	Form 990-T
	•
	Department of the Treas Internal Revenue Service
	A Check box address ch
_	B—Exempt-under se

EXTENDED	то	NOVEMBER	15.	2018
	10	110 1 1111111	_ ,	

_	EXTENDED TO NOV		_	OMB No 1545-0687
	xempt Organization Bus and proxy tax unde	[1		
For cal	endar year 2017 or other tax year beginning	, and ending		2017
•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may			Open to Public Inspection for 501(c)(3) Organizations Only
	Name of organization (Check box if name ch	hanged and see instructions.)	(Em	ployer identification number ployees' trust, see tructions)
Přint-	HAMP FAMILY FUND			27-2583722

4,194.

SEE STATEMENT 16

SEE STATEMENT 15

м L	address changed		warne or organization (Check box ii name ci	laliyeu	and see instructions.)			noloyee truction	es' trust, see
B -E	xempt-under section	Přint	HAMP FAMILY H	FUND					27-	2583722
	501(c)(3() 408(e) 220(e)	or Type	Number, Street, and room or 1901 ST. ANTO	DINE STREE	Т,	6TH FLOOR			related e instru	business activity codes octions)
E	」408A		City or town, state or province DETROIT, MI	48226	ioreig	n postar code		52	300	0
C Bo	ok value of all assets		F Group exemption number G Check organization type	(See instructions.)	<u> </u>					
	2,402,1	98.	G Check organization type	► X 501(c) corp	oration	501(c) trust	. L	401(a) trus		Other trust
H De	scribe the organization	n's prim	ary unrelated business activity	. ► INVESTM	ENT	IN PARTNER	SHIP	INTERE	<u>ST</u>	
			oration a subsidiary in an affil ifying number of the parent co	•	it-subs				Yes	X No
J Th	e books are in care of)	THOMAS MOTSCHA	ALL		Teleph	one numbe	r ▶ (31	3)9	61-0500
Pa	rtil Unrelate	d Trac	de or Business Incor	me		(A) Income	(B)	Expenses	1	(C) Net
	Gross receipts or sale			Balance	1c					
2	Cost of goods sold (S			Dalance	2			<u> </u>		
3	Gross profit. Subtract		•		3		PECT 23		38	We want to an arrange measurement
_	Capital gain net incon				4a	2,916.	14.00	7 × × × ×	3	2,916.
		•	art II, line 17) (attach Form 47	797)	4b		W.			
	Capital loss deduction			- ,	4c					
5	•		ips and S corporations (attach	n statement)	5	1,278.	2888		3	1,278.
6	Rent income (Schedu		,	,	6				\top	
7	Unrelated debt-finance	ed incoi	ne (Schedule E)		7					•
8	Interest, annuities, ro	yaltıes, a	and rents from controlled orga	inizations (Sch. F)	8	-				
9			on 501(c)(7), (9), or (17) orga		9				\Box	` `
10	Exploited exempt acti	vity inco	me (Schedule I)		10					
11	Advertising income (Schedul	e J)		11					
12	Other income (See in	struction	is; attach schedule)		12			1 6843436		-

Total. Combine lines 3 through 12 13 Part'II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income) 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages Repairs and maintenance 16 17 Bad debts 18

16 17 18 Interest (attach schedule) 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) OGDEN, UT 20

21 Depreciation (attach Form 4562)

Less depreciation claimed on Schedule A and elsewhere on return 22 23

24 Contributions to deferred compensation plans 25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or



20

**

23

24

25

26

27

28

29

31

4,194.

287.

324.

3,583.

3,583.

1,000.

Form 990-1	(2017) HAMP FAMILY FUN	D		27-258	3722	Page 2
Part I	II Tax Computation					
35	Organizations Taxable as Corporations. Se	e instructions for tax computation				
	Controlled group members (sections 1561 a	nd 1563) check here 🕨 🔲 See instruction	ons and:			
а	Enter your share of the \$50,000, \$25,000, ar	nd \$9,925,000 taxable income brackets (in tha	it order):			
	(1) \$ (2) \$	(3) \$				
b	Enter organization's share of: (1) Additional					
	(2) Additional 3% tax (not more than \$100,0	000) \$				
С	Income tax on the amount on line 34			>	35c	387.
36	Trusts Taxable at Trust Rates. See instruction	ons for tax computation. Income tax on the an	nount on line 34 from:	:		
	Tax rate schedule or Schedule	D (Form 1041)		>	36	
37	Proxy tax. See instructions			>	37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income See	instructions			39	
40	Total Add lines 37, 38 and 39 to line 35c or	36, whichever applies			40	387.
Part I	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form	1118, trusts attach Form 1116)	41a			
b	Other credits (see instructions)		41b			
C	General business credit. Attach Form 3800		41c			
d	Credit for prior year minimum tax (attach For	rm 8801 or 8827)	41d			
е	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	387.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Fo	orm 8866 🔲 Other	(attach schedule)	43	
44	Total tax. Add lines 42 and 43	EE STATEMENT 18			44	394.
45 a	Payments: A 2016 overpayment credited to	2017	45a	460.		
b	2017 estimated tax payments		45b			
C	Tax deposited with Form 8868		45c			
d	Foreign organizations: Tax paid or withheld a	it source (see instructions)	45d			
е	Backup withholding (see instructions)		45e			
f	Credit for small employer health insurance p	remiums (Attach Form 8941)	45f			
	Other credits and payments:	Form 2439				
_	Form 4136	Other Tota	I ▶ 45g			
46	Total payments. Add lines 45a through 45g				46	460.
47	Estimated tax penalty (see instructions) Che	ck if Form 2220 is attached 🕨 🔲			47	
48	Tax due If line 46 is less than the total of line	es 44 and 47, enter amount owed		>	48	
49	Overpayment If line 46 is larger than the tot	al of lines 44 and 47, enter amount overpaid		>	49	66.
50	Enter the amount of line 49 you want: Credit	ted to 2018 estimated tax	66. Re	efunded 🕨	50	0.
Part \	✓ Statements Regarding Cer	tain Activities and Other Infor	mation (see instru	uctions)		
51	At any time during the 2017 calendar year, d	id the organization have an interest in or a sign	nature or other author	rity		Yes No
	over a financial account (bank, securities, or	other) in a foreign country? If YES, the organi	ization may have to file	e		
	FinCEN Form 114, Report of Foreign Bank ar	nd Financial Accounts. If YES, enter the name	of the foreign country			
	here >					<u>X</u> _
52	During the tax year, did the organization rece	eive a distribution from, or was it the grantor o	f, or transferor to, a fo	oreign trust?		<u>X</u> _
	If YES, see instructions for other forms the o	rganization may have to file.				
53	Enter the amount of tax-exempt interest rece					
	Under penalties of perjury I declare that I have e	xamined this return, including accompanying schedule ther than taxpayer) is based on all information of which	es and statements, and to	the best of my knovedoe	vledge and be	lief, it is true,
Sign	1/01-101) N			y the IRS disc	cuss this return with
Here	X Shule Fit		IDENT	the	preparer sho	wn below (see
	Stgnature of officer	Date		ıns	tructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		Non or	11/2/2012	self- employed		0.000
Prepa	erer ROSALBA TURO	Joseph Turs	11/3/2018			075908
Use C	Daly Firm's name FORD ESTA			Firm's EIN ▶	26-	3014408
	2000 BR	USH STREET, SUITE 44	O			
	Firm's address ► DETROIT	, MI 48226-2251		Phone no. (61-0500
					Fo	rm 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				-	
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6	% -√. % -√.		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	- Mar. Br.		
4a Additional section 263A costs				line 2			7		
——(attach-schedule)	4a		8	Do the rules of section	•	•		Yes	
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to		× 196 ×	20000
5 Total. Add lines 1 through 4b	5 5 1		ᄂ	the organization?		- I MEAL Dool Doo	A		<u></u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	a Pe	rsonal Property 1	Leas	ed with Real Pro	perty)		
1. Description of property									
(1)					•				
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connecte	d with the income	e in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) ar	nd 2(b) (att	ach schedule)	
(1)	-								
(2)									
(3)									
(4)									
Total	0.	Total			0.	/h) Total daduations			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ictions)					
			;	2. Gross income from		Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deduction	
				interiors property		(attach schedule)		(attach schedule	1
(4)			+						
(1)			+		<u> </u>				
(2)			+			-	+		
(3)			+-		-		+		
Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis	1	6. Column 4 divided by column 5		7. Gross income reportable (column		. Allocable deductions 6 x total of c	
property (attach schedule)		nced property h schedule)		·		2 x column 6)		3(a) and 3(b))	1
(1)				%					
(2)				%					
(3)				%					
(4)		_		%					
						inter here and on page 1, Part I, line 7, column (A)		ter here and on pa art I, line 7, colum	
Totals				>	<u> </u>	0	<u>. </u>		0.
Total dividends-received deductions in	ncluded in columi	n 8		·			•		0.
								Form 990 -	T (2017)

Schedule F - Interest,	Annuitie	s, Roya	ties, ar					zatio	ns (see ins	struction	s)
				Exempt 0	Controlled O	rganızatı	ions				
Name of controlled organizat	tion	2. Em Identifi num	cation		related income instructions)	4. To pay	tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	Deductions directly connected with income in column 5
(1)			·								
_(2)										<u> </u>	·
(3)								1			
(4)			_					 		<u> </u>	
Nonexempt Controlled Organi	zatione							<u> </u>			
7. Taxable Income		nrelated incom	ne (lose)	0 Total	of specified pay	mente	10. Part of colu	mn Q tha	t is included	11 De	ductions directly connected
, vaxable alcome		ee instructions		9. 100	made	nenus	in the controll	ing orgai s income	nization's		income in column 10
(1)			–								
(2)											
(3)											
(4)											
						-	Add colur Enter here and line 8.		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						_		· · · · · · · · ·	0.		0.
Schedule G - Investme	ent Inco	me of a	Section	501(c)(7), (9), or	(17) ()	rganization	,	٠.		
(see insti		iic oi a	ocolioi	1 00 1(0)(,,,, (0), 0.	(, 0.	gamzatioi	•			
1. Desc	cription of inco	mė			2. Amount of	ıncome	3. Deduction directly connect (attach scheduler)	ected	4, Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									-		
(2)				·							
(3)											
(4)											
					Enter here and Part I, line 9, co	olumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Evemnt	Activity	Incom	e Othe	r Than Ac	0 . Ivertis	ing Incom				<u> </u>
(see instru	-	Activity	, incom	ie, Otile	i illali Ac	ivei tis	mg mcom				
Description of exploited activity	unrelated incom	Gross business e from business	directly of with pro of uni	penses connected oduction related as income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					i .						
(2)	1				1				1		1
(3)									<u> </u>		1
(4)					Ì		T .				
			page '	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	na Inco	me (see	nstruction	0.		00000000000000000000000000000000000000		70.85 87586		\$	0.
Rartil Income From					solidated	Racio	<u> </u>			-	
Estatistis Income From	renodic	ais nep	orted 0		Isolidated		· · · · · · · · · · · · · · · · · · ·		,		
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (o col 3) If a g	tising gain of 2 minus ain, compu hrough 7	5. Circula		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					*		&L				
(2)											
(3)					400						
(4)							4				
Totals (carry to Part II, line (5))	•		0.	0).						0.
	•										Form 990-T (2017)

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	·	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
_(2)							
(3)		-					
(4)							
Totals from Part I	•	0.	0.		12 (12) 12 (12)		0.
•		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)		&-3.25 X X X X X X X X X X X X X X X X X X X		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	15
DESCRIPTION		AMOUNT	
-AGGOUNTING-FEES		3	24.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	3	24.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	16
QUALIFIED CONTRIB	UTIONS SUBJECT TO 100% LIMIT			
-CARRYOVER-OF-PRIO	R YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 20	12 105,000			
FOR TAX YEAR 20				
FOR TAX YEAR 20				
FOR TAX YEAR 20				
FOR TAX YEAR 20	16			
TOTAL CARRYOVER		324,266		
	R 10% CONTRIBUTIONS	022,200		
TOTAL CONTRIBUTION	NS AVAILABLE	324,266		
TAXABLE INCOME LI	MITATION AS ADJUSTED	287		
EXCESS 10% CONTRI	BUTIONS	323,979		
EXCESS 100% CONTR	IBUTIONS	0		
TOTAL EXCESS CONT	RIBUTIONS	323,979		
ALLOWABLE CONTRIB	UTIONS DEDUCTION			287
TOTAL CONTRIBUTIO	N DEDUCTION			287

FORM 990-T	INCOME (LOSS)	FROM PARTNERS	HIPS ————————————————————————————————————	STATEMENT	17
PARTNERSHIP NAME		_GROSS—INCOME—	-DEDUCTIONS	NET INCOM	
BRUSH STREET H FUND II,	LLC	1,278.	0.	1,2	78.
TOTAL TO FORM 990-T, PAG	GE 1, LINE 5	1,278.	0.	1,2	78.
FORM 990-T	OTHER T	AXES		STATEMENT	18
DESCRIPTION				AMOUNT	
TOTAL OF LINES 42 + 43 SECTION 965 TAX					87.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

HAMP FAMILY FUND

27-2583722

Part Short-Term Capital Gains and Losses - Assets Held One-Year-or-Less							
See-instructions for how to figure the amounts to enter on the lines below		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,		(ħ) Gain or (loss) Subtract column (e) from column (d) and	
This rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis) Part I, line 2, column (g)) '	combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			1 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)			
1b	Totals for all transactions reported on						
	Form(s) 8949 with Box A checked		-				
2	Totals for all transactions reported on						
	Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on					(5.0	
	Form(s) 8949 with Box C checked			<u> </u>		_653.	
	Short-term capital gain from installment sales		7		4		
	Short-term capital gain or (loss) from like-kind				5	<u></u>	
6	Unused capital loss carryover (attach computa	ation)			6	()	
7	Net short-term capital gain or (loss). Combine				7	653.	
	Part₃II Long-Term Capital Gai	ns and Losses - Ass	sets Held More Tha	n One Year		,	
See instructions for how to figure the amounts to enter on the lines below. (d) Proceeds Cost Or loss from Form(s) 894			9,	(h) Gain or (loss) Subtract column (e) from column (d) and			
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Part II, line 2, column (g	a) 	combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				53		
8b	Totals for all transactions reported on					1	
	Form(s) 8949 with Box D checked	_					
9	Totals for all transactions reported on	,					
	Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on					2 100	
	Form(s) 8949 with Box F checked	. <u></u>		L		2,199.	
	Enter gain from Form 4797, line 7 or 9	11	64.				
	12 Long-term capital gain from installment sales from Form 6252, line 26 or 37						
	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					<u> </u>	
14 Capital gain distributions						2 262	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h					2,263.		
Rartilli Summary of Parts I and II							
	16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					653.	
	17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					2,263.	
18	8 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV				18	2,916.	
	Note: If losses exceed gains, see Capital losses in the instructions.						

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2017

Alternative Tax for Corporations with Qualified Ti	i mber Gain. Complete P	art IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	ions.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	1 1	
of your tax return	20	
21 Enter the smallest of; (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap		
the return with which Schedule D (Form 1120) is being filed	1 1	24
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
		27
27 Multiply line 26 by 35% (0.35)		27
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	incorrate for the	
return with which Schedule D (Form 1120) is being filed	29	
30 Enter the smaller of line 28 or line 29 Also enter this amount on Form 1120, Schedule	J. line 2. or the	
applicable line of your tax return	-, ····, -· ··· -	30
		Schedule D (Form 1120) 2017

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2017

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

27=2583722 HAMP FAMILY FUND Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need $oxed{oldsymbol{oxed}}$ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) Gain or (loss). Subtract column (e) Proceeds Date sold or Cost or other Description of property Date acquired in column (g), enter a code in column (f). See instructions. (sales price) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) combine the result see Column (e) in Amount of Code(s) with column (a) the instructions adjustment FROM K-1 - BRUSH STREET H FUND II, 653. LLC Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 653. above is checked), or line 3 (if Box C above is checked)

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (q) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Adjustment, if any, to gain or

(e)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

HAMP	FAMILY	FUND
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27-2583722

(h)

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS-by-your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(d)

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

Description of property (Example 100 sh XYZ Co)	Date acquired (Mo., day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and see Column (e) in the instructions	ın column column (f	(g), enter a code in). See instructions. (g) Amount of adjustment	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
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2 Totals. Add the amounts in col	umns (d), (e), (g)	and (h) (subtract	:				
negative amounts). Enter each			1				
Schedule D, line 8b (If Box D a	bove is checked)	, line 9 (if Box E					
above is checked), or line 10 (if	Box F above is	checked) 🕨	<u></u>		<u> </u>	<u></u>	2,199.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)