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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

		nt of the Treasury evenue Service	,	Note . The fo	•	Treate	ed as a Privato use a copy of the	te Founda	ation		nents.	2010
<u> جي</u>	r cale	ndar year 2010,	or tax yea	ar beginning	APR	30	, 2010	, and e	nding	DEC 31	, 2010	
	Chec	k all that apply:	X	i			Initial return of a f		charity		Fınal return	
\ON				Amended	return		Address char	nge		Name change		
Z	lame o	f foundation								A Employer	identification	number
雄		TT3 MD	DAMTI	T 32 TOTAL						07.0		
出語	lumber	HAMP and street (or PO b		LY FUN		addross)			Room/suite		583722	
四個					E STRE			Δι	1 TOOTIV SUITE	B Telephone	961-	0500
ENELOY.	ity or t	town, state, and		111011	U DIKE	,	0111 1100	/4C	L			anding, check here
7	,,, ,, ,,	DETRO	IT, 1	MI 48	3226						organizations	
H	Checi	k type of organiz			n 501(c)(3) ex	cempt pr	rivate foundation			2. Foreign o	organizations mee	eting the 85% test, nputation
	Se	ection 4947(a)(1) nonexem	npt charitabi	e trust	Other ta	xable private found	lation				us was terminated
Ī	Fair m	arket value of all	assets at	end of year	J Account	ng meth	od: X Cash	Accr	rual	under sec	tion 507(b)(1)	(A), check here
		Part II, col (c),	line 16)			ther (spe	ecify)			F If the foun	idation is in a 6	0-month termination
	▶ \$					mn (d)	must be on cash	,		under sec	tion 507(b)(1)	B), check here
L	art I	The total of amo	ounts in colu	umns (b), (c), ar	nd (d) may not	(a) Revenue and enses per books	(b) Net in	ivestment ome		usted net ome	(d) Disbursements for charitable purposes
_	14	necessarily equa		<u>`</u>			, 355, 141.	IIICI	JIIIC	N/		(cash basis only)
	'2	Contributions,			-		, , , , , , , , , , , , , , , , , , , ,	<u> </u>		11/	A	· · · · · · · · · · · · · · · · · · ·
	3	Interest on saving	gs and temp	orary	IU ALIACII SCII B	<u> </u>	101.		101.			STATEMENT 3
	4	Dividends and			S		60,151.	6	0,131.			STATEMENT 4
		Gross rents					•					
01	t	Net rental income	or (loss)					,		, ,	RF	CFIVED
7	_{as} 6a	Net gain or (loss)	from sale of				13,836.		,			<u> </u>
8	[]	Gross sales price assets on line 6a			,660.	-	<u> </u>	·	<u>.</u>			SI
SCANNED NOV. 2.2 2011		Capital gain net Ir			•			1	3,341.	, ,, ,	INU INU	A T & SOLL IOL
0	- 8	Net short-term		in .	• • •	1,32		'	· s ⁻ · #		 	<u>~</u>
2	10.	Income modific Gross sales less r and allowances		ı				 	<u> </u>	.,	L 00	DEN. UT
Ш		and allowances Less Cost of goo	nde enid		. <u></u>		· · ·	-	, , , , , , , , , , , , , , , , , , ,	:		
Z		Gross profit or									-	
Ą	11	Other income					971.		879.			STATEMENT 5
	12	Total. Add line	s 1 throug	gh 11		2	,430,200.	7	4,452.			
٠.	13	Compensation of	officers, dire	ectors, trustee	s, etc		0.		0.			0.
	14	Other employed		•				ļ				
		Pension plans,	employee		13.6TH C	<u> </u>	3 000					2 000
	108	Legal fees Accounting fee			MT 6 MT 7		3,998. 2,875.		0. 1,366.			3,998. 1,365.
	<u> </u>	Other profession		51	.111 /		2,075.		1,300.			1,303.
	B 17	Interest	JII 1005	••	•		2,056.		2,056.			0.
•	16a 17 18 19 20 21 22 23 24 25	Taxes	-	SI	тмт 8		1,761.		436.			0.
	19	Depreciation ar	nd depletio	on .							-	• • •
1	20	Occupancy										
•	Ž 21	Travel, confere		-								
1	ğ 22	Printing and pu				<u> </u>			4 "504			
1	23	Other expenses	-	•	'MT' 9		2,332.		1,581.			750.
	5 24	Total operating					13,022.		E 420			6 112
č	5 ,5	expenses. Add Contributions,		_		 	50,000.	ļ	5,439.			6,113. 50,000.
		Total expense:		-		<u> </u>	30,000.		· • •			30,000.
	1-0	Add lines 24 ar		, a , o c ,			63,022.		5,439.			56,113.
_	27	Subtract line 26		: 12:			7	*4*	-,-55 (,	30,113.
		Excess of revenue			rsements	2	367,178.	· ,-,	,* ,-'			* .
		Net investmen	•		•			6	9,013.		<u> </u>	
	0	Adjusted net in								N/	A	~ `
02: 12:	350 1 07-10	LHA For Pa	perwork R	leduction Ac	t Notice, see	the inst	ructions.					Form 990-PF (2010)

Part II Balance Sheets Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year	_End o	End of year			
뜨	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing		9,250.	9,250.			
	2	Savings and temporary cash investments		1,855.	1,855.			
	3	Accounts receivable >			```			
		Less; allowance for doubtful accounts	1					
	4	Pledges receivable >						
		Less; allowance for doubtful accounts ▶		* * * * * * * * * * * * * * * * * * * *				
	5	Grants receivable			·			
	ľ	Receivables due from officers, directors, trustees, and other						
	ľ							
	١.,	disqualified persons	ļ					
	' '	Other notes and loans receivable						
	_	Less: allowance for doubtful accounts			<u> </u>			
ets	8	Inventories for sale or use						
Assets	1	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	- "					
	ľ	Less accumulated depreciation			** - ' *			
	12	Investments - mortgage loans		<u> </u>	·			
	13	Investments - other STMT 10	0.	2,356,798.	2,654,019.			
		Land, buildings, and equipment basis		3,000,000				
	` `	Less accumulated depreciation	* *** / * ** *	y have y y = - s) - +x			
	15	Other assets (describe >		<u> </u>				
	13	Other assets (describe						
	40	Total access /to be completed by all filers)	0.	2 367 002	2 665 124			
		Total assets (to be completed by all filers)	0.	2,367,903. 725.	2,665,124.			
		Accounts payable and accrued expenses		/25•	•			
	18	Grants payable			, t			
es	19	Deferred revenue			, , , , , , , , , , , , , , , , , , ,			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			, , , , , ,			
Liabilities	21	Mortgages and other notes payable			*			
_	22	Other liabilities (describe			· .			
					* * *			
	23	Total liabilities (add lines 17 through 22)	0.	725.				
		Foundations that follow SFAS 117, check here			. ,			
		and complete lines 24 through 26 and lines 30 and 31.			* ,			
nces	24	Unrestricted			,			
ä	25	Temporarily restricted						
Bal		Permanently restricted			- * ';= ^ ,			
힏		Foundations that do not follow SFAS 117, check here						
Net Assets or Fund Bala		and complete lines 27 through 31.			· 5, 4			
ō	27	Capital stock, trust principal, or current funds	0.	2,368,977.	•			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	2,300,377.	,			
\ss		Retained earnings, accumulated income, endowment, or other funds	0.	-1,799.	2			
et/	29		0.		* *			
ž	30	Total net assets or fund balances	0.	2,367,178.	* ,			
			ا ۾ ا	2 267 202	-			
_	31	Total liabilities and net assets/fund balances	0.	2,367,903.				
P	art	Analysis of Changes in Net Assets or Fund B	Balances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30					
		it agree with end-of-year figure reported on prior year's return)		[1]	0.			
		amount from Part I, line 27a	•	2	2,367,178.			
		rincreases not included in line 2 (itemize)	• ••	. 2	<u></u>			
		tines 1, 2, and 3	 		2,367,178.			
		eases not included in line 2 (itemize)	•	4	2,301,170.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, or	olumn (h) line 20	5	2,367,178.			
<u>-</u>	ıvıal	net assets of futility balances at entry of year (little 4 titilities little 5) - Part II, Co	oiumin (D), iinie 30 .	6	5 000 DE (ct.)			

	FAMILY FUND	·			27-258	3722 Page 3
Part IV Capital Gains a	and Losses for Tax on In	vestment Income				
	ube the kind(s) of property sold (e.g. rehouse; or common stock, 200 shs		1, b-1	w acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 1,387.604 UNITS	S - PIMCO TOTAL	RETURN FD INST	4			
b CLASS				D	12/01/10	12/29/10
c FROM K-1: BRUSH	STREET H FUND.	LLC	<u> </u>	P		
d FROM K-1: BRUSH			 	P		
		BBC - OBIL	 		 -	
e CAPITAL GAINS I			1			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (loss (e) plus (f) minus	
a						
ь 15,000.		15,68	5.			-685.
C					-	861.
d	-					-495.
e 13,660.						13,660.
	g gain in column (h) and owned by t	the foundation on 12/31/69			(I) Gains (Col. (h) gain	
Complete only for assets showing	· · · · · · · · · · · · · · · · · · ·				ol. (k), but not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	- 1	J	Losses (from col.	
(1/1.10111120-01-120-11-10-01-1	as of 12/31/69	over col. (j), if any	!_		·	· · · · · · · · · · · · · · · · · · ·
a						
b			1			-685.
C						861.
d						-495.
						13,660.
<u>e</u>			 +-	1		
2 Capital gain net income or (net cap	ortal loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$		}	2		13,341.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	d (6):				
If gain, also enter in Part I, line 8, o	•	2 (0).	JI	İ		
If (loss), enter -0- in Part I, line 8			r I	3	N/A	L
Part V Qualification U	nder Section 4940(e) for	Reduced Tax on Net	Inve	stment Ir	come	
(For optional use by domestic private						N/A
(For optional use by domestic private	Touridations subject to the section -	1940(a) tax on het investment in	1001110.7			-1/
If section 4940(d)(2) applies, leave th	is part blank.					
						——————————————————————————————————————
Was the foundation liable for the sect	ion 4942 tax on the distributable am	ount of any year in the base pe	riod?		•	Yes No
If "Yes," the foundation does not quali						
1 Enter the appropriate amount in e	ach column for each year; see instri	uctions before making any entri	es.			
(a)	(b)		(c)		Dietri	(d) bution ratio
Base periód years Calendar year (or tax year beginnin	المراب أوالأعلام المراب	tributions Net value of no		able-use asse	ts (col. (b) dr	vided by col. (c))
	9 11.7				\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- , , , , , ,
2009						
2008						-
2007				_		
2006					<u> </u>	
2005						
			_			
2 Total of line 1, column (d)					2	
		on line 2 by 5, or by the number	of year			
3 Average distribution ratio for the 5	= :	on line 2 by 5, or by the namber	UI yeai	3		
the foundation has been in exister	ice it less than 5 years		•	•	3	
4 Enter the net value of noncharitable	le-use assets for 2010 from Part X,	line 5	•		4	
5 Multiply line 4 by line 3					5	
With the state of	•	• • • •				
6 Fata 40/ af a tila calabaset as a second	- /40/ -4 D+ L l 07h)					
6 Enter 1% of net investment incom	e (1% of Part I, line 2/b)			•	6	· · .
7 Add lines 5 and 6					7	
	-					
8 Enter qualifying distributions from			ng a 10/		8	
See the Part VI Instructions.	line 7, check the box in Part VI, line	io, and complete that part usir	ıya 170	iax fait.	- <u> </u>	

				9-
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	٠, ٠	-	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			-
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		1,3	80.
	of Part I, line 27b		-	-
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	. , .	,	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		1,3	80.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,3	80.
6	Credits/Payments:	٠,		· · · · ·
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 600.	*		
	Exempt foreign organizations - tax withheld at source	~		
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.		`	•
đ	Backup withholding erroneously withheld	,	يد آسي	
7	Total credits and payments. Add lines 6a through 6d 7		1,6	00.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			<u> 1.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	19.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 219 . Refunded ▶ 11			0.
	rt VII-A Statements Regarding Activities		r	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		4	
	distributed by the foundation in connection with the activities.			x
	Did the foundation file Form 1120-POL for this year?	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		•	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers. ▶\$ 0.	1.	Ĵ.	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	١.	`	x
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4a 4b		-
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5	-	Х
3	If "Yes," attach the statement required by General Instruction T.	<u> </u>	-	
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1,7		
Ü	By language in the governing instrument, or		-	١ '
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	х	-
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV	<u> </u>		
	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
ou	MI	-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-	-	
	of each state as required by General Instruction G? If "No," attach explanation	8b	x	,
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			t –
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	ĝ	,	х
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 1	₄ ⊢	X	

orm	990-PF (20	10) HAMP	FAMILY F	'UND			27	-2583	722	- 1	Page 5
Pa	irt VII-A	Statements Re	egarding Acti	vities (continued)	 						
11	At any time	during the year, did th	e foundation, direct	ly or indirectly, own a	controlled entity within t	the meaning of					
	section 512	2(b)(13)? If "Yes," attac	h schedule (see inst	tructions)					11		X
12	Did the fou	ndation acquire a direc	t or indirect interest	ın any applicable insu	rance contract before						
	August 17,	2008?							12	l	X
13	Did the fou	ndation comply with the	e public inspection	requirements for its an	nnual returns and exemp	otion application?		. [13	X	
	Website ad										
14		are in care of 🕨 RC				Teleph	one no. ▶ <u>(</u>			-05	
	Located at	▶ 2000 BRUS	SH ST., S	UITE 440,	, DETROIT,	MI	ZIP	+4 ► 48	226	-22	29
15	Section 49	47(a)(1) nonexempt ch	aritable trusts filing	Form 990-PF in lieu of	f Form 1041 - Check he	re .					
	and enter t	he amount of tax-exem	pt interest received	or accrued during the	year		▶ <u>1</u> 5	<u> </u>	N	/A	
16	At any time	during calendar year 2	010, did the founda	ation have an interest ii	n or a signature or other	r authority over a bar	ık,			Yes	
	securities,	or other financial accou	ınt ın a foreign coun	itry?				l	16		X
	See page 2	O of the instructions fo	r exceptions and fili	ng requirements for Fo	orm TD F 90-22.1. If "Ye	s," enter the name of			٠.		
	the foreign						_		*	* ,	
Pa					h Form 4720 Ma		<u> </u>				
					ess an exception app	olies.				Yes	No
1a	_	year did the foundation						_		-	,
		e in the sale or exchang					Yes L	X No	.		
		v money from, lend mo	ney to, or otherwise	e extend credit to (or a	ccept it from)					ا ب	,
	-	alified person?					Yes [-	i		
		h goods, services, or fa				-	X Yes	<u> </u>	´	-	, - '
		mpensation to, or pay		•			└── Yes L	X No	` `	`	
		er any income or assets	•	erson (or make any of	either available		<u></u>			İ	. ,
		benefit or use of a disc					Yes L	X No		,	Ì
		to pay money or prope								3.7	
		oundation agreed to ma			a period after		, _	ਓ		-,	,
		ation of government se					Yes [A⊒ NO]	~ .		
D					e exceptions described			1	-,	X	
					ee page 22 of the instru	ctions)?		╮┌┐╎	1b	^	
		ns relying on a current				- 45-4	ا	▶□	, "		i l
C					other than excepted act	s, that were not corre	ectea		`		X
_		first day of the tax year		=	en the foundation was a				1c	-, ,	
2				does not apply for year	rs the foundation was a	private operating for	muation				
_		section 4942(j)(3) or 49		unu undistributad incon	me (lines 6d and 6e, Par	+ VIII) for the war/a)	hoomono		~*	-	L
a	before 201	-	e louridation have a	iny undistributed incom	ile (ililes ou allu oe, rai	(S)	Yes [Y No		,	
		the years ►			•••	•	165 _	ן או בצ			
ь	II 103, II31 Are there a	ny years listed in 2a for	which the foundati	on is not applying the	provisions of section 49	42(a)(2) (relating to		1	~	~	i l
					4942(a)(2) to all years					,	ì
		see instructions.)	maistributed meonin			notes, anower no a		N/A	2b		i l
c			a)(2) are being appli	ed to any of the years	listed in 2a, list the year	s here		- · · · · · · · · · · · · · · · · · · ·		٠,٠	
		•			_						
3a	Did the fou	ndation hold more than	a 2% direct or indi	rect interest in any bus	siness enterprise at any	time			.		
-	during the		2 2 7 2 1 1 2 2 1 1 1 1 1 1 1		omeou chian price at any		Yes [X No	,	1	i l
h	•		s holdings in 2010	as a result of (1) any o	ourchase by the foundat	ion or disqualified ne]	1
-					by the Commissioner u			_{ie}		,	1
					0-year first phase holding	•		-			
	_	0, to determine if the				5 p	-	N/A	зь		. ^
4a		•			d jeopardize its charitab	le purposes?	•	 	4a		X
		_	•		31, 1969) that could jet	•	purpose that	·		·	
		en removed from jeopa		•			•		¹4b	i	X

Form 990-PF (2010) HAMP FAMILY FUND			27-25837	22 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be	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	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,	`	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	'	·
the prevention of cruelty to children or animals?	,		es 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	ın Regulations	1	- ~
section 53,4945 or in a current notice regarding disaster assistance (see instru			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?		1/A 🔲 Ye	s No]
If "Yes," attach the statement required by Regulations section 53 494		•		٠ ا
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1:	
a personal benefit contract?	, , , , , , , , , , , , , , , , , , ,	T Ye	s X No	,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	. —		6b X
If "Yes" to 6b, file Form 8870.			·	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Information About Officers Directors Trust		nagers. Highly		
Part VIII Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.	-		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
	<u> </u>	<u> </u>		
	•			
SEE STATEMENT 12		0.	0.	0.
		<u> </u>		
				· · · · · · · · · · · · · · · · · · ·
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."		
A Name and address of each employee paid more than \$50,000	(b) Title, and average	() Componentian	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	` 'hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE	· · · · · · · · · · · · · · · · · · ·			
	······································			
	-			
		<u> </u>		
		<u> </u>		
Total number of other employees paid over \$50,000			. •	0
			Form	990-PF (2010)

Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	<u> </u>
<u> </u>]

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.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0 .

Form **990-PF** (2010)

<u>P</u>	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,432,952. 82,573.
b	Average of monthly cash balances	1b	82,573.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,515,525.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,515,525
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	37,733
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,477,792
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	83,499
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	83,499
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,380
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	82,119
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	82,119
6	Deduction from distributable amount (see instructions)	6	0 .
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	82,119
[P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
'a	The state of the s	1ã	56,113
h	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
o a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,113
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
٠	Income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,113
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	ــــــــــــــــــــــــــــــــــــــ	

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2010 from Part XI, line 7 2 Undestratued accome, if any, as of the end of 2010 a Enter amount for 2009 only b Total for prior years: 3 Excess distributions carryover, if any, to 2010: a Prom 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total for lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113 a a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed be account as indicated below: 5 Excess distributions carryover applied to 2010 frim amount appears in column (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount must be assens in octions (c), the same amount indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been asseted, or on which the section 4942(a) tax has been previously assessed		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
a Enter amount for 2009 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113 a Applied to 2009, but not more than line 2e b Applied to 2009, but not more than line 2e b Applied to indistributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions curryower applied to 2010 (rian amount appears in ochamic (d), the same amount must be shown in column (a) 5 Excess distributions curryower applied to 2010 (rian amount appears in ochamic (d), the same amount must be shown in column (a) 5 Excess distributions curryower applied to 2010 (rian amount of prior years' undistributed income. Subtract line 4b from line 2b C Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494(26) tax has been previously				, , ,	82,119.
b Total for prior years: 3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a c D Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus file amount appears in column (d), the same amount must be shown in column (a) file 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: 1 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494(2a) tax has been previously	2 Undistributed income, if any, as of the end of 2010		,		
3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Oualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (if an amount appears in column (c), the same amount must be shown in column (c)) 6 Enter the net total of each column as indicated below. 1 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been reviously	a Enter amount for 2009 only	"	•	0.	
3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover, applied to 2010 (frian amount appears in column (d), the same amount must be shown in octurn (e)) E Excess distributions carryover, applied to 2010 (frian amount appears in column (d), the same amount must be shown in octurn (e)) E Inter the net total of each column as indicated below. A Corpus Add lines 3t, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 5 b Prior years' undistributed income Subtract line 5 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been seued, or on which the section 4942(a) tax has been previously	b Total for prior years:		0.		
b From 2006 c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: \(\sigma \) \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 ((if an anount appears in column (a)) Excess distributions carryover applied to 2010 (if an anount appears 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 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	3 Excess distributions carryover, if any, to 2010:				- 10
c From 2007 d From 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (fine a mount appears in column (a), the same amount must be shown in column (a) E Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 5 b Prior years' undistributed income. Subtract line 5 b Prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	a From 2005	· ·		* *	r a · · · ·
dFrom 2008 eFrom 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributable amount e Remaining amount distributions carryover applied to 2010 (fra amount appears in column (d), the same amount must be shown in column (d), the same amount must be shown in column (d) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b C Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been envisually	b From 2006	- ,	*	5.5	
e From 2009 f Total of lines 3a through e 4. Qualifying distributions for 2010 from Part XII, line 4: \$\\$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (if an annount 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 b Prior years' undistributed income. Subtract line 4b from line 2b C Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tak has been previously	c From 2007		, · · · · · · · · · · · · · · · · · · ·	,	, ,
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4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (d). The same amount must be shown in column (d). 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	e From 2009	,	,		^
Part XII, line 4: ►\$ 56,113. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	f Total of lines 3a through e	0.	•	, .	
a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) the same amount must be shown in column (a) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	4 Qualifying distributions for 2010 from	M1 //			
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b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		·	·	0.	, , ,
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c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (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 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously			0.	~	* .
(Election required - see instructions) d Applied to 20 10 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (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 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously			,		
d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5	The state of the s	0.	*	, ,	·
e Remaining amount distributed out of corpus 5				•* ,	56.113.
5 Excess distributions carryover applied to 2010 (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 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	* *	0.			
(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 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	· ·	0.		**	0.
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	(If an amount appears in column (d), the same amount	, 'An n	* .	•	•
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b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.	~* *	_ ^ ^ ^	n s
line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	•				
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		1	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				
d Subtract line 6c from line 6b. Taxable	d Subtract line 6c from line 6b. Taxable			-	
amount - see instructions	amount - see instructions		0.	, , , , ,	,
e Undistributed income for 2009. Subtract line	e Undistributed income for 2009. Subtract line	,			14
4a from line 2a. Taxable amount - see instr.	4a from line 2a. Taxable amount - see instr.		• ••	0.	· .
f Undistributed income for 2010. Subtract	f Undistributed income for 2010. Subtract	,		*	
lines 4d and 5 from line 1. This amount must	lines 4d and 5 from line 1. This amount must	, ,			
be distributed in 2011 26,006	be distributed in 2011	- .	• • • • • • • • • • • • • • • • • • • •	, , , , ,	26,006.
7 Amounts treated as distributions out of	7 Amounts treated as distributions out of			, , , , , , , , , , , , , , , , , , ,	, * .,
corpus to satisfy requirements imposed by	corpus to satisfy requirements imposed by				·
section 170(b)(1)(F) or 4942(g)(3) 0 •	section 170(b)(1)(F) or 4942(g)(3)	0.	•	, ,	*
8 Excess distributions carryover from 2005	8 Excess distributions carryover from 2005			•	
not applied on line 5 or line 7	not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a 0 •	Subtract lines 7 and 8 from line 6a	0.	•		
O Analysis of line 9:	O Analysis of line 9:		, , , , , , , , , , , , , , , , , , , ,		,
a Excess from 2006	a Excess from 2006	,	, v ,	,	, , , , , , , , , , , , , , , , , , , ,
b Excess from 2007	b Excess from 2007		-		
c Excess from 2008	c Excess from 2008	w 7	· · · · · · · · · · · · · · · · · · ·		
d Excess from 2009	d Excess from 2009				
e Excess from 2010	e Excess from 2010	, , , ,			

	MILY FUND			27-25	583722 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	i				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			ł		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed				<u> </u>	
c "Support" alternative test - enter:					
(1) Total support other than gross				•	
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>			<u> </u>
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t	· · ·	instructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh year (but only if they have contributed in			ributions received by the	foundation before the clo	se of any tax
	iore man \$5,000j. (See S	6611011 307 (4)(2).)			
SEE STATEMENT 13					
b List any managers of the foundation wh other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
• •	3 a 1070 of greater interes) L			
NONE					
2 Information Regarding Contributi		• • • • • • • • • • • • • • • • • • • •	•		
Check here \(\sum_{\cup \subset} \) If the foundation of the foundation makes gifts, grants, etc.				not accept unsolicited requ	
	 			Implete items 2a, 0, c, and	1 d.
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:		
SEE STATEMENT 14					
		han and materials that als	ould redudes		
b The form in which applications should b	e suomitted and informat	tion and materials they sr	ioula include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s such as hy geographics	al areas, charitable fields	kinds of institutions or a	other factors'	
a rany resultations of infilinguous off awards	s, seem as by geographica	ii ai cas, ciiai kabie nelus,	Kindo of modulions, Of t	And Iddiolog.	

D-+ W// 0 1 1-(1				
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment	 	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
				li .
,				
				i
			·	
		,		
			,	
SEE STATEMENT 15				
Total .				50,000.
b Approved for future payment				• • • •
NONE		•		
Total			▶ 3b	0.

Enter gross amounts unless otherwise indicated.	Unrelated bi	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		·			
b					
C			<u>'</u>		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					-
3 Interest on savings and temporary cash					
investments			14	101.	
4 Dividends and interest from securities			14	60,151.	
5 Net rental income or (loss) from real estate:			;*************************************		* -
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	523000	92.	18	879.	
8 Gain or (loss) from sales of assets other					
than inventory	523000	495.	18	13,341.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					<u> </u>
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		587.		74,472.	0.
13 Total. Add line 12, columns (b), (d), and (e)	•			13	75,059.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accomi	nlishment of Ex	remnt Pi	Irnoses	
			•	<u> </u>	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			contributed	importantly to the accompl	ishment of

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
22521	

Form 990-PF (2010) HAMP FAMILY FUND 27-2583722

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Page 13

1 41171	Exempt Organ		31013 10 0	ind management o		inpo mini monona	read.c	•	
1 Did t	he organization directly or indi		of the followin	g with any other organization	on described in sect	ion 501(c) of	T	Yes	No
	ode (other than section 501(c								
	sfers from the reporting found								
(1)				,			1a(1)	[<u>X</u>
	Other assets						1a(2)		X
٠,	r transactions								
	Sales of assets to a noncharita	ible exempt organizat	ion				1b(1)	,	X
	Purchases of assets from a no						1b(2)		X
٠,	Rental of facilities, equipment,	•	gameation				1b(3)		X
٠.	Reimbursement arrangements						1b(4)		X
٠,	Loans or loan guarantees						1b(5)		X
	Performance of services or me	mhershin or fundraid	sına salıcıtatın	ne			1b(6)		X
٠,	ing of facilities, equipment, ma	•	•				10		X
	answer to any of the above is	•			wavs show the fair i	market value of the goods of		sets	
	rvices given by the reporting f							,,,,	
	nn (d) the value of the goods,			od 1000 tilali lali markot vale	is in any transaction	, or onaming among among o			
(a) Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, and	shanng ar	rangeme	ents
(4) 2	(2)	(4)	N/A						
	 	-							
	-								
	-			····					
		-			-	· · · · · ·			
		-			-				
	 	 			-				
	 			<u>-</u>					
		 							
					-				
					 				
0- 1-45		h	ralated to one	or more toy evempt organi	rations described	 			
	e foundation directly or indirec	=			zations described	Г	Yes	X	□No
	ction 501(c) of the Code (othe		(3)) of its sect	1011 527 7			163		7 140
D II Y	es," complete the following sch (a) Name of org			(b) Type of organization	1	(c) Description of relations	าเก		
	N/A	Janization .		(b) Type of organization		(a) Bescription of foldations	p		
	N/A	<u> </u>							
									
									
									
	Under penalties of penury, I declar	re that I have examined the	his return, includ	ing accompanying schedules an	d statements, and to the	ne best of my knowledge and bel	ief, it is tr	ue, corre	
C:	and complete Declaration of preparation						•	•	•
Sign Here	× (>1,0.0.	f H	In a sQ	111-0-	.lı b.Di	RESIDENT			
11010	Signature of officer or tri	ustee	// VO/-	Date		Title			
	Print/Type preparer's n		Preparer's s		Date	Check If PTIN			
	i iniu type piepaiei S III	41110	i lopuici s si	Λ (self- employed			
Paid	MIKE PERKI	NS	17	Horkins	11/4/11				
Prepa			LLC	(· I » (m/m)		Firm's EIN ►			
Use O		C LOIMIES	,, பப			LIMIT S CIIN			
USE U	Firm's address ► 20	UDIIGH 000	ייששקיים	, SUITE 440		 			
		TROIT, MI				Phone no (313)) 96	1_0	500
	DE	INOII, HI	40220				rm 990		

Schedule E (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

HAMP FAMILY FUND 27-2583722 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 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 of \$5,000 or more during the year.

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections

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 line 2 of its Form 990-PF, to certify that it does not meet 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) (2010)

Page 1 of 1 of Part I

Name of organization

Employer identification number

HAMP FAMILY FUND

27-2583722

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SHEILA F. HAMP 2000 BRUSH STREET, STE 440 DETROIT, MI 48226	\$2,200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	STEVEN K. HAMP 2000 BRUSH STREET, STE 440 DETROIT, MI 48226	\$ <u>23,927.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	STEVEN K. HAMP 2000 BRUSH STREET, STE 440 DETROIT, MI 48226	\$ <u>58,900.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	STEVEN K. HAMP 2000 BRUSH STREET, STE 440 DETROIT, MI 48226	\$ 32,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	STEVEN K. HAMP 2000 BRUSH STREET, STE 440 DETROIT, MI 48226	\$39,614.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

HAMP FAMILY FUND

27-2583722

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	3,529.059 UNITS - MANNING & NAPIER EQUITY FUND		
		\$ 58,406.	05/28/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	4,032.059 UNITS - MANNING & NAPIER WORLD OPP FUND		
		\$\$	05/28/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	3,617.496 UNITS - PIMCO TOTAL RETURN FUND		
		\$40,154.	05/28/10
(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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
123453 12-23	1-10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2010)

Name of org	anization				Employer identification number	
намр в	FAMILY FUND				27-2583722	
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this inf	e columns (a) through (e) a ous, charitable, etc., contr	and the following butions of	c)(7), (8), or (10) or ng line entry. For c	rganizations aggregating	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git		(d) Desc	ription of how gift is held	
		(e) Transfe	r of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
	Transferee's name, address, a	insferee's name, address, and ZIP + 4		elationship of tran	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	t	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
	Transferee's name, address, a			elationship of trar	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held	
<u> </u>		(e) Transfei	r of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
_		·				

HAMP FAMILY FUND 27-2583722

FORM 990-PF INTEREST ON SAVINGS AN	D TEMPORARY O	CASH	INVESTMENTS	STATEMENT	3
SOURCE				AMOUNT	
COMERICA BANK			-	1	01.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		-	1	01.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	1 SEC	URITIES	STATEMENT	4
SOURCE	GROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
COMERICA BANK	67,282.		13,660.	53,63	22.
FROM K-1: BRUSH STREET H FUND,	6,509.		0.	6,50	09.
FROM K-1: BRUSH STREET H FUND, LLC - TAX EXEMPT	20.		0.	:	20.
TOTAL TO FM 990-PF, PART I, LN 4	73,811.		13,660.	60,1	51.
FORM 990-PF OT:	HER INCOME			STATEMENT	5
DESCRIPTION	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
FROM K-1: BRUSH STREET H FUND, LLC FROM K-1: BRUSH STREET H FUND, LLC - UBTI		879. 92.	879		
TOTAL TO FORM 990-PF, PART I, LINE	11	971.	879	•	

FORM 990-PF	LEGAL	FEES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,998.	0.		3,998.
TO FM 990-PF, PG 1, LN 16A =	3,998.	0.		3,998.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,875.	1,366.		1,365.
TO FORM 990-PF, PG 1, LN 16B	2,875.	1,366.		1,365.
FORM 990-PF	TAX	ES	S	TATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX - COMERICA BANK FEDERAL EXCISE TAX FROM K-1: BRUSH STREET H	408. 1,325.	408.		0.
FUND, LLC - FOREIGN TAX	28.	28.		0.
TO FORM 990-PF, PG 1, LN 18	1,761.	436.		0.

FORM 990-PF

STATEMENT 10

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 9		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT EXPENSE - COMERICA BANK	482.	•		0.		
FROM K-1: BRUSH STREET H FUND, LLC - PORTFOLIO	750.			750.		
DEDUCTIONS FROM K-1: BRUSH STREET H	1,099.	1,099.		0.		
FUND, LLC - NDE	1.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	2,332.	1,581.		750.		

OTHER INVESTMENTS

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BRUSH STREET H FUND, LLC -	COST		
0.1762367% INTEREST	G0 GT	330,177.	342,046.
16,481.253 UNITS - CRM SMALL/MID CAP VALUE FUND	COST	200,304.	249,032
15,819.741 UNITS - MANNING & NAPIER	COST	200,304.	249,032
EQUITY FUND		259,717.	304,846.
23,421.852 UNITS - WILMINGTON MLT	COST		
NG RL AST - INS	COCT	284,368.	322,753.
10,447.284 UNITS - PIMCO DEVELOPING LOCAL MARKETS FUND	COST	101,091.	110,742.
45,738.732 UNITS - PIMCO TOTAL	COST	101,031.	110,742
RETURN FD INST CLASS		506,488.	496,265.
70,092.15 UNITS - MANNING & NAPIER	COST	400 770	600 400
WORLD OPPORTUNITIES A 4,670 UNITS - VANGUARD EMERGING	COST	499,773.	603,493.
MARKET ETF	COSI	174,880.	224,842.
TOTAL TO FORM 990-PF, PART II, LINE	13	2,356,798.	2,654,019.

CHRISTOPHER F. HAMP

DETROIT, MI 48226

DETROIT, MI 48226

PETER K. HAMP

2000 BRUSH STREET, SUITE 440

2000 BRUSH STREET, SUITE 440

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

HAMP FAMILY FUND				<u>-</u>	
FORM 990-PF		STANTIAL CONTRIBU	JTORS	STATI	EMENT 11
NAME OF CONTRIBUTOR		ADDRESS			
SHEILA F. HAMP		2000 BRUSH STR DETROIT, MI 48	•	440	
STEVEN K. HAMP		2000 BRUSH STE DETROIT, MI 48		440	
FORM 990-PF PA		OF OFFICERS, DEFOUNDATION MANAGE		STATI	EMENT 12
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
SHEILA F. HAMP 2000 BRUSH STREET, ST DETROIT, MI 48226	UITE 440	PRESIDENT & DIF		0.	0.
STEVEN K. HAMP 2000 BRUSH STREET, ST DETROIT, MI 48226	UITE 440	SECRETARY, TREAS	SURER & DIR	ECTOR 0.	0.
MICHAEL F. HAMP 2000 BRUSH STREET, ST DETROIT, MI 48226	UITE 440	DIRECTOR 0.25	0.	0.	0.

DIRECTOR

DIRECTOR

0.25

0.25

0.

0.

0.

0.

0.

0.

0.

0.

0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 13

NAME OF MANAGER

SHEILA F. HAMP STEVEN K. HAMP

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAVID M. HEMPSTEAD, 1901 ST. ANTOINE STREET, 6TH FLOOR, DETROIT, MI 48226 1901 ST ANTOINE ST, 6TH FLOOR DETROIT, MI 48226

TELEPHONE NUMBER

(313) 259-7777

FORM AND CONTENT OF APPLICATIONS

BRIEF LETTER, FINANCIAL STATEMENT, COPY OF IRS LETTER DETERMINING TAX STATUS (UNLESS ALREADY LISTED IN CUMULATIVE LIST).

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS GENERALLY LIMITED TO CHARITABLE ORGANIZATIONS ALREADY FAVORABLY KNOWN TO, AND OF INTEREST TO, THE SUBSTANTIAL CONTRIBUTORS OF THIS FOUNDATION. NO GRANTS TO INDIVIDUALS.

FORM 990-PF	GRANTS AND CONTRIBUTION	IS STATEMENT 15
	PAID DURING THE YEAR	

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BIG BROTHERS & BIG SISTERS OF METRO CHICAGO 560 W. LAKE STREET 5TH FLOOR CHICAGO, IL 60661	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	1,000.
COLORADO COLLEGE ANNUAL FUND P.O. BOX 1117 COLORADO SPRINGS, CO 80901	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	1,000.
COLORADO COLLEGE ATHLETIC DEPARTMENT 14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	1,000.
FOOD GATHERERS P.O. BOX 7971 ANN ARBOR, MI 48107	NO INDIVIDUALS PROGRAM SERVICES		6,000.
GRAND TRAVERSE REGIONAL LAND CONSERVANCY 3860 NORTH LONG LAKE ROAD SUITE D TRAVERSE CITY, MI 49684	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	10,000.
GREENHILLS SCHOOL 850 GREENHILLS DRIVE ANN ARBOR, MI 48105	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	500.
HENRY FORD HEALTH SYSTEM 1 FORD PLACE SUITE 5A DETROIT, MI 48202	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	1,000.
HURON RIVER WATERSHED COUNCIL 1100 N. MAIN STREET SUITE 210 ANN ARBOR, MI 48104	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	10,000.

HAMP FAMILY FUND			27-2583722
PURPLE ROSE THEATRE 137 PARK STREET CHELSEA, MI 48118	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	10,000.
STONE TRUST CORPORATION 375 PARK AVENUE SUITE 3800 NEW YORK, NY 10152		PUBLIC CHARITY	500.
THE ARK 316 S. MAIN STREET ANN ARBOR, MI 48104	NO INDIVIDUALS PROGRAM SERVICES	PUBLIC CHARITY	5,000.
THE HENRY FORD 20900 OAKWOOD BLVD. DEARBORN, MI 48124		PUBLIC CHARITY	1,000.
THE MICHIGAN THEATRE 603 EAST LIBERTY STREET ANN ARBOR, MI 48104		PUBLIC CHARITY	1,000.
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521		PUBLIC CHARITY	2,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		50,000.

GENERAL EXPLANATION

STATEMENT 16

THE PURPOSE OF EACH GRANT OR CONTRIBUTION IS TO PROVIDE FINANCIAL SUPPORT TO CORPORATIONS, TRUSTS, COMMUNITY CHESTS, FUNDS OR FOUNDATIONS, ORGANIZED AND OPERATED SOLELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS.

GE1	IERAI	EXPI	LANATION
FORM	AND	LINE	REFERENCES

STATEMENT :

17

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

PART VII-B, QUESTION 1A(3)

SERVICES ACCEPTED FROM A DISQUALIFIED PERSON

18

GENERAL EXPLANATION

STATEMENT

FORD ESTATES, LLC (2000 BRUSH ST., SUITE 440, DETROIT, MICHIGAN 48226-2229), IS A BUSINESS OFFICE MAINTAINED FOR, AND AT THE EXPENSE OF, VARIOUS MEMBERS OF THE FORD FAMILY WHO, WITH RESPECT TO THIS FUND, ARE "DISQUALIFIED PERSONS", INCLUDING PARTICULARLY SHEILA F. HAMP, STEVEN K. HAMP, MICHAEL F. HAMP, CHRISTOPHER F. HAMP, AND PETER K. HAMP.

FORD ESTATES, LLC SUPPLIES ACCOUNTING SERVICES AND OFFICE SERVICES (COLLECTING INCOME, DISTRIBUTION OF CONTRIBUTIONS, MAINTENANCE OF ACCOUNTS AND RECORDS, HANDLING CORRESPONDENCE, PREPARATION OF TAX RETURNS AND ANNUAL REPORTS, AND SIMILAR MATTERS) PERTAINING TO THE OFFICE OF TREASURER. SUCH SERVICES ARE PERFORMED BY EMPLOYEES OF FORD ESTATES, LLC. NO COMPENSATION IS PAID BY THE HAMP FAMILY FUND DIRECTLY TO ANY EMPLOYEE AS COMPENSATION FOR SERVICES IN ANY OF THE CAPACITIES LISTED ABOVE OR OTHERWISE. DURING 2010, THE HAMP FAMILY FUND PAID \$2,875 TO FORD ESTATES, LLC FOR FEES (AND EXPENSES) FOR THE SERVICES REFERRED TO IN THIS PARAGRAPH.

Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If vo	u are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box		>	X
•	u are filing for an Additional (Not Automatic) 3-Month Ex	-		-		
•	complete Part II unless you have already been granted	•	, , , ,	-		
	onic filing (e-file). You can electronically file Form 8868 if		·			oration
	ed to file Form 990-T), or an additional (not automatic) 3-mo	-			•	
•	to file any of the forms listed in Part I or Part II with the ex		•		· ·	
	al Benefit Contracts, which must be sent to the IRS in pa	•	•			
	ww.irs.gov/efile and click on e-file for Charities & Nonprofit		(see instructions). For more details on the	i ie cici	cuonic ming or and	ioi iii,
Par			bmit onginal (no copies needed).			
A corp	oration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and con	nplete		
Part I	only	· - ···· · ·				
	er corporations (including 1120-C filers), partnerships, REM ncome tax retums.	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion of time	
Туре	Name of exempt organization			Emp	loyer identification	number
print	HAMP FAMILY FUND			2	7-2583722	
File by t	e 11 16 17 16 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17	see instruc	tions.		7 2303722	
filing you return S	2000 BRUSH STREET, SUITE 4					
instructi	City, town or post office, state, and ZIP code. For a f DETROIT, MI 48226	foreign add	lress, see instructions.			
Enter	he Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4
		1				, <u></u>
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form	90	01	Form 990-T (corporation)			07
	990-BL 02 Form 1041-A					08
	990-EZ	03	Form 4720			09
	990-PF	04 Form 5227				10
Form	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form:	90-T (trust other than above)	06	Form 8870			12
● The	books are in the care of ▶					
	ephone No.		FAX No. ▶			
	e organization does not have an office or place of busines	s in the l Ir	<u> </u>			
	is is for a Group Return, enter the organization's four digit				r the whole group. (heck this
box 🍹		7				
	request an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time unt	n)		
		ot organiza	tion return for the organization named a	bove.	The extension	
	s for the organization's return for:					
	calendar year or		04 0040			
	X tax year beginning MAY 25, 2010	, an	d ending DEC 31, 2010		<u>.</u> .	
2	f the tax year entered in line 1 is for less than 12 months, o	chack race	on: X Initial return Fina	al retur	'n	
_	Change in accounting period	Sileon leas	UII. LEE HIIIIAI / ELUITI L. IIIIA	11 16101	"	
					<u> </u>	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					,600	
nonrefundable credits. See instructions. 3a \$				\$., 000	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	=		ا ا	1	600.
			3b	\$	000.	
	Balance due. Subtract line 3b from line 3a. Include your pay	•		20	\$	000,1
	by using EFTPS (Electronic Federal Tax Payment System). In. if you are going to make an electronic fund withdrawal			8879-		
bil	jou are going to make an electronic falla withdrawar		2 3300, 300 : 3111 0730 EO BIN TOITH	50,0	-c ioi paginoni inoi	

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	x	▶	X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form	8868.	
 If you are filing for an Automatic 3-Month Extension, complete 					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	pies r	needed).	
Type or Name of exempt organization			Emp	loyer identification	number
print HAMP FAMILY FUND			2	7-2583722	
File by the extended Number, street, and room or suite no. If a P.O. box, se	ee Instruc	tions.		<u> </u>	_
due date for 2000 BRUSH STREET, SUITE 440					
return See Instructions City, town or post office, state, and ZIP code. For a form of the code instructions DETROIT, MI 48226	oreign add	ress, see instructions.			
	-00				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)	٠		0 4.
Application	Return	Application			Return
ls For	Code	ls For			Code
Form 990	. 01				
Form 990-BL	02	Form 1041-A			80
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227		<u> </u>	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted RODNEY P. WOOD	an auton	natic 3-month extension on a previous	siy tile	ed Form 8868.	
• The books are in the care of > 2000 BRUSH ST.,	SUT	PE 440 DETROIT.	мт	48226-2229	
Telephone No. \triangleright (313) 961-0500	DOI.	FAX No. ▶		10220 2225	
If the organization does not have an office or place of business	in the Un				
If this is for a Group Return, enter the organization's four digit (s is foi	r the whole aroup, cl	neck this
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of all i			
	OVEME	BER 15, 2011.			
5 For calendar year, or other tax year beginning _ N	1AY 25		DEC	31, 2010 -	
6 If the tax year entered in line 5 is for less than 12 months, check reason: X Initial return Final return					
Change in accounting period					
7 State in detail why you need the extension	S A COLUMN	MUL THORWARTON NE	050	CARY MO ET	
ADDITIONAL TIME IS NEEDED TO G	ATHE	R THE INFORMATION NE	CES	SARY TO FI	LE A
COMPLETE AND ACCURATE RETURN.	·-				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	# 6060 or	eter the tentative tax less any			
nonrefundable credits. See instructions.	n 0009, ei	iter the tentative tax, less any	8a	s 1	,600.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any	refundable credits and estimated	oa i	<u> </u>	,
tax payments made. Include any prior year overpayment allo	•	{			
previously with Form 8868.	5 11 OC 45 4	ordan and any amount paid	8b	s 1	,600.
c Balance due. Subtract line 8b from line 8a. Include your pay	ment with	this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	ctions.		8c	\$	0.
-		d Verification			
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this for	ng accomp rm	anying schedules and statements, and to the	best of		lief,
Signature ► M Allews Title ► C	PA.		Date	▶ 8/3(1)	