

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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.

OMB No. 1545-0047

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning , and ending

Name of foundation

A Employer identification number

NOVAK FAMILY FOUNDATION, INC.

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

8000 MADISON ST.

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

MERRILLVILLE IN 46410

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

J Accounting method:

\$ **1,242,680**

☒ Cash ☐ Accrual

☐ Other (specify)

C If exemption application is pending, check here

D 1. Foreign organizations, check here

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

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

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,419	3,419		
	4 Dividends and interest from securities	34,178	34,178		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 STMT 1	66,469			
	b Gross sales price for all assets on line 6a 264,135				
	7 Capital gain net income (from Part IV, line 2)		49,236		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	104,066	86,833	0	
	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 2	3,500			3,500
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	722			722
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 4	6,238			6,238
	24 Total operating and administrative expenses. Add lines 13 through 23	10,460	0	0	10,460
	25 Contributions, gifts, grants paid	40,905			40,905
	26 Total expenses and disbursements. Add lines 24 and 25	51,365	0	0	51,365
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	52,701			
	b Net investment income (if negative, enter -0-)		86,833		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	297,630	89,045	89,045
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule)			
	Less: allowance for doubtful accounts	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U.S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) SEE STMT 5	822,764	1,084,150	1,153,635
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment: basis			
Less: accumulated depreciation (attach sch.)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,120,394	1,173,195	1,242,680	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds	1,357,593	1,357,593	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	-237,199	-184,398	
	29 Total net assets or fund balances (see instructions)	1,120,394	1,173,195	
	30 Total liabilities and net assets/fund balances (see instructions)	1,120,394	1,173,195	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,120,394
2 Enter amount from Part I, line 27a	2	52,701
3 Other increases not included in line 2 (itemize) SEE STATEMENT 6	3	100
4 Add lines 1, 2, and 3	4	1,173,195
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29	6	1,173,195

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.)
1a CAPITAL GAIN DISTRIBUTIONS—RJ				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 49,236			49,236	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			49,236	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		2		49,236
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8.		3		

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

1a	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)	1	1,207
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,207
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,207
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	
b	Exempt foreign organizations — tax withheld at source	6b	
c	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	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	33
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,240
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded	11	

Part VI-A **Statements Regarding Activities**

1a	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?		Yes	No
		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		
c	Did the foundation file Form 1120-POL for this year?			X
		1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	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 XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. IN			
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	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address NOVAKFAMILYFOUNDATION.ORG	13	X	
14	The books are in care of WILLIAM LOGOTHETIS 8000 MADISON ST. Located at MERRILLVILLE IN ZIP+4 46410 Telephone no. 219-769-2481			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2024, 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		Yes	No
		16		X

Part VI-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?		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X
(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)?		X
(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.)		X
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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2024?	N/A	
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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years 20 , 20 , 20 , 20		X
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		X
b If "Yes," did it have excess business holdings in 2024 as a result (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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2024?		X

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	X	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions	5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
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	5b		X
c	Organizations relying on a current notice regarding disaster assistance, check here			
d	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? N/A	5d		
	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?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
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?	8		X

Part VII 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
SEE STATEMENT 7				
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 VII

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

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part VIII-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 SEE STATEMENT 8	
	27,405
2 GRACE BEYOND BORDERS - SUPPORT FOR EMERGENCY TRANSITIONAL MISSION FOR HOMELESS WOMEN AND CHILDREN	5,000
3 PEARLANN BITHOS MEMORIAL CONTRIBUTION	3,000
4 SOJOURNER TRUTH HOUSE MINISTRY FOR AT-RISK AND HOMELESS WOMEN AND CHILDREN	1,000

Part VIII-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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,221,386
b	Average of monthly cash balances	1b	193,338
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,414,724
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,414,724
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	21,221
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,393,503
6	Minimum investment return. Enter 5% (0.05) of line 5	6	69,675

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

1	Minimum investment return from Part IX, line 6	1	69,675
2a	Tax on investment income for 2024 from Part V, line 5	2a	1,207
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	1,207
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	68,468
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	68,468
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	68,468

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	51,365
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	51,365

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				68,468
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				2,643
e From 2023				3,329
f Total of lines 3a through e	5,972			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 51,365				
a Applied to 2023, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2024 distributable amount				51,365
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	5,972			5,972
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions				
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				11,131
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, 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)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2024	(b) 2023	(c) 2022	(d) 2021	
b 85% (0.85) of line 2a				
c Qualifying distributions from Part XI, line 4, for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3 Complete 3a, b, or c for the alternative test relied upon:				
a "Assets" alternative test — enter:				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed				
c "Support" alternative test — enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XIV **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).)
N/A

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.
N/A

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:
N/A

b The form in which applications should be submitted and information and materials they should include:
N/A

c Any submission deadlines:
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
N/A

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ST. IAKOVOS RETREAT CENTE 40 E. BURTON PLACE CHICAGO IL 60610		NC	ANNUAL SUPPORT	1,000
SS CONSTANTINE & HELEN CA 8000 MADISON ST. MERRILLVILLE IN 46410	BUILDING FUND,	NC	5K RUN, SCHOLARSHIPS,	27,405
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY ST. AUGUSTINE FL 32086		NC	ANNUAL SUPPORT OF MINISTRIES	1,000
ST. HELEN'S PHILOPTOCHOS SOCIETY 8000 MADISON ST. MERRILLVILLE IN 46410		NC	SUPPORT ST BASIL ACADEMY	500
SOJOURNER TRUTH HOUSE 410 W. 13TH AVE. GARY IN 46407		NC	HOMELESS SHELTER	1,000
GRACE BEYOND BORDERS P.O. BOX 927 EAST CHICAGO IN 46312	SUPPORT HOMELESS WOMEN &	NC	CHILDREN	5,000
HELLENIC COLLAGE & HOLY CROSS SCH 50 GODDARD AVE BROOKLINE MA 02445-7496		NC	SUPPORT APPEAL	1,000
SS CONSTANTINE & HELEN GREEK ORTHOD 11025 SOUTH ROBERTS ROAD PALOS HILLS IL 60465	SUPPORT METROPOLIS JR	NC	OLYMPICS	1,000
PEARLANN BITHOS 3843 JUNIPER AVE JOLIET IL 60431		NC	MEMORIAL CONTRIBUTION	3,000
Total			3a	40,905
b Approved for future payment N/A				
Total			3b	

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Description			How Received		Cost	Expense	Depreciation	Net Gain / Loss
Whom Sold	Date Acquired	Date Sold	Sale Price					
5,520.505 DODGE & COX INCOME FUND	2/01/24	5/31/24	68,344 \$	PURCHASE	70,000 \$	\$	\$	-1,656
57.339 DODGE & COX INCOME FUND	3/27/24	5/31/24	710	PURCHASE	712			-2
241.789 FIDELITY ADVISOR HEALTH CARE	5/31/24			PURCHASE				
616.807 FIDELITY ADVISOR HEALTH CARE	7/06/15	5/31/24	16,388	PURCHASE	14,425			1,963
233.843 FIDELITY ADVISOR HEALTH CARE	3/21/17	5/31/24	41,807	PURCHASE	31,177			10,630
239.525 VANGUARD WELLESLEY INCOME FU	5/31/24		15,850	PURCHASE	10,000			5,850
453.473 VANGUARD WELLESLEY INCOME FU	11/05/13	5/31/24	14,625	PURCHASE	14,547			78
155.348 VANGUARD WELLESLEY INCOME FU	3/22/17	5/31/24	27,689	PURCHASE	27,806			-117
260.756 VIRTUS ZEVENBERGEN TECH	5/21/19	5/31/24	9,486	PURCHASE	9,790			-304
TOTAL			20,000		19,209			791
			214,899 \$		197,666 \$	0 \$	0 \$	17,233

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEE	\$ 3,500	\$	\$	\$ 3,500
TOTAL	\$ 3,500	\$ 0	\$ 0	\$ 3,500

Federal Statements

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAXES	\$ 722		\$	\$ 722
TOTAL	\$ 722	\$ 0	\$ 0	\$ 722

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES			\$	
INVESTMENT FEES	6,078			6,078
FUNERAL FLOWERS	160			160
TOTAL	\$ 6,238	\$ 0	\$ 0	\$ 6,238

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SECURITIES HELD IN RAYMOND JAMES A/C	\$ 822,764	\$ 1,084,150	COST	\$ 1,153,635
4254.691 AMERICAN BALANCED FUND				
1136.299 FEDERATED HERMES KAUFMANN				
6909.058 PIMCO INCOME FUND				
2544.367 PARNASSUS CORE EQUITY				
1760.816 JENSEN QUALITYGROWTH FUND				
3168.679 VANGUARD WELLESLEY INCOME				
1090.558 VIRTUS ZEVENBERGEN TECH FUN				
1800.903 NEUBERGER BERMAN LARGE CAP				
5306.243 T ROWE PRICE CAPITAL APPREC				
6388.527 THORNBURG STRATEGIC INCOME				
TOTAL	\$ 822,764	\$ 1,084,150		\$ 1,153,635

Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
PRIOR O/S CHECK	\$ 100
TOTAL	\$ 100

Federal Statements

Statement 7 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
WILLIAM LOGOTHETIS 5246 E. 107TH PLACE CROWN POINT IN 46307	PRESIDENT	0.70	0	0	0
MICHAEL J. BERTA 59 LEVANNO DRIVE CROWN POINT IN 46307	SECRETARY/TR	0.15	0	0	0
BESSIE PLOUTIS 861 PINGEL PLACE CROWN POINT IN 46307	BOARD MEMBER	0.15	0	0	0
JOANN MASSOW 1722 W. 93RD CT. CROWN POINT IN 46307	BOARD MEMBER	0.15	0	0	0
FR. THEODORE POTERES 1234 KNIGHTHOOD DRIVE DYER IN 46311	BOARD MEMBER	0.15	0	0	0

Statement 8 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description
SS CONSTANTINE & HELEN GREEK ORTHODOX CATHEDRAL - BUILDING FUND, GOLF OUTING, HARVEST FOR THE HUNGRY/KIDS 4 KIDS, SCHOLARSHIPS, GOYA, SPAGHETTI DINNER, FALL FEST SPONSOR AND FOOD PANTRY.

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceAttach to the corporation's tax return.
Go to www.irs.gov/Form2220 for instructions and the latest information.**2024**

Name

Employer identification number

NOVAK FAMILY FOUNDATION, INC.**26-0177940**

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	1,207
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	Total. Add lines 2a through 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 does not owe the penalty	3	1,207
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	576
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	576

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	05/15/24	06/15/24	09/15/24	12/15/24
10	144	144	144	144
11				
12				
13				
14		144	288	432
15	0	0	0	0
16		144	288	
17	144	144	144	144
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.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 366 x 8% (0.08)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 366 x 8% (0.08)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 366 x 8% (0.08)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x *%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x *%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x *%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 365 x *%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. 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	38	\$		33

*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 800-829-4933 to get interest rate information.

Form **2220**

Form **2220** Worksheet

2024

For calendar year 2024, or tax year beginning, and ending

Name

NOVAK FAMILY FOUNDATION, INC.

Employer Identification Number

26-0177940

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Due date of estimated payment	<u>05/15/24</u>	<u>06/15/24</u>	<u>09/15/24</u>	<u>12/15/24</u>	
Amount of underpayment	<u>144</u>	<u>144</u>	<u>144</u>	<u>144</u>	
Prior year overpayment applied					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment					
Amount of payment					

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/24	12/31/24	144	230	8.00	7
1	12/31/24	5/15/25	144	135	7.00	4
2	6/15/24	12/31/24	144	199	8.00	6
2	12/31/24	5/15/25	144	135	7.00	4
3	9/15/24	12/31/24	144	107	8.00	3
3	12/31/24	5/15/25	144	135	7.00	4
4	12/15/24	12/31/24	144	16	8.00	1
4	12/31/24	5/15/25	144	135	7.00	4
TOTAL PENALTY						33

Form 990-PF		Underdistribution and Excess Distributions for Part XII		2024
		For calendar year 2024, or tax year beginning , ending		
Name NOVAK FAMILY FOUNDATION, INC.				Employer Identification Number 26-0177940

Undistributed Income Carryovers
Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2024	Total per Year		Nontaxable or Previously Taxed	Taxable in 2025
Years prior						
20 20						
20 21						
20 22						
2023						
2024			68,468	57,337		11,131
Total Carryover to Next Year						11,131

* Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers
Form 990-PF, Part XII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2019		
2020		
2021		
2022 2,643	2,643	
2023 3,329	3,329	
Current Year Excess Distribution Generated (2024)		0
Total Carryover to Next Year		0

Name

NOVAK FAMILY FOUNDATION, INC.

Taxpayer Identification Number

26-0177940

For calendar year 2024, or tax year beginning , ending

	2023				2024				Differences	
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received										
2. Interest on savings and temporary cash investments	8,994	8,994	3,419	3,419			-5,575			-5,575
3. Dividends and interest from securities	16,884	16,884	34,178	34,178			17,294			17,294
4. Gross rents										
5. Net gain or (loss) from sale of assets	17,354		66,469				49,115			
6. Capital gain net income		15,593				49,236				33,643
7. Gross profit or (loss)										
8. Other income										
9. Total. Add lines 1 through 8	43,232	41,471	104,066	86,833			60,834			45,362
10. Compensation of officers, directors, trustees, etc.										
11. Other employee salaries and wages										
12. Pension plans, employee benefits										
13. Professional fees	550		3,500				2,950			
14. Interest										
15. Taxes	785		722				-63			
16. Depreciation and depletion										
17. Occupancy										
18. Other expenses	5,533		6,238				705			
19. Contributions, gifts, grants paid	55,118		40,905				-14,213			
20. Total expenses and disbursements. Add lines 10 through 19	61,986		51,365				-10,621			
21. Net income (if negative investment activity, enter -0-)	-18,754	41,471	52,701	86,833			71,455			45,362
22. Excise Tax		576		1,207						631
23. Section 511 Tax										
24. Subtitle A income tax										
25. Total Taxes		576		1,207						631
26. Estimates and overpayments credited										
27. Foreign tax withheld										
28. Other Payments										
29. Total payments and credits										
30. Balance due / (Overpayment)		576		1,207						631
31. Overpayment credited to next year										
32. Penalty		33		33						
33. Net due / (Refund)		609		1,240						631
34. Total assets	1,120,394		1,173,195				52,801			
35. Total liabilities	0		0				0			
36. Net assets	1,120,394		1,173,195				52,801			

Name

NOVAK FAMILY FOUNDATION, INC.

Taxpayer Identification Number

26-0177940

Use the 2Yr Report for more recent historical information

	2020		2021		2022	
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received						
2. Interest on savings and temporary cash investments	2	2	2	2	28	28
3. Dividends and interest from securities	27,593	27,593	34,763	34,763	18,423	18,423
4. Gross rents						
5. Net gain or (loss) from sale of assets	28,415		79,680		-1,145	
6. Capital gain net income		33,477		55,419		33,256
7. Gross profit or (loss)						
8. Other income						
9. Total. Add lines 1 through 8	56,010	61,072	114,445	90,184	17,306	51,707
10. Compensation of officers, directors, trustees, etc.						
11. Other employee salaries and wages						
12. Pension plans, employee benefits						
13. Professional fees	3,200		500		3,435	
14. Interest						
15. Taxes	508		889		1,274	
16. Depreciation and depletion						
17. Occupancy						
18. Other expenses	6,643		6,819		6,165	
19. Contributions, gifts, grants paid	44,650		51,925		51,286	
20. Total expenses and disbursements. Add lines 10 through 19	55,001		60,133		62,160	
21. Net income (if negative investment activity, enter -0-)	1,009	61,072	54,312	90,184	-44,854	51,707
22. Excise Tax		849		1,254		719
23. Section 511 Tax						
24. Subtitle A income tax						
25. Total Taxes		849		1,254		719
26. Estimates and overpayments credited						
27. Foreign tax withheld						
28. Other Payments						
29. Total payments and credits						
30. Balance due / (Overpayment)		849		1,254		719
31. Overpayment credited to next year						
32. Penalty		9		20		34
33. Net due / (Refund)		840		1,234		685
34. Total assets	1,129,690		1,184,002		1,139,148	
35. Total liabilities	0		0		0	
36. Net assets	1,129,690		1,184,002		1,139,148	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
INTEREST	\$ 3,419			IN	
TOTAL	\$ 3,419				

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
DIVIDENDS	\$ 34,178			IN	
TOTAL	\$ 34,178				

NP-20R

WORKSHEET ONLY - DO NOT FILE

Indiana Department of Revenue
Indiana Nonprofit Organization's Report

Beginning

01

01

2024

and Ending

12

31

2024

Change of Address ☐Amended Report ☐Final Report: ☐

Indicate Date Closed _____

Place "X" in box if:

Due on the 15th day of the 5th month five (5) years following nonprofit's formation and every five (5) years thereafter.

NO FEE REQUIRED.

Name of Organization

Telephone Number

NOVAK FAMILY FOUNDATION, INC.

219 769 2481

Address

County

Indiana Taxpayer Identification Number

8000 MADISON ST.

City

State

ZIP Code

Federal Employer Identification Number

MERRILLVILLE

IN

46410

26 0177940

Printed Name of Person to Contact

Contact's Telephone Number

219 769 2481

If you are filing a federal return, attach a completed copy of your prior year's Form 990, 990EZ, or 990PF. You must maintain the other four previous years federal returns as DOR can require you to provide them at a later date.

Note: If your organization has unrelated business income as defined under **Section 513** of the Internal Revenue Code, of more than \$1,000 during taxable year **you must also file Form IT-20NP for the taxable year.** The Form IT-20NP must be filed each year (if applicable) even though the Form NP-20R is due every five years.

Current Information

1. Indicate number of years your organization has been in continuous existence: 18
2. 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 importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT**
4. Briefly describe the purpose or mission of your organization below.

Email Address:

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

Signature of Officer or Trustee

PRESIDENT

Title

Date

WILLIAM LOGOTHETIS

219 769 2481

Name of Person(s) to Contact

Daytime Telephone Number

IN Form NP-20R, Line 3 - Current Officers

Officer Name	Title			
Address	City	State	Zip Code	
WILLIAM LOGOTHETIS 5246 E. 107TH PLACE	PRESIDENT CROWN POINT	IN	46307	
MICHAEL J. BERTA 59 LEVANNO DRIVE	SECRETARY/TREASURER CROWN POINT	IN	46307	

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

Department of the Treasury
Internal Revenue Service
Name of filer**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2024****NOVAK FAMILY FOUNDATION, INC.**

EIN or SSN

26-0177940Name and title of officer or person subject to tax **WILLIAM LOGOTHETIS
PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	1,207
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BIKOS & ASSOCIATES CPA PC** to enter my PIN **46410** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

08/11/25**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35077046410

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

08/11/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)