

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

į			ndar year 2015 or tax year beginning		, 2015	, and end	ing		, 20
	Nam	e of f	foundation				4	A Employer identific	ation number
	JO	HN	M. KOHLER FOUNDATION INC (	40015242300				20-0	0497413
	Num	ber a	and street (or P O box number if mail is not delivered	to street address)		Room/sur	e I	B Telephone number	(see instructions)
			OX 0634	<del> </del>				920	0-459-6942
	City	or tov	wn, state or province, country, and ZIP or foreign pos	tal code			l.		
	ΜI	LWA	AUKEE, WI 53201-0634	<u>.</u>				If exemption application pending, check here.	
i			all that apply: Initial return	Initial return	of a former o	ublic cha	ritv	D 1 Foreign organization	an abank hara
			Final return	Amended ref	•			2 Foreign organization	
			Address change	Name chang				85% test, check he	re and attach
i	H CI	neck	type of organization: X Section 501	<del></del>				computation	
			tion 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion		E If private foundation s	. I I
	l Ea			unting method: X C		rual	╼	under section 507(b)(	
'				ther (specify)	Acc	, uui			a 60-month termination 1)(B), check here
		;u o. 3) ▶		column (d) must be on ca	sh hasis l			under section 507(b)(	I)(b), chack here
		_	Analysis of Revenue and Expenses (The		511 Ed313.7				(d) Disbursements
		— t	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c)	Adjusted net	for charitable
			may not necessarily equal the amounts in column (a) (see instructions) )	books	incon	ne		income	purposes (cash basis only)
•	1		ontributions, gifts, grants, etc , received (attach schedule)	500,000.	· · · · · · · · · · · · · · · · · · ·	÷, *	48. °	3, 3,	*
	2		heck if the foundation is not required to	,				· · · · · · · · · · · · · · · · · · ·	
	3		attach Sch B						
	1		lividends and interest from securities	11,824.	1	1,643.			STMT 1
	, F		iross rents	11,021.		. 1 / 0 1 3 .			<u> </u>
	- 1 -		et rental income or (loss)			,· , } *	22,	<i>,</i> ,	
	- 1		et gain or (loss) from sale of assets not on line 10	2,056.	· ···· · · · · · · · · · · · · · · · ·	, <u>, , , , , , , , , , , , , , , , , , </u>			
		b G	ross sales price for all	· · · · · · · · · · · · · · · · · · ·			-	7 3	RECEIVED
	ē  7		apital gain net income (from Part IV, line 2) .	· · · · · · · · · · · · · · · · · · ·	*	2,056.	PO	STMARK	RLOCIVE-
	8   g		let short-term capital gain		*	<del>2,030.</del>			** 1_44
2016	9		ncome modifications	, · · · · · · · · · · · · · · · · · · ·	ś., » ,	~×	~ (	0 8 2015	06 1 3 2016
		a G	ross sales less returns				U	00 2010	*
8			ess Cost of goods sold	*	***************************************			OG	DEN
	- 1		iross profit or (loss) (attach schedule)					050/405	CENTER
JUN	11		Other income (attach schedule)					SERVICE	OLIVI
=	12		otal. Add lines 1 through 11 · · · · · ·	513,880.	1	3,699.			·
	13		ompensation of officers, directors, trustees, etc						
	rol .		Other employee salaries and wages			NONE		NONE	
	S 15	P,	ension plans, employee benefits			NONE		NONE	
	9 16	a Le	egal fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·					
SCARN	비	b A	accounting fees (attach schedule) STMT 2	750.		NONE		NONE	750
	oo≀ .		other professional fees (attach scheding . 3	5,080.		5,080.			5,080
	E 17		nterest						
	18		axes (attach schedule) (see instructions). 4.	1,843.		75.			
	E 19		epreciation (attach schedule) and depletion.						
-	20		Occupancy						
•	و 21 10		ravel, conferences, and meetings			NONE		NONE	
	21 E 22		rinting and publications			NONE	-	NONE	
			Other expenses (attach schedule)						
;	Operating 25		otal operating and administrative expenses.						
	<u>اور</u>		add lines 13 through 23	7,673.		5,155.		NONE	5,830
ć	이 기25		Contributions, gifts, grants paid	845,500.					845,500
	26		otal expenses and disbursements Add lines 24 and 25	853,173.		5,155.		NONE	851,330
	27		subtract line 26 from line 12:				İ		
			xcess of revenue over expenses and disbursements	-339,293.					
			let investment income (if negative, enter -0-)			8,544.	i		
			diusted net income (if negative, enter -0-).						

JSA For Paperwork Reduction Act Notice, see instructions.
5E1410 1 000 FMJ912 P27C 05/12/2016 12:04:06

040015242300

Form 990-PF (20

D	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_	מונ וו	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		29	29
	2	Savings and temporary cash investments	130,558.	9,729	9,729
	3	Accounts receivable			
		Less: allowance for doubtful accounts		The second secon	
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	<del>-</del> -		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		the second of th	
	7	Other notes and loans receivable (attach schedule)			
<b>"</b> A		Less. allowance for doubtful accounts ►NONE			
Assets	8	Inventories for sale or use			
488	9	Prepaid expenses and deferred charges		_	
_	10a	Investments - U.S and state government obligations (attach schedule).			-
	l	Investments - corporate stock (attach schedule)			<del></del>
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)		**	
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule) STMT .5 Land, buildings, and equipment basis		327,462	315,711
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe > ACCRUED INCOME )		948	. 948
	16	Total assets (to be completed by all filers - see the			
		ınstructions. Also, see page 1, item I)	646,763.	338,168	. 326,417
	17	Accounts payable and accrued expenses			
	18	Grants payable			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ies	19	Deferred revenue			_
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons.			
Liabilities	21	Mortgages and other notes payable (attach schedule)			_
_	22	Other liabilities (describe >)			-
		T		37037	British and the state of
_	23	Total liabilities (add lines 17 through 22)		NON	
nces		Foundations that follow SFAS 117, check here .  and complete lines 24 through 26 and lines 30 and 31.			
lan		Unrestricted			_
Bala	25	Temporarily restricted			
Ы	26	Permanently restricted			<b>-</b>
or Fund		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
		Capital stock, trust principal, or current funds	646,763.	338,168	. *
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			The state of the s
1ss	29	Retained earnings, accumulated income, endowment, or other funds			
, t	30	Total net assets or fund balances (see instructions)	646,763.	338,168	
ž	31	Total liabilities and net assets/fund balances (see			
_		instructions)	646,763.	338,168	
_		Analysis of Changes in Net Assets or Fund Bala		<del></del>	<del></del>
1		al net assets or fund balances at beginning of year - Part		= {	
_		l-of-year figure reported on prior year's return)			646,763.
		er amount from Part I, line 27a			-339,293.
		er increases not included in line 2 (itemize)  SEE STA			30,775.
_		d lines 1, 2, and 3		4	338,245.
5		reases not included in line 2 (itemize) ► SEE STA al net assets or fund balances at end of year (line 4 minus		5), line 30 · · · · 6	77. 338,168.
		a 2000to or raina balances at one of year finite 4 limitus	of tarking condition (	o <sub>11</sub>	1 330,100

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		describe the kind(s) of property sold (each of the kind (s) of property sold (each of the kind (s)) and the kind (s) of property sold (each of the kind (s)) and the kind (s) of property sold (each of the kind (s)) of the kind (s)	•	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED	SECURITIES		D - Donation		
_ <b>b</b>						
C						
_d						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_a	227,175.		225,119.			2,056.
<u>b</u>		<del></del>				
_c				ļ <u>.</u>	<del>-</del>	
_d				<u> </u>		
<u>e</u>						
	Complete only for assets s	howing gain in column (h) and owned			Gains (Col. (h) ga	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
_ a						2,056.
_b				ļ		
_c						
<u>d</u>						
_е				ļ		
2	Capital gain net income of	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		2,056.
3	· · · · · · · · · · · · · · · · · · ·	in or (loss) as defined in sections 1		<u> </u>		
	-		tructions). If (loss), enter -0- in	_		
D.		nder Section 4940(a) for Pode	uced Tax on Net Investment I	3		
_			section 4940(a) tax on net investment			
Wa		the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
		not qualify under section 4940(e).				
_1_		ount in each column for each year	see the instructions before making	g any enti		
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col. (b) divided by	tio col (c))
	2014	569,059.	140,428.			4.052319
	2013	611,451.	146,165.			4.183293
	2012	356,178.	381,135.			0.934519
	2011	557,499.	114,996.			4.847986
	2010	227,859.	5,347.			12.614363
2	Total of line 1, column (d	1)		2		6.632480
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if less	s than 5 years	3		11.326496
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	om Part X, line 5	4		453,533.
5	Multiply line 4 by line 3.	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	5	5,	136,940.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		85.
7	Add lines 5 and 6			7	5.	137,025.
•	, ad inico o dila o 1 1 1 1			F-+-		,,
			• • • • • • • • • • • • • • • • • • • •	8 _		851,330.

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

X

X

X

X

7

8b

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►n/a			<u> </u>
14	The books are in care of ► US BANK N.A. Telephone no. ► (920) 459	-694		
• •	Located at ► 605 N 8TH ST, SHEBOYGAN, WI ZIP+4 ► 53081	<u> </u>		
15			_	Т
	and enter the amount of tax-exempt interest received or accrued during the year		• • •	ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of		,	· ·
	the foreign country			1
Par	t 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
10	During the year did the foundation (either directly or indirectly):	h., I	105	
Ia				
	., 00			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		!	:
	(a) - (b) - (c) -			*48
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			i
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	. !		
	(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.)			]
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			i a
U	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_	Organizations relying on a current notice regarding disaster assistance check here			1: <b>3</b> .
·	were not corrected before the first day of the tax year beginning in 2015?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		à :	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		7	
•				:
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years		! !	
<b>.</b>				
U	Are there any years. Iisted in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		Х
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		Λ
·				
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			,
Ų.	at any time during the year?			:
h	If "Yes," did it have excess business holdings in 2015 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 2015.)	3b		
A=	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ta		- 1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
			1	

Form **990-PF** (2015)

orm 990-PF (2015)			97413	Page
Part VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incur any am	ount to.			
(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes X No	•
(2) Influence the outcome of any specific public of	•		· — —	
directly or indirectly, any voter registration drive?.			_	1 1 1
(3) Provide a grant to an individual for travel, study, or	other similar purposes	37	. Yes X No	•
(4) Provide a grant to an organization other than		•		
section 4945(d)(4)(A)? (see instructions)			. Yes X No	<b>,</b>
(5) Provide for any purpose other than religious,		,,		
purposes, or for the prevention of cruelty to children				
b If any answer is "Yes" to 5a(1)-(5), did any of the				
Regulations section 53.4945 or in a current notice reg				- 5b
Organizations relying on a current notice regarding dis				
c If the answer is "Yes" to question 5a(4), does the		•		
because it maintained expenditure responsibility for th	•	• • • • • • • • • • •	Yes No	•       ,
If "Yes," attach the statement required by Regulations s				z
6a Did the foundation, during the year, receive any f				
on a personal benefit contract?				
b Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	ict?	. 6b X
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation as	and the second second			
7a At any time during the tax year, was the foundation a p b If "Yes," did the foundation receive any proceeds or ha				
Part VIII Information About Officers, Direct				
and Contractors		_		
1 List all officers, directors, trustees, foundation r	(b) Title, and average		(d) Contributions to	(a) Comment
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
ULILLY W KOHLER	DIRECTOR			
158 KANE PLACE, MILNAUKEE, WI 53202-1629	1	-0-	-0-	-0-
OBERT T MELZER	DIRECTOR			
	<del>-</del>			
07 NORTH 8TH STREET, SHEBOYGAN, WI 53081	11	-0-	-0-	-0-
	1 DIRECTOR	-0-	0-	-0-
AREN_IMMEL	<del></del>	-0-	-0-	-0-
AREN_IMMEL	DIRECTOR			<u>.</u>
AREN IMMEL 05 NORTH 8TH STREET, SHEBOYGAN, WI 53081	DIRECTOR 1	-0-	-0-	-0-
AREN IMMEL  05 NORTH 8TH STREET, SHEBOYGAN, WI 53081  2 Compensation of five highest-paid employees	DIRECTOR 1	-0-	-0-	-0-
AREN IMMEL 05 NORTH 8TH STREET, SHEBOYGAN, WI 53081	DIRECTOR 1 - (other than those	-0-	-0- e 1 - see instructio	-0- ons). If none, enter
AREN IMMEL  05 NORTH 8TH STREET, SHEBOYGAN, WI 53081  2 Compensation of five highest-paid employees	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-0-	- 0 - e 1 - see instruction (d) Contributions to employee benefit	-0-
2 Compensation of five highest-paid employees "NONE."	DIRECTOR  1  (other than those (b) Title, and average	-0- se included on lin	-0- e 1 - see instructio	-0-  ons). If none, enter
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on lin (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-0- se included on lin	-0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	-0-  ons). If none, enter
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on lin (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on lin (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on line (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on line (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the than the	-()- se included on line (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the the than the than the the than the the than the	-()- se included on line (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	DIRECTOR  1  (other than those than the than those than those than those than those than those than the than the than those than the than those than the the than the the than the than the the than the the than the	-()- se included on line (c) Compensation	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	-0- ons). If none, enter  (e) Expense account, other allowances
2 Compensation of five highest-paid employees "NONE."	DIRECTOR  1  S (other than those hours per week devoted to position	-0- se included on line (c) Compensation  NONE	-0-  e 1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation  NONE	-0- ons). If none, enter  (e) Expense account, other allowances

Form **990-PF** (2015)

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 s	ervice (c) Compensation
IONE	NON
	AVOLU
	-
otal number of others receiving over \$50,000 for professional services	▶ NONI
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc	the number of Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1NONE	Amount
2	
All other program-related investments See instructions	
3NONE	
Total. Add lines 1 through 3	▶

Part		um Investment Return (All domestic foundations must complete this part. Foreistructions.)	gn four	idations,
1	Fair market	value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		مئشد	
а	Average mo	nthly fair market value of securities	1a	419,008.
b		nonthly cash balances	1b	41,432.
C	Fair market	value of all other assets (see instructions)	1c	NONE
d		nes 1a, b, and c)	1d	460,440.
е		aimed for blockage or other factors reported on lines 1a and	(4, -2, -2, -2, -2, -2, -2, -2, -2, -2, -2	
	1c (attach de	etailed explanation)	الله من أعلا	
2	Acquisition i	ndebtedness applicable to line 1 assets	2	NONE
3	Subtract line	2 from line 1d	_3	460,440.
4		ed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
			4	6,907.
5		noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	453,533.
6		vestment return. Enter 5% of line 5	6	22,677.
Part		putable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fountain foreign organizations check here ► and do not complete this part.)	dations	
1	Minimum in	estment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	22,677.
2a	Tax on inves	tment income for 2015 from Part VI, line 5   2a   171 .	323	
b	Income tax f	or 2015. (This does not include the tax from Part VI.) 2b	3.7	
С		and 2b	2c	171.
3		amount before adjustments. Subtract line 2c from line 1	3	22,506.
4	Recoveries of	f amounts treated as qualifying distributions	4	NONE
5		and 4	5	22,506.
6	Deduction fr	om distributable amount (see instructions)	6	NONE
7		amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1		7	22,506.
		ying Distributions (see instructions)	1"- "- 1	
1		d (including administrative expenses) to accomplish charitable, etc., purposes:	-1	
а		ontributions, gifts, etc total from Part I, column (d), line 26	1a	851,330.
b	Program-rela	ted investments - total from Part IX-B	1b	
2		id to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes .	• • • • • • • • • • • • • • • • • • • •	2	NONE
3		aside for specific charitable projects that satisfy the:		
a	Suitability te	st (prior IRS approval required)	3a	NONE
b	Cash distribu	ition test (attach the required schedule)	3b	NONE
4		stributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	851,330.
5		that qualify under section 4940(e) for the reduced rate of tax on net investment income.		,
	Enter 1% of	Part I, line 27b (see instructions)	5	N/A
6	Adjusted qu	alifying distributions. Subtract line 5 from line 4	6	<u>851,330.</u>
	Note. The a qualifi	mount on line 6 will be used in Part V, column (b), in subsequent years when ca es for the section 4940(e) reduction of tax in those years.	lculating	g whether the foundation

Form **990-PF** (2015)

Part XIII	Undistributed Income (see instr	ructions)			·		-		· · · · · · ·				Page 5
		(a)		(b)				(c)		Τ		(d)	
	utable amount for 2015 from Part XI,	Corpus	Years p	rior to 2	2014		2	014		↓_		2015	<u>_</u>
					<del></del>					┼		22	<u>2,506.</u>
	ibuted income, if any, as of the end of 2015		. 6						NON				*
	amount for 2014 only				NONE	-			NON.	4-			<u> </u>
	or prior years 20_13_,20,20	<b>1</b>	\$. ·		NONE	-		*		+		*	*, 3%
	distributions carryover, if any, to 2015.												. 6
				<b>^</b>			4					*	. (*)
	227 650				-8 -		,						» å
	2012			\$*	483 *			\$				*	
	2014			*	., .		*				*	** #	
	of lines 3a through e	2.290.957											¥ .
	ying distributions for 2015 from Part XII,	* * * * · > · >				<del> </del>				P	*		*
	► \$ <u>851,330.</u>	,		à	ř.			<b>b</b>	5				× Š
	d to 2014, but not more than line 2a	ŕ		8"	, &			"	NON	F	;		
• •	·	* / . · · · // 🎄					àŝ		11011	7-			***
	d to undistributed income of prior years on required - see instructions)	* , * * * * * * * * * * * * * * * * * *			NONE	1	25.6						tur.
	•				44		۸»,	· ( )	, , ,	*	· -	· 40	18 <sup>62</sup> Salai
	d as distributions out of corpus (Election ed - see instructions)	NONE					¶.	,				* *	* '*
•	d to 2015 distributable amount	,	·* ,	ý	ş\$'	7	. /	1/	···-			2	2,506
	ning amount distributed out of corpus	828,824.								1.			.* .
	distributions carryover applied to 2015	NONE	1	**	100 p.s.	,	3		*****	+			NON
(If an	amount appears in column (d), the same	* * *	· · · · · · · · · · · · · · · · · · ·	g.	iå(		,	\$	24	1			45. 52.
	nt must be shown in column (a) ) the net total of each column as												
	ited below:	18 . 0 . 6 . 4	v <sub>a</sub> . 9,	£ 80	۱Ŋ.,	3	13.	x *	,		*	÷	
a Corpus	s Add lines 3f, 4c, and 4e. Subtract line 5	3,119,781.			" "%							<b></b>	
-	years' undistributed income. Subtract	** * * * *				< ½ ′	` <b>!</b>	\$ ·	^	*	×	ě	
	from line 2b				NONE	\$							783
	the amount of prior years' undistributed												
	e for which a notice of deficiency has issued, or on which the section 4942(a)					ś		2 €	4.	, ,	. <b>Č</b> <-	s-(1)	
	s been previously assessed	· · · · · · · · · · · · · · · · · · ·			NONE	1							\$'\$' ·
<b>d</b> Subtra	ict line 6c from line 6b. Taxable	, § ,					ŧ	>		# ° 3	>	ş. >	
amour	nt - see instructions				NONE								<u> </u>
	tributed income for 2014. Subtract line	* * *			*					*		4	
	rom line 2a. Taxable amount - see ctions					ļ			NON	<u> </u>			- # Y
f Undiet	tributed income for 2015. Subtract lines				4								
	nd 5 from line 1. This amount must be		٠	*			\$			1			
distrıb	uted in 2016					<u> </u>				$\perp$			NON
7 Amou	nts treated as distributions out of corpus		[					ĸ					
to sa	tisfy requirements imposed by section												2
170(b	)(1)(F) or 4942(g)(3) (Election may be												* -
require	ed - see instructions)	NONE	<u> </u>			ļ			····	4			
8 Excess	s distributions carryover from 2010 not												
	d on line 5 or line 7 (see instructions)	227,966				<u> </u>				<del>   </del>			
	s distributions carryover to 2016.	0.004.004											
	act lines 7 and 8 from line 6a	2,891,815	<del> </del>			_				+-			<del></del>
10 Analys	• • • • • • • • • • • • • • • • • • •												
	s from 2011	1											
	s from 2012 337,650.	-											
	s from 2013 607, 991.	-											
	s from 2014 <u>564 , 846 .</u>	1											
e Excess	s from 2015 828,824.					<u> </u>							PF (201)

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	and Part VII-A, quest	ion 9)		NOT 7	APPLICABL
1a	If the foundation has	received a ruling or d	letermination letter th	at it is a private ope	rating			
	foundation, and the ruling	g is effective for 2015, en	ter the date of the ruling	g	▶			
b	Check box to indicate		,	•	' '	4942(i	)(3) or	4942(j)(5)
		Tax year		Prior 3 years			<u> </u>	10.20///0/
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2	012	1 (	(e) Total
	I or the minimum investment		(5) 2014	(0) 2010	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	012	<del> </del> -	
	return from Part X for each							
	year listed			<del>-</del>			<del> </del>	
b	85% of line 2a			<del> </del>	<u> </u>		<del> </del>	
C	Qualifying distributions from Part	}						
	XII, line 4 for each year listed .			ļ			<u> </u>	
d	Amounts included in line 2c not used directly for active conduct						1	
	of exempt activities							
е	Qualifying distributions made	ļ						
	directly for active conduct of exempt activities Subtract line	İ						
	2d from line 2c							
3	Complete 3a, b, or c for the			<del>" -</del>				
9	alternative test relied upon "Assets" alternative test - enter							
•	(1) Value of all assets						,	
	(2) Value of assets qualifying							<del></del>
	under section							
h	4942(j)(3)(B)(i) "Endowment" alternative test-						<del> </del>	<u>.</u> .
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed	<del></del>					<del>                                     </del>	
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general							
	public and 5 or more exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)							
	(3) Largest amount of sup-							
	port from an exempt							
	organization				- <del>  -</del>		<del> </del>	
Pai		ntary Information (	Complete this par	t only if the found:	ation had 9	S 000 0	r more	in accote at
		uring the year - see		comy in the lound	ation nad (	,0,000		iii ussets at
1	Information Regarding	<del></del>						•
-	List any managers of	•		are than 2% of the to	tal contribut	ione receiv	ved by ti	he foundation
_	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (\$	See section !	507(d)(2).)	ved by a	ne roundation
			•	, , , ,				
	NONE	4h- fd-4;	100/	-f +ltlf				
D	List any managers of ownership of a partner					an equali	y large p	ortion of the
		iship of other entity) o	which the loundation	in has a 10% or greate	milerest.			
	NONE							
		·		<u></u>				
2	Information Regarding	=		• • •				
	Check here ▶ if t	the foundation only	makes contributions	to preselected cha	ritable orga	nizations	and doe	s not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, g	rants, etc. (see instru	ctions) to in	dividuals (	or organi	izations under
	other conditions, comp							
а	The name, address, ar	id telephone number o	or e-mail address of th	ne person to whom ap	plications sh	ould be ac	ldressed:	
	SEE STATEMENT	8						
b	The form in which app		bmitted and informat	ion and materials they	should inclu	ıde:		
	SEE ATTACHED S	TATEMENT FOR I	INE 2	•				
			<b></b>					
C	Any submission deadli	ines:						
•	SEE ATTACHED S		INF 2					
	OPE WITWCHED S	IAIBHBNI FOR D.	LIND 2					
	Any restrictions or I	imitations on awards	such as by geog	raphical areas chari	table fields	kinds of	inetituti	one or other
	factors:		, same as by geog	. aprillor arcus, citari	116103,	KIIIUS UI	เมอเสนเป	ona, or omer
	COR AMMACUTE C		IND 2					
	OUT ALLACHED S	TATEMENT FOR L	LINE Z					

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture 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)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
SEE STATEMENT 16				845,500
				1
		İ		
,				
		:		
		}		
		1		
		1		
Total			▶ 3a	845,500
b Approved for future payment		T		0.137,300
γ.,				
			+	
		· I		1
			1	
·				<u> </u>
Total				

Part XVI-	A Analysis of Income-Produ	cing Acti	vities			
Enter gross a	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
•	service revenue:		<u> </u>			(See instructions.)
_	<del></del>			<del>                                     </del>	<del></del>	
				<del></del>		<del></del>
		_		<del> </del>		
			_	<del> </del>		<del></del>
f						-,
	and contracts from government agencies			<del>  -</del>		
	ship dues and assessments	<u> </u>		<del>                                     </del>		<del></del>
	n savings and temporary cash investments			14	11 924	
	s and interest from securities		70 4 W X 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	11,024.	
	al income or (loss) from real estate:	*		3 /23 /	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	financed property					
	lebt-financed property • • • • • • •	<del></del>		-		
	income or (loss) from personal property. •			<del> </del>		
	vestment income			18	2,056.	·
	oss) from sales of assets other than inventory			10	2,030.	
	me or (loss) from special events · · ·			<del> </del>		
	ofit or (loss) from sales of inventory	-		+	<del>-</del>	<del></del>
	venue. a					
				<del>                                     </del>	<del> </del>	
e	. Add columns (b), (d), and (e)				13,880.	
	dd line 12, columns (b), (d), and (e)			. <u>L</u>	·	· · · · · · · · · · · · · · · · · · ·
(See worksh	eet in line 13 instructions to verify calci	ulations )	• • • • • • • • • • •			15,000.
Part XVI-			ccomplishment of Ex	xempt Pur	noses	
Line No.				-	-	
	Explain below how each activit	-				
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g tunas for such purpose	is). (See instructions.)
	-	•			<del></del>	
						· <del></del>
			.,		<del></del> .	
•			·		*	
			74-7			· · · · · · · · · · · · · · · · · · ·
			<u>-</u> 1	<del></del>	<del></del>	<del></del>
	· -		_			
			NOT APPLICABL	E		
-						
						<del></del>
		•			<del>_</del>	
						<del> </del>
		<u> </u>				

Part XVII	Information Regarding	Transfers To and	<b>Transactions and Relations</b>	hips With Noncharitable
	<b>Exempt Organizations</b>			po ottom vacionalitable

	Exempt Organ	iizations				
in secti organiz	on 501(c) of the Contations?	de (other than se	ction 501(c)(3) orga	nizations) or in s	ny other organization described section 527, relating to political	Yes No
			noncharitable exemp	-		
			• • • • • • • • • • • • • • • • • • • •			1a(2) X
	ransactions:		_			
					Column (b) should always sho	
					. If the foundation received less	
					of the goods, other assets, or	
(a) Line no.	(b) Amount involved	(c) Name of non	charitable exempt organiza	tion (d) De	scription of transfers, transactions, and sh	ering arrangements
		<u> </u>				
<del></del>						
	<del></del>			<del></del>		<del></del>
				<del> </del>		<del></del>
<del></del>			<del></del>	<del></del>		
					<del></del>	
		<del></del>				
<del></del>						
<del></del>	<del></del>	<del></del>	<del></del>	<del></del>		
						·
	<del></del>			<del></del>		
describ		of the Code (other			re tax-exempt organizations n 5277	Yes X No
	(a) Name of organization	n	(b) Type of organ	ization	(c) Description of relation	nship
			- <del> </del>			
<del></del>						
· <del></del>	<del></del>		<del> </del>			
Sign correc	penalties of perjury. If decision, and complete Designations	re that have fremined prepare to the temperature to	this return, including accompayer) is based on all information		1 DDDGTDDMM . '	dge and belief, it is true,  RS discuss this return preparer shown below
ı	nature of officer or trustee BERT MELZER		Date	Title	(see Instruct)	ons)? X Yes No
	Print/Type preparer's na	me	Preparer's signature	5	Date Check X If	PTIN
Paid	DONALD J. RO	MAN	Jeg F	<u> </u>	05/11/2016 self-employed	P00364310
Preparer	Firm's name PR	ICEWATERHOU	SECOOPERS LLP			-4008324
Jse Only		O GRANT STR				
	1		PA	15219		355-6000
			,		F	orm 990-PF (2015)

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Contraduct of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Name of the organization Employer identification number JOHN M. KOHLER FOUNDATION INC 040015242300 20-0497413 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

JOHN M. KOHLER FOUNDATION INC 040015242300

Employer identification number 20-0497413

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	WM COLLINS KOHLER  1211 NORTH 6TH STREET  SHEBOYGAN, WI 53081	\$ 500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

NET INVESTMENT INCOME	11,643.
REVENUE AND EXPENSES PER BOOKS	11,643. 181. 1 11,824. ====================================
	TOTAL
DESCRIPTION	DIVIDEND INCOME RETURN OF CAPITAL

# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1 1 1 1 1 1	750.	750.	
ADJUSTED NET INCOME	1 1 1 1 1		NONE	11 11 11 11 11 11 11 11 11
NET INVESTMENT INCOME	i i l l	) 1 1 1 1 1 1 1 1 1	NONE	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	750.	750.	
DESCRIPTION		TAX PREPARATION FEE (NON-ALLOC	TOTALS	

(7)

CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1 1		5,080.	
NET INVESTMENT INCOME	1 1 1 1		5,080.	H
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1		5,080.5	
DESCRIPTION	t : t : t : t : t : t : t : t : t : t :	CUSTODIAN & MANAGEMENT FEES (A	TOTALS	

ഗ
TAXES
<b>*</b>
7.1
٠.
1
Н
H
PART
ζ.
-4
ы
990PF
0
ω O
U١
5
ORM
<u></u>
F=

	NET	INVESTMENT	INCOME	 	35.		40.		75.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	35.	1,768.	40.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,843.	
			DESCRIPTION	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	FOREIGN TAXES	FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON NONQUALIFIED		TOTALS	

STATEMENT

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	COST/ FMV C OR F	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
EATON VANCE GLOBAL MAC FD CL I NUVEEN CORE PLUS BOND I NUVEEN HIGH INCOME BD FD CL I OPPENHEIMER SR FLOAT RATE Y	υυυυτ	, 94 , 81 , 53	33,619. 64,322. 11,067.	33,143. 60,384. 9,378.
ICW EMKG MKKIS INCOME FOND CAMBIAR INTL EQUITY FD 1209 ISHARES MSCI EMRG MARKETS ETF NUVEEN S BARBARA DIV GRWTH FD ROBECO BOSTON PRTNRS LS RSRCH	טטטטט	0,68 0,68 0,76 3,65 4,11	6,988. 4,399. 2,115. 2,612.	7,425. 3,637. 2,085. 2,699.
VANGUARD 500 IDX FD #1340 AMERICAN CENT EQUITY INCOME CL AMERICAN GRW FD OF AMER F2 BAIRD AGGREGATE BOND FD INSTL	U U U U	, 43 , 23 , 23	, 82 , 47 , 27	, 16 , 23 , 54
GLENMEDE SC EQUITY PORT ADV NEUBERGER BERMAN LONG SH INS NUVEEN INFLATION PRO SEC CL I NUVEEN INTERMEDIATE GOVT BD FD T ROWE PRICE INTL BOND FUND VANGUARD STRATEGIC EQUITY BLACKROCK INTERNATIONAL INDEX FINANCIAL SELECT SECTOR SPDR T ROWE PRICE INTL GR&INC FD TECHNOLOGY SELECT SECTOR S P D	00000000000	5,728. 14,704. 20,970. 44,963. 10,485. 20,845.	2,340. 26,344. 28,468. 6,628. 3,134. 1,371.	2,369. 26,145. 28,083. 6,030. 1,942. 1,328.
VANGUARD 500 INDEX ADMIRAL TO	TOTALS ==	516,205.	, 1 ,  , 46 ===	13,33 15,71 315,71

STATEMENT

FORM 990PF,	PART III -	OTHER INCREASE	S IN NET W	NORTH OR	FUND BALANCES
=========	========	==========	=========	=======	=========

DESCRIPTION

AMOUNT

2014 REVERSAL PAYMENT POSTING IN 2015

2014 INCOME POSTING IN 2015

30,000. 775.

TOTAL

30,775.

FORM	990PF,	PART							OR	FUND	BALANCES	
DESCF	RIPTION		====	===	 ======			 ======	====	====	======= I'NUOMA 	<b>1</b>
COST ROUNI	BASIS A	RDJUS	rmen'	Г								64. 13.
						TOT	AL					77.

RECIPIENT NAME:

US BANK NA

ADDRESS:

605 NORTH 8TH STREET SHEROVGAN WI 53081

SHEBOYGAN, WI 53081
RECIPIENT'S PHONE NUMBER: 920-459-6942

FORM, INFORMATION AND MATERIALS:

NO REQUIRED FORMAT

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

JOHN M. KOHLER FOUNDATION INC 040015242300 20-0497413 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NIA FAMILY INC BMO HARRIS ADDRESS: 1353 N 25TH ST MILWAUKEE, WI 53205 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID .... 75,000. RECIPIENT NAME: MSP - FOR SUSTAINABLE PEACEBUILDING PROG UWM - COLLEGE OF NURSING ADDRESS: 1921 E HARTFORD AVE MILWAUKEE, WI 53211 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 300,000.

RECIPIENT NAME:

JOHN MICHAEL KOHLER ART CENTER
ADDRESS:

608 NEW YORK AVE SHEBOYGAN, WI 53081 RELATIONSHIP:

PURPOSE OF GRANT: GENERAL OPERATIONS

NONE

FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME:

BOYS AND GIRLS CLUB OF SHEBOYGAN CO

ADDRESS:

733 BROADWAY AVE.

SHEBOYGAN, WI 53081

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 2,000.

RECIPIENT NAME:

STRING ACADEMY OF WISCONSIN

ADDRESS:

PO BOX 11941

MILWAUKEE, WI 53211

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ARTISTS WORKING IN EDUCATION INC

ADDRESS:

2819 WEST HIGHLAND AVE

MILWAUKEE, WI 53208

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

HMONG ASSOCIATION

FBO HMONG COMMUNITY CENTER

ADDRESS:

2304 SUPERIOR AVE.

SHEBOYGAN, WI 53081

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

DOCTORS WITHOUT BORDERS

ADDRESS:

PO BOX 1856

MERRIFIELD, VA 22116-8056

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PLAN INTERNATIONAL

ADDRESS:

155 PLAN WAY

WARWICK, RI 02886

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

JOHN M. KOHLER FOUNDATION INC 040015242300 20-0497413 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: ALLIANCE FOR PEACEBUILDING ADDRESS: 1726 M STREET NW, SUITE 401 WASHINGTON, DC 20036 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 130,000. RECIPIENT NAME: GLACIAL LAKES CONSERVANCY ADDRESS: PO BOX 258 KOHLER, WI 53044 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: RENAISSANCE THEATERWORKS ADDRESS: 158 N. BROADWAY MILWAUKEE, WI 53202 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

PC

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

12

10,000.

JOHN M. KOHLER FOUNDATION INC 040015242300 20-0497413 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SHEBOYGAN HISTORICAL MUSEUM

ADDRESS:

3118 ERIE AVE

SHEBOYGAN, WI 53081

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

PYSICIANS FOR HUMAN RIGHTS

ADDRESS:

TWO ARROWS STE 301

CAMBRIDGE, MA 02138

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

GATHERING WATERS

ADDRESS:

211 S PATTERSON ST STE 270

MADISON, WI 53703

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

JOHN M. KOHLER FOUNDATION INC 040015242300 20-0497413 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: MERCY CORP DEPT W ADDRESS: PO 2669 PORTLAND, OR 97208-2669 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ... 5,000. RECIPIENT NAME: PALMETTO COUNCIL BOY SCOUTS ADDRESS: 420 S CHURCH ST SPARTANBURG, SC 29306-5232 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 25,000. RECIPIENT NAME: BOOKWORM GARDENS INC ADDRESS:

STATEMENT

PO BOX 883

PURPOSE OF GRANT:

GENERAL OPERATIONS

RELATIONSHIP:

NONE

SHEBOYGAN, WI 53082-0883

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

14

3,000.

RECIPIENT NAME:

SHARON S RICHARDSON HOSPICE

HOME INC

ADDRESS:

1621 N TAYLOR DR

SHEBOYGAN, WI 53081

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

UW MILWAUKEE FOUNDATION

HOLTON HALL

ADDRESS:

P.O. BOX 413

MILWAUKEE, WI 53201

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MEDICAL COLLEGE OF WISCONSIN

DEVELOPMENT OFFICE

ADDRESS:

PO BOX 26509

MILWAUKEE, WI 53226-0509

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE SALVATION ARMY

ADDRESS:

710 PENNSYLVANIA AVENUE

SHEBOYGAN, WI 53082-1207

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ZION EVANGELICAL COVENANT CHURCH

ADDRESS:

1125 N 6TH STREET

SHEBOYGAN, WI 53081

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ST LUKE CHURCH METHODIST CHURCH

ADDRESS:

623 ONTARIO AVENUE

SHEBOYGAN, WI 53081

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

845,500.

================