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### Form 990-PF Department of the Treasury

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

OMB No 1545-0052

2014
Open to Public Inspection

Internal Revenue Service For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number MIKULSKY HOPE MATTERS FOUNDATION C/O PHILLIP MIKULSKY 45-3642240 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2789 NEWCASTLE COURT 920.499.7068 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here GREEN BAY, WI 54313 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 563,048. (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)) (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable purposes (cash basis only) expenses per books income income 227,360 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 16,192. 16,192. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 2,582 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 326,273. 2,582 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 5,831 5,831 STATEMENT 11 Other income .965 24,605 12 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits and Administrative Expenses 16a Legal fees CCIVED **b** Accounting fees 100 c Other professional fees 10 17 Interest FFR A A Too 18 Taxes III 19 Depreciation and depletion OGDEN 20 Occupancy 21 Travel, conferences, and meetings Other expenses

Total one 22 Printing and publications STMT 3 3,271 3,271 0. 24 Total operating and administrative expenses. Add lines 13 through 23 3,271 3,271 0. 25 Contributions, gifts, grants paid 21,000 21,000. 26 Total expenses and disbursements. 21,000. 24.271 3.271 Add lines 24 and 25 27 Subtract line 26 from line 12: 227,694 a Excess of revenue over expenses and disbursements 21,334. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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MIKULSKY HOPE MATTERS FOUNDATION C/O PHILLIP MIKULSKY 45-3642240 Form 990-PF (2014) Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year (c) Fair Market Value (a) Book Value (b) Book Value 40. 57,644 57,644. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 339,049. 509,139. 13 Investments - other STMT 4 505,404. 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 339.089. 566,783. 563,048. instructions. Also, see page 1, item 1) 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 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 0. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Vet Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** 🗓 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund Ο. 29 Retained earnings, accumulated income, endowment, or other funds 339,089. 566,783 339,089. 566,783 30 Total net assets or fund balances 566,783 339,089. 31 Total liabilities and net assets/fund balances 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 30 (must agree with end-of-year figure reported on prior year's return) <u>339,089.</u> 227,694. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize)

423511

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form **990-PF** (2014)

566,783.

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Form 990-PF (2014) C/O PHILLIP MIKULSKY  Part IV Capital Gains and Losses for Tax on Investment Income					4	45-3642240 F				
	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh			( <b>b)</b> F	low acquired - Purchase - Donation	(c) Date (mo., c	acquired day, yr.)	(d) Dat (mo., da		
1a BAIRD					D	11/1	0/06	03/1	8/14	
b BAIRD					P	02/1	4/14	10/2		
c BAIRD	·				P	07/0	5/12	01/2	3/14	
<u>d</u>										
<u>e</u>		,		<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (g)				
a 229,137.	229,137. 227,360.							1	777.	
b 55,417.		55,229.							188.	
<u>c</u> 41,719.			41,10	12.					617.	
_d		ļ								
_e		<u> </u>								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				Col. (h) gain			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			cor. (k), but Losses	not less tha (from col. ( 	n -0-) <b>or</b> h)) 		
<u>a</u>			<del> </del>					1	<u>,777.</u>	
b							<del></del>		<u> 188.</u>	
С									<u>617.</u>	
d										
<u>e</u>		L								
2 Capital gain net income or (net cap	ital loss) { If gain, also enter of the loss of the lo	r ın Part I, line I- ın Part I, line	7 7	}	2			2	,582.	
3 Net short-term capital gain or (loss	) as defined in sections 1222(5) ar	nd (6):								
If gain, also enter in Part I, line 8, c		,		) [						
If (loss), enter -0- in Part I, line 8				لل	3		<u> N/A</u>	<u></u>		
Part V   Qualification Un	ider Section 4940(e) for	Reduced	l lax on Net	Inve	estment Ir	ncome				
(For optional use by domestic private t	foundations subject to the section	4940(а) tax оп	i net investment ir	ncome	.)					
If section 4940(d)(2) applies, leave this	s nart hlank									
Was the foundation liable for the section	on 4942 tax on the distributable an	nount of any ye	ear in the base pei	riod?				Yes	X No	
If "Yes," the foundation does not qualif										
1 Enter the appropriate amount in ea	ach column for each year; see the	nstructions be	fore making any e	ntries.				, n		
(a) Base period years	(b)			(c)		. (	Distribution ratio			
Calendar year (or tax year beginning			Net value of no	nchar		(col. (b) divided by col. (c))				
2013		7,500.			<u>273,87</u>				<u> 53897</u>	
2012	1	.0,000.			<u> 137,88</u>	8.		• 0'	<u>72523</u>	
2011										
2010										
2009										
2 Total of line 1, column (d)						2	<del> </del>	.1	<u> 36420</u>	
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of yea	ars	{	}			
the foundation has been in existence	ce if less than 5 years					3		.00	<u> 58210</u>	
							}			
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X,	line 5				4	<u> </u>	<u>421</u>	<u>,587.</u>	
						1				
5 Multiply line 4 by line 3						5	<u> </u>	28	<u>,756.</u>	
						1	}			
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6			213.	
7 Add lines 5 and 6						7_	<u> </u>	28	<u>,969.</u>	
						-				
8 Enter qualifying distributions from	Part XII, line 4					_8	<u> </u>	21	<u>,000.</u>	
If line 8 is equal to or greater than I	ine 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 1%	% tax rate.					
See the Part VI instructions.								000		

	990-PF (2014)	_C/O_	PHILI	IP N	<u> IIKULS</u>	KY			040(1)	40.40( )		<u>45-</u>	3642	240	F	age 4
						ome (Sect					, or 4	948	- see ii	nstru	ction	15)
1a	Exempt operating fou															
	Date of ruling or deter												1			
b	Domestic foundations	s that meet t	the section	4940(e)	requirements	s in Part V, che	ck here 🕨	a	and enter 1	<b>%</b>	<b>)</b>	_ 1			4	<u>27.</u>
	of Part I, line 27b												1			
	All other domestic for									col. (b). 🔍	,		1			
	Tax under section 51	1 (domestic	section 49	947(a)(1)	trusts and ta	xable foundation	ons only. Oth	ers ente	er -0-)			2	<u> </u>			<u>0.</u>
	Add lines 1 and 2											3	L		4	27.
	Subtitle A (income) ta						-	ers ent	ter -0-)			4	ļ			0.
	Tax based on investr	ment incom	e. Subtrac	t line 4 fr	om line 3. If z	zero or less, en	ter -0-					_5	ļ		4	27.
	Credits/Payments:						1									
	2014 estimated tax pa					2014	4	6a			240.		1			
	Exempt foreign organ							6b								
	Tax paid with applicat			ne to file	(Form 8868)		)	6c					}			
	Backup withholding e	-						6d							_	
	Total credits and pays											_7	<del> </del>		2	<u>40.</u>
	Enter any penalty for						2220 is attacl	ied				8	<u> </u>			
	Tax due. If the total o				-							9	<u> </u>		1	87.
	Overpayment. If line				-		overpaid			1		10				
	Enter the amount of li					<u> </u>				Refund	ed 🚩	11				
	rt VII-A   State														Yes	No
1a	During the tax year, d		Jation atter	npt to int	luence any na	ationai, state, o	ir local legisla	tion or	did it part	icipate or ir	itervene	ın			165	
	any political campaign				d			_	4 4			٠.		1a	-	<u>X</u>
D	Did it spend more tha													1b		
	If the answer is "Ye		· ·		-		ctivities and	copies	s or any r	nateriais p	oudiisne	ea or		l		
_	distributed by the f					ues.									i	v
	Did the foundation file			-		40EE\	d during the s	00r1						1c		_X_
0	Enter the amount (if a (1) On the foundation										0.					
	Enter the reimbursem							_	mnood o	n foundatu				1		
e	managers. > \$	nem (many)	_	• 10unuai <b>) .</b>	ion during th	e year for point	icai experiulti	ie lax i	шировец с	ii louriuatii	JII					
2	Has the foundation er	ngaged in a			o not nreviou	iely heen renor	ted to the IR	22						2		Х
L	If "Yes," attach a de					isiy budii tupui	ted to the na	, .								
2	Has the foundation m		-			the IRS in its	doverning in	trumai	nt articles	of incorno	ration o	r				
J	bylaws, or other simil								iii, ai uoico	or incorpo	ration, o	1		3	. }	x
4a	Did the foundation ha						_							4a		$\frac{x}{x}$
	If "Yes," has it filed a t			-			ing the year.					N	/A	4b		
	Was there a liquidation					ntraction durin	o the vear?						,	5		X
•	If "Yes," attach the		•				· g · · · · , · · · · ·									
6	Are the requirements			-			satisfied eith	er:								
-	By language in the			-		,										
	By state legislation				erning instru	ment so that no	o mandatory	directio	ons that co	inflict with	the state	law				
	remain in the governi			•	· ·		•							6	x	
7	Did the foundation ha			ssets at a	iny time duris	ng the year? If	"Yes," com	olete P	Part II, col	. (c), and	Part XV			7	Х	
					•	•				, ,,						
8a	Enter the states to wh	hich the four	ndation rep	orts or w	ith which it is	s registered (se	e instruction	s) <b>&gt;</b>						}		
	WI															
b	If the answer is "Yes"	to line 7, ha	as the found	dation fur	nished a cop	y of Form 990-	-PF to the Att	orney G	General (or	designate	)					
	of each state as requi	ired by Gen	eral Instru	ıctıon G	? If "No," at	tach explanat	tion		SE	E STA	ATEM	ENT	5	8b		<u>X</u>
9	Is the foundation clair	ımıng status	as a privat	te operati	ng foundatio	n within the me	aning of sect	ion 494	42(j)(3) or	4942(j)(5)	for cale	ndar				
	year 2014 or the taxa	able year beg	ginning in 2	2014 (see	Instructions	for Part XIV)?	If "Yes," co	mplete	e Part XIV	′				9		_ <u>X</u> _
10	Did any persons beco	ome substar	<u>ntıal contrit</u>	outors du	ring the tax y	rear? ir "Yes," att	tach a schedule	listing ti	heir names :	and addresse	s S	TMT	' 6	10	X	

		<u>45-3642</u>	240	F	age <b>5</b>
Pa	rt 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 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 pi	rivileges?			
	If "Yes," attach statement (see instructions)	- 1	12	İ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	ſ	13	X	
	Website address ► N/A	_			
14	The books are in care of ▶ PHILLIP MIKULSKY Telephone no. ▶	>920.499	9.70	068	
	Located at ▶ 2789 NEWCASTLE COURT, GREEN BAY, WI	ZIP+4 ►54	313-	-61:	1.2
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	15	N,	/ <u>A</u>	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		,	Yes	No
	securities, or other financial account in a foreign country?	Ļ	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	of the		Ì	
	foreign country				
Pa	rt 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.	1		Yes	No
1a	During the year did the foundation (either directly or indirectly):		ļ	Ì	
		s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ļ	ĺ	
		s X No	ĺ		
		s X No		1	
		s X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	(TE)			
		s X No	j	ĺ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	Í	İ		
	If the foundation agreed to make a grant to or to employ the official for a period after	[32] a.	l	ł	
		s X No	}		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	NT / 7			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	<u>1</u> b		
_	Organizations relying on a current notice regarding disaster assistance check here			ļ	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		4.	1	v
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	F	1c		<u> </u>
2	defined in section 4942(j)(3) or 4942(j)(5)):	Ì		Ì	
2	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	,			
a		s X No	}	ĺ	
	If "Yes," list the years	3 22 10			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	}		1	
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ĺ		J	
	statement - see instructions.)	N/A	2b	ļ	
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
				į	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	İ			
		s 🗶 No		- 1	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	1		Ì	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to di			ĺ	
	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.	f	ſ		
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
þ	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 2014?		4b		X

4b X Form **990-PF** (2014)

Form 990-PF (2014) C/O PHILLIP MIKULSKY			<u>45-36422</u>	40	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No	1	İ
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire				
any voter registration drive?			es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	s X No		Į
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		1		Ì
4945(d)(4)(A)? (see instructions)		Y6	s X No	ļ	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	ŧ		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	rctions)?	_	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?			es 🔲 No		1
If "Yes," attach the statement required by Regulations section 53.494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			)	1	Ì
a personal benefit contract?	pay profittation of	[ v	es X No		1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?		i	6ь	x
If "Yes" to 6b. file Form 8870.	ordenal benefit bentrabt:		<u> </u>	-	121
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No	İ	
b If "Yes," did the foundation receive any proceeds or have any net income attribution.		· · · · · · · · · · · · · · · · ·		7b	<del> </del>
Part VIII Information About Officers, Directors, Trust		nagers Highly		<u>/U</u>	
Paid Employees, and Contractors	ees, roundation wa	illagers, night	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	nense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allowa	t, other ances
PHILLIP MIKULSKY	PRESIDENT & T	REASURER	}		
2789 NEWCASTLE COURT		1			
GREEN BAY, WI 54313	1.00	0.	] 0.		0.
SUSAN MIKULSKY	VICE PRESIDEN	T & SECRE	TARY		
2789 NEWCASTLE COURT			1		
GREEN BAY, WI 54313	1.00	0.	0.	1	0.
	DIRECTOR				
2920 GRANITE POINTE DRIVE		Ì	}	1	
RENO, NV 89511	1.00	0.	0.	ļ	_ 0.
	DIRECTOR				
18364 FRONTIOR PLACE		1		ſ	
EDEN PRAIRIE, MN 55347	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc				·	
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun allowa	t, other
NONE	dovoted to publicit		compensation	unom	
110112					
	-	<del>                                     </del>	<del> </del>	-	
	1	1			
			<del></del>		
	1	1		[	
	<del></del>	<del> </del>	<del></del>		
	1	1			
	<del> </del>	<del> </del>	<del>  -                                   </del>	<del> </del>	
		]	}	]	
	<u> </u>	<u> </u>	L	<u> </u>	
Total number of other employees paid over \$50,000				000 ==	0
			Form	990-PF	(2014)

Form 990-PF (2014) C/O_PHILLIP_MIKULSKY 4!	5-364224	0 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. 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	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		<del> </del>
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.	Ехр	enses
1 <u>N/A</u>	_	
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Δm	ount
1 N/A		ount
		_
2		0.
All other program-related investments. See instructions.		-
Total. Add lines 1 through 3	<u> </u>	0.

423561

Form **990-PF** (2014)

Form 990-PF (2014)

C/O PHILLIP MIKULSKY

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 425,603. 1a b Average of monthly cash balances 1b 2,404. c Fair market value of all other assets 1c 428,007. Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 428,007. 3 Subtract line 2 from line 1d 3 6,420. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 421,587. 5 21,079. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part.) 21,079. Minimum investment return from Part X, line 6 1 427. Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014. (This does not include the tax from Part VI.) Add lines 2a and 2b C 2c 652. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 20 652. Add lines 3 and 4 5 5 Deduction from distributable amount (see instructions) 6 0 20,652 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 21,000. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 21,000. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. income, Enter 1% of Part I, line 27b 5 21,000. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2014)

Form 990-PF (2014)

C/O PHILLIP MIKULSKY

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				20,652.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012 3,177.				
e From 2013 4,041.				
f Total of lines 3a through e	7,218.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 21,000.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U•	<del></del>		20 652
d Applied to 2014 distributable amount	240			20,652.
e Remaining amount distributed out of corpus	348.			0.
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,566.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			[	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				<del> </del>
Subtract lines 7 and 8 from line 6a	7,566.			
10 Analysis of line 9:				
a Excess from 2010			}	
b Excess from 2011				
c Excess from 2012 3,177.	İ			
<b>d</b> Excess from 2013 <b>4</b> , <b>041</b> .				
e Excess from 2014 348.	<u></u>		<u></u>	
423581				Form <b>990-PF</b> (2014)

### MIKULSKY HOPE MATTERS FOUNDATION C/O PHILLIP MIKULSKY

Form 990-PF (2014) C/O_PHI	Y HOPE MATTI LLIP MIKULSI	KY		45-36	<b>42240</b> Page 1
Part XIV Private Operating Fo	<del></del>		I-A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•		· ▶└┌─	1.2.2	
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or49	42( <u>J)(</u> 5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	<b>(b)</b> 2013	Prior 3 years (c) 2012	(d) 2011	(a) Total
income from Part I or the minimum	(2) 2017	(0) 2010	(6) 2012	(u) 2011	(e) Total
investment return from Part X for					
each year listed			<del> </del>	<del> </del>	<del></del>
<b>b</b> 85% of line 2a		<del></del>	<del></del>		
c Qualifying distributions from Part XII,			1		
line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of					
exempt activities			<u> </u>		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c		<u> </u>			
3 Complete 3a, b, or c for the alternative test relied upon:	,				
a "Assets" alternative test - enter:					
(1) Value of all assets			ļ		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, 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)			i i		
(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					<del></del>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information at any time during the			if the foundation	n had \$5,000 or mo	ore in assets
1 Information Regarding Foundation	n Managers:				
List any managers of the foundation who year (but only if they have contributed m	have contributed more t		tributions received by th	e foundation before the clos	se of any tax
SEE STATEMENT 7					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a pa	artnership or
NONE	-				
2 Information Regarding Contribution	on, Grant, Gift, Loan	Scholarship, etc. P	rograms:	<del></del>	
Check here ► X if the foundation or the foundation makes gifts, grants, etc. (	nly makes contributions to	preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
a The name, address, and telephone numb	<del></del>				
<b>b</b> The form in which applications should be	e submitted and informati	on and materials they s	hould include;		
c Any submission deadlines:					
					<del></del>
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields	, kınds of ınstıtutıons, or	other factors:	

MIKULSKY HOPE MATTERS FOUNDATION Form 990-PF (2014) C/O PHILLIP MIKULSKY 45-3642240 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year ASPIRO PUBLIC CHARITY PUBLIC CHARITY 1673 DOUSMAN STREET 2,500. GREEN BAY, WI 54303 FIRST PRESBYTERIAN CHURCH OF GB PUBLIC CHARITY PUBLIC CHARITY 200 S. ASHLAND AVENUE GREEN BAY, WI 54303 16,000, PUBLIC CHARITY PUBLIC CHARITY LIVING HOPE CHURCH 1840 W MASON STREET GREEN BAY, WI 54303 2,500.

Total	 	<b>▶</b> 3a	21_000
Approved for future payment			
NONE			
Total	 	<b>▶</b> _3b	

Form **990-PF** (2014)

Part XVI-A

### **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		red by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
<u>a</u>			1		
b			+		
<u> </u>	-				
d	1				
e					
f					
g Fees and contracts from government agencies			1		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments			<del></del>		
3 Interest on savings and temporary cash					
investments	-		14	16 102	
4 Dividends and interest from securities			14	16,192.	
5 Net rental income or (loss) from real estate:		_	+ +		
a Debt-financed property			+ +		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property	ļ		1		<b>5</b> 004
7 Other investment income			<del>                                     </del>		5,831.
8 Gain or (loss) from sales of assets other			1 }		
than inventory			+		2,582.
9 Net income or (loss) from special events			+ -		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			1		
b			-		
c			$\perp$		
d			1		
e					
12 Subtotal. Add columns (b), (d), and (e)	1	0.	•]	16,192.	
13 Total. Add line 12, columns (b), (d), and (e)				13	24,605.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	t Purposes	
					- liabment of
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			4 CONTIIU	uteu importantly to the accomp	Distribution
7 CARTEST CATH DISCRETEIR		That for Saon parpooco;			18
CAPITAL GAIN DISTRIBUT	TONS				
			-		
					·- <u></u>
				·	· <del></del> -
				<u></u>	<del></del>
-					
-				· · · · · · · · · · · · · · · · · · ·	·
		· <del></del>			<del></del>
	<del> </del>				
	_ <del></del> _	<u> </u>			·
		- ·		<del></del>	
423821 11-24-14	<del></del>				Form <b>990-PF</b> (2014)

Form 990-PF (2014)

C/O PHILLIP MIKULS	SKY
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011111000 (20	<u> </u>			<u> </u>
Part XVII	Information Regarding 1	<b>Transfers To and Transaction</b>	ns and Relationships	With Noncharitable
•	Exempt Organizations			

	e organization directly or indir			•		on 501(c) of	1	162	140
the Co	de (other than section 501(c)	ı(3) organızatıons) or	ın section 52	7, relating to political organiz	zations?				
a Transfe	ers from the reporting founda	ation to a noncharitab	le exempt org	ganization of:					
(1) Ca	ish						1a(1)		<u>X</u>
(2) Ot	her assets						1a(2)		X
<b>b</b> Other t	ransactions:								
(1) Sa	iles of assets to a noncharitab	ble exempt organizati	on				16(1)		X
(2) Pt	irchases of assets from a nor	ncharitable exempt or	ganization				1b(2)		X
(3) Re	ental of facilities, equipment, o	or other assets					1b(3)		X
	eimbursement arrangements						1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)		X
	erformance of services or mei	mbership or fundrais	ing solicitatio	ns			1b(6)		X X X X X
• •	g of facilities, equipment, mai	·					1c		X
	nswer to any of the above is '				avs show the fair n	narket value of the goods, o		ets.	
	rices given by the reporting fo							,	
	n (d) the value of the goods, o				, 4,., 4	or oncoming an angentom, or			
Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
.,	(0)	(0)	N/A		(0) 5 5 5 5 5 5 5				
		<del></del>	III/ FZ	<del></del>		<del></del>			
					<del>                                     </del>				
	<del></del>								
		<del></del>		<del> </del>	- <del> </del>	<u></u>			
						<del></del>			
					<del>                                      </del>				
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				· · · · · · · · · · · · · · · · · · ·					
			-			<u></u>			
			_	<u> </u>	<u> </u>				
a Is the f	oundation directly or indirect	ly affiliated with, or re	elated to, one	or more tax-exempt organiz	ations described				
	ion 501(c) of the Code (other			•	410110 400011004		Yes	X	No
	" complete the following sche		0)) 01 111 3000	1011 021			_ 103		1 110
<u>p 11 163,</u>	(a) Name of orga			(b) Type of organization	<del></del>	(c) Description of relationsh			
	N/A	dilization		(b) Type of organization		(0) Description of relationsh	<u>'P</u>		
	N/A								
						<del></del>			
	<del></del>	_ <del></del>	<u>-</u>						
	<del></del>			<u> </u>		<del></del>			
	ider penalties of perjury, I declare t d belief, it is true, correct, and com					May	the IRS d		
Sign 🗀 🕻	m )	m'h	)		<b>N</b>	show	n with the <u>vn</u> below		
Here	Hullip	1 July	<u>u</u>	2-2-15	TRUSTE	EELX	Yes		No
8	Signature of office or trustee		<u>1</u>	Date	Title	<b></b>			
	Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if PTIN			
		ļ	1.11	) ( MMA )	1.01/	self- employed			
Paid	WILLIAM O.	EVENSON	www	Nevoon	1-28-15	P00	053	568	
Prepare			CPAS,	LLP		Firm's EIN ► 39-09			
Jse On				: =				. <del>-</del>	
	Firm's address ▶ 23	60 DUCK CI	REEK P	ARKWAY		<del> </del>			
		EEN BAY, I				Phone no. 920.33	6.9	850	
	GN.		545	<u> </u>			rm <b>990</b>		(2014)
						FU	550	(	(2014)

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

Department of the Treasury Internal Revenue Service

### **Schedule 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.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

MIKULSKY HOPE MATTERS FOUNDATION C/O PHILLIP MIKULSKY

45-3642240

Organiza	ition type (check or	ne):				
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	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	ly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X	For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	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.					
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., purplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA 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) (2014)

Name of organization

MIKULSKY HOPE MATTERS FOUNDATION

Employer identification number

C/O P	HILLIP MIKULSKY		45-3642240
Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILLIP MIKULSKY  2789 NEWCASTLE COURT  GREEN BAY, WI 54313	\$113,680	Person X Payroll  Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	SUSAN MIKULSKY  2789 NEWCASTLE COURT  GREEN BAY, WI 54313	\$113,680	Person X Payroll  Noncash X  (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)

Name of organization MIKULSKY HOPE MATTERS FOUNDATION

C/O PHILLIP MIKULSKY

Employer identification number

45-3642240

### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	CVS CAREMARK CORP, GENTEX CORP, PAYCHEX INC, AND PEPSICO INC STOCK	_	
		\$ <u>113,680.</u>	12/04/14
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	CVS CAREMARK CORP, GENTEX CORP, PAYCHEX INC, AND PEPSICO INC STOCK		
		\$113,680.	12/04/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom 'art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization **Employer identification number** MIKULSKY HOPE MATTERS FOUNDATION C/O PHILLIP MIKULSKY 45-3642240 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INT	EREST FR	OM SECU	RITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S R	(A) EVENUE R BOOKS			
BAIRD BAIRD	16,188. 4.		0.	16,188 4		8. 4.	
TO PART I, LINE 4	16,192.		0.	16,192	16,19	2.	
FORM 990-PF		OTHER	INCOME			STATEMENT	2
DESCRIPTION			(A) REVEN PER BC	UE :	(B) NET INVEST- MENT INCOME		
BAIRD				5,831.	5,831	•	· · · · · ·
DAIRD							
TOTAL TO FORM 990-PF	, PART I,	LINE 11		5,831.	5,831	•	
	, PART I,		EXPENSE		5,831	STATEMENT	3
TOTAL TO FORM 990-PF	, PART I,		NET I		(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA	BLE
TOTAL TO FORM 990-PF FORM 990-PF		OTHER  (A)  EXPENSES PER BOOK  3,24	NET I S MENT	S B) NVEST-	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE
TOTAL TO FORM 990-PF  FORM 990-PF  DESCRIPTION  MANAGEMENT FEE	 E	OTHER  (A)  EXPENSES PER BOOK  3,24	NET I S MENT 6.	S B) NVEST- INCOME 3,246.	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE ES
TOTAL TO FORM 990-PF  FORM 990-PF  DESCRIPTION  MANAGEMENT FEE  MISCELLANEOUS EXPENSI	 E	OTHER  (A)  EXPENSES PER BOOK  3,24 2	NET I S MENT 6.	S B) NVEST- INCOME 3,246. 25. 3,271.	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE ES 0.
TOTAL TO FORM 990-PF  FORM 990-PF  DESCRIPTION  MANAGEMENT FEE  MISCELLANEOUS EXPENSI  TO FORM 990-PF, PG 1	 E	OTHER  (A) EXPENSES PER BOOK 3,24 2 3,27  OTHER I	NET I S MENT 6. 5.	S B) NVEST- INCOME 3,246. 25. 3,271.	(C) ADJUSTED	STATEMENT  (D)  CHARITA E PURPOS	BLE ES 0. 0.
TOTAL TO FORM 990-PF  FORM 990-PF  DESCRIPTION  MANAGEMENT FEE  MISCELLANEOUS EXPENSI  TO FORM 990-PF, PG 1	 E	OTHER  (A) EXPENSES PER BOOK 3,24 2 3,27  OTHER I	NET I S MENT 6. 5. 1. NVESTMEN	S B) NVEST- INCOME 3,246. 25. 3,271.	(C) ADJUSTED NET INCOM	STATEMENT  (D) CHARITA E PURPOS  STATEMENT  FAIR MARKE	0. 0. 0.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 5

**EXPLANATION** 

NOT REQUIRED TO FILE WITH THE STATE DUE TO NEITHER SOLICITING NOR RECEIVING CONTRIBUTIONS

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS PHILLIP MIKULSKY 2789 NEWCASTLE COURT GREEN BAY, WI 54313 SUSAN MIKULSKY 2789 NEWCASTLE COURT GREEN BAY, WI 54313 PART XV - LINE 1A STATEMENT 7 FORM 990-PF

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

PHILLIP MIKULSKY SUSAN MIKULSKY

Statement Period: JANUARY 1 - DECEMBER 31, 2014 Account Number: 8301-8951 AM75

MIKULSKY HOPE MATTERS FDTN ATTN PHILLIP & SUSAN MIKULSKY



ACTIVITY	ACTIVITY DETAILS continued				SUB	SUBACCOUNT ACTIVITY continued	ITY continued	
Date Activity		Quantity Price	Price Description		Tota/	Cash	Money Market	Margin
12/31/14 Asset Bought-Reinv	of Bought-Reinv 134.3170	3170	WELLS FARGO ADVAI ABSOLUTE RETURN INSTL CL REINVEST AT 10.870	NNTAGE O	-1,460.03	-1,460 03		
Cio	Ciosing Balance		Total Closing Balance		\$57,646.25	\$0.00	\$57,646.25	\$0.00
CASH MAN	CASH MANAGEMENT ACTIVITY							
Cash Manag	Cash Management Checkwriting Activity	!						
Check No. Payee	Рауве	Expense Category	Sategory	Expense Code		Date Written	n Date Paid	Amount
2017	FIRST PRESBYTERIAN CHURCH GB	Undefined		N/A		07/31/14	08/04/14	5,000.00
2018	LIVING HOPE CHURCH	Undefined		N/A		08/28/14	09/16/14	2,500 00
2019	ASPIRO	Undefined	_	N/A		10/28/14	11/03/14	2,500 00
2020	FIRST PRESBYTERIAN CHURCH OF G	G Undefined		N/A		11/06/14	11/07/14	11,000.00
Total Cash N	Total Cash Management Checkwriting Activity							\$21,000.00
CASH MAS	CASH MANAGEMENT CHECKWRITING ENPENSE SU		MMARY					
Expense Category	yory Expense Code		This Period	Year-to-Date Pct. of Total				

Expense Category	Expense Code Th	his Period	This Period Year-to-Date Pct. of Total	Pct. of Total
Undefined	N/A	00.00	21,000 00	100%
Cash Management Expense Summary If your MasterCard® Debit Card is lost or stol	en, IMMEDIATELY call to	\$0.00 oll-free (888) 7	\$0.00 \$21,000.00 Ill-Irec (888) 792-7526.	100%

## REALIZED GAINS (-) LOSSES

For calls placed internationally, please call collect (701) 461-0621.

This section presents estimated realized gains or losses for your information only, and should not be used for tax purposes. To calculate gains or losses, the position with the highest purchase price has been liquidated first unless you have instructed us otherwise. We suggest you review this information for accuracy and contact your Baird Financial Advisor with any questions.

Date Date Purchase Sale Sale Acaured Sold Quantity Price Price	550 28 9100		089
Cost Basis	15,900.50	3,999.57	19,900.07
Sale Proceeds	40,667.14	9,612 23	50,279 37
Realized Gain/(-)Loss*	24,766.64(LT)	5,612.66(L)	30,379.30

## MIKULSKY HOPE MATTERS FDTN ATTN PHILLIP & SUSAN MIKULSKY

Statement Period: JANUARY 1 - DECEMBER 31, 2014 Account Number: 8301-8951 AM75

REALIZED GAINS(-)LOSSES continued								
	Date Acquired	Date Sold	Quantity	Purchase Pnce	Sale Price	Cost	Sale	Realized
Stocks/Options continued								2007
CVS CAREMARK CORP	04/09/10 n 07/30/14	7/30/14	100	36.8173	77.7672	3,681.73	7,776 55	4,094 82 (LT)
	0 1101 107101	110011	370	90.7038	11.1012	11 088 52	20,996 69	12,689 90 (LT)
GENTEX CORP	03/05/13 c 07/30/14	7/30/14	760	18.7046	28.9931	14.215.50	22,034,34	7 818 84 (I T)
GENTEX CORP	03/05/13 c 11/21/14	1/21/14	009	18 7046	35.4308	11.222.77	21.258 03	10 035 26/LT)
GENTEX CORP	03/05/13 c 12/04/14	2/04/14	215	18.7046	37.4724	4,021.48	8,056,39	4.034 91 (LT)
	03/13/13 c 12/04/14	2/04/14	700	19 8000	37.4724	13,860.00	26,230 10	12,370 10(LT)
			915			17,881.48	34,286 49	16,405 01
PAYCHEXING	10/16/08n 12/04/14 08/11/11c 12/04/14	2/04/14 2/04/14	307	26 8082	47.3715	16,084.92	28,422.27	12,337.35(LT)
			907	0171.07	01.0.14	24.198.01	42 965 00	18 766 99
PEPSICO INC	04/21/09n 11/21/14	1/21/14	300	48 6673	98.4720	14.600.19	29 540 94	14 940 75/II T
Total Stocks/Options						\$114,006.54	\$229.137.41	\$115,130,87
			J	जिल्ला निर्मा के निर्मा है जिल्ला है निर्मा के जात	OCK COMPACA	(011,340)		
Stock Funds				ませ 八二 こ	#ないなくと でとい	113 753 ROSIS	to attended to	
BLKRCK LNG SHRT EQ I	02/14/14c 10/2	0/23/14	31 946	11 7800	11.7800	376 33	נ	-0 01(ST)
BLKRCK ING SHRT EQ !	02/14/14c 11/1	1/10/14	91 000	11.7800	11 8200	1,071.98	1,075 62	3 64(ST)
JH GLB ABSOL RET STR I	12/26/13c 02/1	2/14/14	34 967	11 0300	11.1200	385 69	388 83	3 14(ST)
JH GLB ABSOL KET STRI	07/30/14c 10/23/14	0/23/14	33 881	11.3500	11 3900	384.55	385.90	1.35(ST)
JH GLB ABSOL REI SIKI	07/30/14 c 11/1	1/10/14	96 916	11.3500	11 5100	1,100 00	1,115 50	15 50(ST)
MEKGEK FUND SBI	03/11/13 c 02/1		175.995	15.8300	16 0300	2,786.00	2,821.19	35.19(ST)
	09/12/13c 0;	02/14/14	288 835	16.1300	16 0300	4,658 90	4,630 02	-28.88(ST)
	12/30/13c 0	02/14/14	21 059	15 9900	16.0300	336.74	337.57	0.83(ST)
	12/30/13c 0;	02/14/14	5.381	15,9900	16.0300	86.04	86.25	0 21(ST)
	04/19/12c 0		475 888	15 7600	16.0300	7,500.00	7,628 53	128.53 (LT)
	07/05/12C U	02/14/14	84.893	15,8300	16.0300	1,343.85	1,360.83	16.98 (LT)
	12/21/125 0.	02/14/14	9.220	15.7.00	16 0300	145 40	147 79	2.39 (LT)
			45 649	15 //00	16 0300	35.37	35 95	0 58 (LT)
			1.109 163	200	0000	17 616 30	00 022 24	1.73(1.1)
TURNER SPECTRUM I	03/11/13c 01/2	1/23/14	458.624	11.1900	11.8500	5 132 00	5 434 69	302 69(T
	09/12/13c 0	01/23/14	875 000	11 3700	11.8500	9,948.75	10,368.75	420 00(ST)
	11/25/13c 0	01/23/14	68.107	11.5700	11.8500	788.00	807 06	19 06(ST)
		01/23/14	1,363 142	11.1900	11.8500	15,253 55	16,153 24	899 69 (LT)
	0//05/12c 0	01/23/14	287.000	10 9800	11.8500	3,151.26	3,400.96	249.70 (LT)
ME ABOUT DET!	01,01,01		3,051.873			34,273.56	36,164 70	1,891.14
WY ABSOL KELL	72/10/13c 10/2 07/30/14c 10/2	10/23/14	0 002	11.2400	11.1300	900	0.05	-0 01(ST)
	24 200 100	1107/1	42.079	11.0000	11.1300	497.40	477.25	-20.15(ST)
WE ARCH PET I	07/20/44 - 4		47.004	2000		49/46	477.30	-20.16
Total Stool Engle	0//30/14C   1/	1/10/14	118.684	11 6000	11.3000	1,376 74	1,341.13	-35 61(ST)
iolal Stock Funds	,		1			\$57,082.61	\$59,105.18	\$2,022.57
Balanced Funds								
BLKRCK GLB ALLOC I	09/12/13c 01/0	1/08/14	140 515	21,3100	21.3500	2,994.37	3,000 00	5 63(ST)

## MIKULSKY HOPE MATTERS FDTN ATTN PHILLIP & SUSAN MIKULSKY

Statement Period: JANUARY 1 - DECEMBER 31, 2014 Account Number: 8301-8951 AM75

REALIZED GAINS(-)LOSSES continued	led						Į.
	Date		Purchase	Sale	Cost	Sale	Realized
Balanced Funds continued	Acquired Sold	Quantity	Price	Price	Basis	Proceeds	Gain/(-)Loss*
BLKRCK GLB ALLOC I	10/2	21.866	22.0700	21.3600	482 59	467.06	-15 53(ST)
BLKRCK GLB ALLOC I	07/30/14c 11/10/14	62.855	22.0700	21.7800	1,387 21	1.368 99	-18.22(ST)
FPA CRESCENT	12/19/13c 02/14/14	23.000	32.3300	33 0600	743 60	760 39	16.79(ST)
	H14177 20176171	0.052	32 3300	33.0600	21.09	21 55	0.46(ST)
FPA CRESCENT	100014 4000144	44 002	24 4700	0000	/64.69	781 94	17.25
EDA OBEQUENT	07/30/146 10/23/14	14 933	34.4700	33.6100	514.75	501.90	-12.85(ST)
COTHAN ABOUT DET!	07/30/14¢ 11/10/14	39 907	34 4700	34 4200	1,375 60	1,373 60	-2.00(ST)
COLUMN ABOUL ART 1	0//30/14 c 10/23/14	28 747	13.6900	13.7400	393 55	394.98	1 43(ST)
GOLDAM ABSOL RELL	07/30/14 c 11/10/14	82.058	13 6900	14.0300	1,123.38	1,151.28	27.90(ST)
CHEENSPRING	03/18/14c 10/23/14	17.808	26 5400	25 2500	472.63	449 64	-22 99(ST)
Total Balanced Funds	03/16/14C 11/10/14	52 303	26.5400	25.7700	1,388.13	1,347.84	-40.29(ST)
Taxable Bond Funds			1				
DRIEHAUS ACTIVE INCM	03/18/14 c 10/23/14	40 000	10 8100	10.5200	432 41	420 RO	11 61(CT)
DRIEHAUS ACTIVE INCM	03/18/14 c 11/10/14	113 000	10 8100	10.5400	1.221.53	1 191 02	-30 51(ST)
EV GLB MACRO ABS RET I	03/01/13c 02/14/14	3 003	9 8800	9.3100	29 67	27 95	**** 19/ST
Accumulated Paydown Amount: 0.53							(10)01:1-
Accumulated Paydown Amount: 50.52	02/1	271 082	9.8900	9.3100	2,681.00	2,523.77	***-106.71(ST)
Accumulated Paydown Amount: 0 74	02/	4.242	9.8800	9 3100	41.91	39.49	***-1.68(ST)
Accumulated Paydown Amount, 0.54	02/	4.127	9 8500	9.3100	40 65	38.42	***-1 69(ST)
Accumulated Paydown Amount: 0.48	02/1	4 301	9.8100	9.3100	42.19	40.04	***-1 67(ST)
Accumulated Paydown Amount: 0.47	02/1	4.245	9 6400	9.3100	40 92	39.52	***-0.93(ST)
Accumulated Paydown Amount: 0.30	02/1	4 419	9.6100	9.3100	42 47	41.14	***-1 03(ST)
Accumulated Paydown Amount U.Zu	50	4 510	9.4500	9.3100	42 62	41.98	0 44(ST)
Accumulated Paydown Amount: 25,03		538 000	9 4600	9.3100	5,089.48	5,008.77	***-55.68(ST)
Accumulated Faydown Amount 0.27	10/21/13C UZ/14/14	6 210	9.4200	9.3100	58 50	57.81	***-0 42(ST)
		0.446	9 4200	9 3100	60 72	60.01	-0 71(ST)
		6387	9.4200	9.3100	276 00	272.77	-3.23(ST)
	2 2	0.009	9.3000	9.3100	39 04 40 11	08.38	-0.45(S1)
	02/1	6673	93400	9.3100	62.33	62.27	(15)/00-
Accumulated Paydown Amount 174,37	02/1	754 527	9 9400	3100	7 500 00	7.20	(18)90 0-
Accumulated Paydown Amount: 0.19	02/1	0.885	9.9400	9.3100	8.80	7,024 04 8 23	-300 39(L1)
Accumulated Paydown Amount: 0 50	06/01/12c 02/14/14	2 544	9 7500	9.3100	24 80	23.5	(T) 000 (T)
Accumulated Paydown Amount: 0.50	02/1	2.457	9.7900	9,3100	24.05	22 87	(T) 20 0-***
Accumulated Paydown Amount 31.13	02/1	135 000	9.8100	9 3100	1,324,35	1.256 84	(1-3) SS:3 (1-1) SS:38 (1-1)
Accumulated Paydown Amount, 0 60	02/	2.929	9 8100	9.3100	28.73	27.26	(17) 23 (21) ***-0.87 (LT)
Accumulated Paydown Amount: 0.66	02/1	2.994	9 8500	9.3100	29 49	27 87	(17) 96 0-***
Accumulated Paydown Amount: 0 60	02/1	2 886	0096 6	9.3100	28.74	26 86	***-1.28 (LT)
Accumulated Paydown Amount, 0.66	02	3.009	9 8900	9.3100	29 76	28.01	(LT)
Accumulated Paydown Amount 0.60	02/	2.949	9 7800	9.3100	28.84	27,45	(LT) 64.0
Accumulated Paydown Amount: 0.66	02/	3.033	9.8300	9.3100	29.81	28.23	***-0 92 (LT)
Accumulated Paydown Amount: 18 23	02/1	79 474	0068 6	9 3 1 0 0	786 00	739 90	***-27 87 (LT)
Accumulated Paydown Amount: 0.62	02/01/13c 02/14/14	3.283	9.9100	9.3100	32.53	30 26	***-1.35 (LT)

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## ATTN PHILLIP & SUSAN MIKULSKY MIKULSKY HOPE MATTERS FDTN

Statement Period: JANUARY 1 - DECEMBER 31, 2014 Account Number: 8301-8951 AM75

REALIZED GAINS/(-)LOSSES continued	ned							
	Dafe	Date		Purchase	Sale	Cost	Sale	Realized
	Acquired	Sold	Quantity	Price	Price	Basis	Proceeds	Gain/(-)Loss*
Taxable Bond Funds continued								•
سيرة مستريف سيرون فستروج سترون والمستوار والمستوار والمستوار والمتروز والمت			1,895.507			18,506 31	17,647.17	-550.74
LOOMIS STRAT ALPHA Y	03/11/13c 02/14/14	02/14/14	22.562	10 4100	10 0700	234 88	227.20	-7.68(ST)
LOOMIS STRAT ALPHA Y	03/11/13c 1	10/23/14	37.924	10 4100	10.0600	394.79	381.52	-13.27 (LT)
LOOMIS STRAT ALPHA Y	03/11/13c 1	11/10/14	107,893	10.4100	10.1000	1,123.17	1,089 72	-33 45 (LT)
TEMPLE GLB BD ADVS	03/11/13c	10/23/14	20.571	13 5300	13.1400	278 33	270.31	-8.02 (LT)
	04/17/13c	10/23/14	4 711	13 5300	13.1400	63.74	61.90	-1.84 (LT)
	05/17/13c	10/23/14	4 695	13 6500	13.1400	64.09	61.69	-2 40 (LT)
			29 977			406.16	393.90	-12 26
TEMPLE GLB BD ADVS	03/11/13c 1	11/10/14	84.871	13.5300	13.2200	1,148.31	1,122.00	-26 31 (LT)
THIRD AVE FOC CR I	09/12/13c 0	01/08/14	264 317	11.0700	11.3500	2,925.99	3,000 00	74 01(ST)
THIRD AVE FOC CR I	07/30/14 c	10/23/14	42 840	12 0700	10 7300	517 08	459.67	-57.41(ST)
THIRD AVE FOC CR I	07/30/14 c	11/10/14	119 338	12 0700	10.5600	1,440 41	1,260 21	-180 20(ST)
Total Taxable Bond Funds						\$28,351.04	\$27,193.21	\$849.43

¥\$116,244.34	\$267.32 \$115,977.02
*	•
\$326,273.03	\$55,417.03 \$270,856.00
\$210,337.09	\$55,228.79 \$155,108.30
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Total Realized Gains/(-)Losses	Total Net Long-Term (ST) Total Net Long-Term (LT)
Tota	<b></b>

Please note "Realized Gain/(-)Loss" does not equal total sale proceeds minus total cost basis if any cost basis amounts are missing.

\* 110,244.34

15,935.94 The Realized Gain/Loss on this security was calculated based upon all principal payments, return of capital or amortization/accretion on our records and/or provided by you. Polyst Phase consult vour tax advisor for additional information. Please consult your tax advisor for additional information.

Covered Tax Lot - The cost basis, holding period and sale proceeds on this tax lot will be reported by Baird to the IRS for taxable (reportable) accounts.

Noncovered Tax Lot - The cost basis and holding period on this tax lot will not be reported by Baird to the IRS. The sale proceeds will be reported to the IRS for taxable (reportable)

accounts. Cost information is being supplied for informational purposes only.

# INTERESTED PARTIES AND/OR SUPPORTING REPRESENTATIVE(S)

Your Supporting Representative(s) is (are)

ROBERT W BAIRD & CO INC ADVISORY SERVICES

Visit our Web site at www.rwbaird com. Clients enrolled in Baird OnLine can access updated Account Information, Thank you for allowing Robert W. Baird & Co. Incorporated to serve you.

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