5</b>	Divide the amount in each column on line 1b by the amount in column (d) on line 3b . . . . .				
<b>6</b>	Divide the amount in each column on line 1c by the amount in column (d) on line 3c . . . . .				
<b>7</b>	Add lines 4 through 6 . . . . .				
<b>8</b>	Divide line 7 by 3.0 . . . . .				
<b>9a</b>	Divide line 2 by line 8 . . . . .				
<b>b</b>	Extraordinary items (see instructions) . . . . .				
<b>c</b>	Add lines 9a and 9b . . . . .				
<b>10</b>	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 . . . . .				
<b>11a</b>	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a . . . . .				
<b>b</b>	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b . . . . .				
<b>c</b>	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c . . . . .				
<b>12</b>	Add lines 11a through 11c . . . . .				
<b>13</b>	Divide line 12 by 3.0 . . . . .				
<b>14</b>	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) . . . . .				
<b>15</b>	Enter any alternative minimum tax for each payment period. See instructions . . . . .				
<b>16</b>	Enter any other taxes for each payment period. See instructions . . . . .				
<b>17</b>	Add lines 14 through 16 . . . . .				
<b>18</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .				
<b>19</b>	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- . . . . .				

**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First _____ months	First _____ months	First _____ months	First _____ months
<b>20</b>	Annualization periods (see instructions) . . . . .	<b>20</b>			
<b>21</b>	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items . . . . .	<b>21</b>			
<b>22</b>	Annualization amounts (see instructions) . . . . .	<b>22</b>			
<b>23a</b>	Annualized taxable income. Multiply line 21 by line 22 . . . . .	<b>23a</b>			
<b>b</b>	Extraordinary items (see instructions) . . . . .	<b>23b</b>			
<b>c</b>	Add lines 23a and 23b . . . . .	<b>23c</b>			
<b>24</b>	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 . . . . .	<b>24</b>			
<b>25</b>	Enter any alternative minimum tax for each payment period (see instructions) . . . . .	<b>25</b>			
<b>26</b>	Enter any other taxes for each payment period. See instructions . . . . .	<b>26</b>			
<b>27</b>	Total tax. Add lines 24 through 26 . . . . .	<b>27</b>			
<b>28</b>	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .	<b>28</b>			
<b>29</b>	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>			
<b>30</b>	Applicable percentage . . . . .	<b>30</b>	25%	50%	75%
<b>31</b>	Multiply line 29 by line 30 . . . . .	<b>31</b>			

**Part III Required Installments**

		1st installment	2nd installment	3rd installment	4th installment
		<b>32</b>			
<b>33</b>					
<b>34</b>					
<b>35</b>					
<b>36</b>					
<b>37</b>					
<b>38</b>					



**RAYMOND JAMES®**

December 29, 2017 to December 31, 2018  
Account # 50943229

**Your Portfolio**

For more information,  
visit [raymondjames.com/clientaccess](http://raymondjames.com/clientaccess)

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
<b>Cash &amp; Cash Alternatives</b>					
Raymond James Bank Deposit Program † 0.8% - Selected Sweep Option			\$16,092.87		\$128.74
Raymond James Bank N.A.			\$16,092.87		
<b>Your bank priority state: IN</b>					
† Please see the Raymond James Bank Deposit Program on the Understanding Your Statement page.					
<b>Cash &amp; Cash Alternatives Total</b>			<b>\$16,092.87</b>		<b>\$128.74</b>
<b>Mutual Funds</b>					
BLACKROCK MULTI ASSET INCOME PORTFOLIO FUND CLASS A M/F (BAICX)	25,852.455	\$10.130	\$261,885.37	\$22,135.61 <sup>B</sup>	\$13,624.24
COLUMBIA BALANCED FUND CLASS C M/F (CBLCX)	1,432.478	\$36.880	\$52,829.79	\$(3,170.21) <sup>B</sup>	\$328.04
FEDERATED HIGH YIELD TRUST CLASS C M/F (FHYCX)	6,770.540	\$6.180	\$41,841.94	\$1,841.94 <sup>B</sup>	\$1,977.00
FIDELITY ADVISOR HEALTH CARE FUND CLASS C M/F (FHCCX)	1,441.526	\$34.500	\$49,732.65	\$4,732.65 <sup>B</sup>	
HARTFORD BALANCED INCOME FUND CLASS C M/F (HBLCX)	10,422.732	\$12.790	\$133,306.74	\$11,327.71 <sup>B</sup>	\$2,866.25
LOOMIS SAYLES GLOBAL ALLOCATION FUND CLASS C M/F - (LGMCX)	459.675	\$19.840	\$9,119.95	\$(880.05) <sup>B</sup>	\$1.56
JANUS HENDERSON BALANCED FUND CLASS C M/F (JABCX)	2,164.452	\$30.600	\$66,232.23	\$11,232.23 <sup>B</sup>	\$649.34
JOHN HANCOCK DISCIPLINED VALUE MID CAP FUND CLASS C M/F (JVMCX)	4,608.400	\$16.880	\$77,789.79	\$12,980.42 <sup>B</sup>	
JPMORGAN VALUE ADVANTAGE FUND CLASS C M/F (JVACX)	1,123.624	\$30.340	\$34,090.75	\$5,266.77 <sup>B</sup>	\$312.37
MSIF GLOBAL OPPORTUNITY PORTFOLIO CLASS C M/F (MSOPX)	1,983.158	\$20.070	\$39,801.98	\$(5,198.02) <sup>B</sup>	



December 29, 2017 to December 31, 2018  
Account # 50943229

Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss) <sup>o</sup>	Estimated Annual Income
<b>Mutual Funds (continued)</b>					
PUTNAM SHORT DURATION INCOME FUND CLASS A N/L (PSDTX)	924.931	\$10.020	\$9,267.81	\$267.81 <sup>B</sup>	\$192.39
AIG FOCUSED DIVIDEND STRATEGY FUND CLASS C MF (FDSTX)	4,705.170	\$15.310	\$72,036.15	\$9,036.15 <sup>B</sup>	\$1,769.14
VANGUARD WELLESLEY INCOME FUND INVESTOR CLASS N/L (VWINX)	8,181.210	\$24.430	\$199,866.96	\$26,611.24 <sup>B</sup>	\$6,602.24
<b>Mutual Funds Total</b>			<b>\$1,047,802.11</b>	<b>\$96,184.25</b>	<b>\$28,322.57</b>
<b>Portfolio Total</b>			<b>\$1,063,894.98</b>	<b>\$96,184.25</b>	<b>\$28,451.31</b>

**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 / 2018 and Ending 12 / 31 / 2018  
MM/DD/YYYY MM/DD/YYYY

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

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

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

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. 12
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 2018 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

**WILLIAM LOGOTHETIS**

Name of Person(s) to Contact

**PRESIDENT**

Title

**(219) 769-2481**

Daytime Telephone Number

6/30/19  
Date

**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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