

Form

990-PF

Return of Private Foundation

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

OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or tax year beginning October 1, 2017, and ending September 30, 2018

Name of foundation
The Grover Family Foundation, Inc

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

City or town, state or province, country, and ZIP or foreign postal code
Kohler WI 53044

A Employer identification number
39-1768404

B Telephone number (see instructions)
920-458-8573

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐
If private foundation status was terminated under section 507(b)(1)(A), check here ☐

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

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) ▶ \$ 2,823,672

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

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)
1	Contributions, gifts, grants, etc., received (attach schedule)	0			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	149	149	149	
4	Dividends and interest from securities	57200	57200	57200	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	9255			
b	Gross sales price for all assets on line 6a		9255		
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain			0	
9	Income modifications			0	

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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

1 Cash—non-interest-bearing

2 Savings and temporary cash investments

42193

36266

36266

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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 Publicly Traded Securities			
b			

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1		1341
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		
3	Add lines 1 and 2	3		1341
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1341
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1012	
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		1012
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		329
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 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

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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		✓
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		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	✓	
Website address ►			

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Part VII Other income for which Form 4790 may be required (continued)

**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.

Signature of officer or trustee *Carol A Grover* Date *10/25/18* Title *President*

May the IRS discuss this return with the preparer shown below?
See instructions ☐ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				136444
2 Undistributed income, if any, as of the end of 2017:				

Located at ► 221 Phillip Court Kohler WI

ZIP+4 ► 53044-1358

- 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 2017, 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?

16	Yes	No
		✓
- See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►

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

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

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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

Foundation

Purpose of grant or

Part XIII Analysis of Income-Producing Activities		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
Enter gross amounts unless otherwise indicated.		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments				14	149	
4 Dividends and interest from securities				14	57200	
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income				14	13187	
8 Gain or (loss) from sales of assets other than inventory				14	9255	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)					79791	
13 Total. Add line 12, columns (b), (d), and (e)					79791	79791

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

Line No. ▼	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 (other than by providing funds for such purposes). (See instructions.)
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	N/A
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Form 990-PF
October 1, 2017 through September 30, 2018

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Part I Analysis of Revenue and Expenses

1 Contributions, gifts, grants, etc

\$ -

11 Other Income

Capital Gain Distribution MFS	\$	2,268 15
Capital Gain Distribution Europacific Growth	\$	4,523 66
Capital Gain Distribution Europacific Growth	\$	6,395 11

Total \$ 13,186 92

16c Other Professional Fees

Baird Asset Based Fee \$ 11,722 20

Total \$ 11,722 20

18 Taxes

IRS - Estimated Tax Payments - FYE 9/30/18	\$	1,012 00
IRS - Balance Tax with Return - FYE 9/30/17	\$	19 00

Total \$ 1,031 00

23 Other Expenses

WI Dept of Financial Inst Annual Report 10 00

Total \$10 00

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

1

(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 accounts, other allowances
Carol Grover 221 Phillip Court Kohler, WI 53044	President / Director 10 hours	\$0 00	\$0 00	\$0 00
Deborah Wente 4530 Pheasant Lane Sheboygan, WI 53081	Vice President / Director 1 hour	\$0 00	\$0 00	\$0 00
Karen Grover Scott 2298 Timothy Drive Glenview, IL 60026	Secretary / Director 1 hour	\$0 00	\$0 00	\$0 00
Robert B Grover 2715 Whitchurch Court Naperville, IL 60564	Treasurer / Director 1 hour	\$0 00	\$0 00	\$0 00

a Paid during the year

b Approved for future payment

Approved for future payment		Foundation	Purpose of	
Recipient	Relationship	Status	Contribution	Amount
Meals on Wheels		Exempt 501c3		10,000 00
Lakeshore Community Health Care		Exempt 501c3		5,000 00
Marquette University		Exempt 501c3		<u>80,000 00</u>
Total				<u>\$95,000 00</u>