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Form **990-PF**

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

OMB No 1545-0052

2014

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

For calendar year 2014 or tax year beginning

04/01, 2014, and ending

03/31, 2015

Name of foundation: **HEMPSTEAD IDELLA STUART TR**

Number and street (or P O box number if mail is not delivered to street address): **PO BOX 1802**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **PROVIDENCE, RI 02901-1802**

Check all that apply:

<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Initial return of a former public charity
<input type="checkbox"/>	Final return	<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Address change	<input type="checkbox"/>	Name change

Check type of organization:

<input type="checkbox"/>	Section 501(c)(3) exempt private foundation
<input checked="" type="checkbox"/>	Section 4947(a)(1) nonexempt charitable trust
<input type="checkbox"/>	Other taxable private foundation

Fair market value of all assets at end of year (from Part II, col (c), line 16): **\$ 273,036.**

Accounting method: Cash Accrual Other (specify) _____

A Employer identification number: **06-6084143**

B Telephone number (see instructions): **888-866-3275**

C If exemption application is pending, check here

D 1 Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	5,454.	5,294.		STMT 1
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	5,032.			
b	Gross sales price for all assets on line 6a	48,621.			
7	Capital gain net income (from Part IV, line 2)		5,032.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)		5.		STMT 2
12	Total. Add lines 1 through 11	10,486.	10,331.		
13	Compensation of officers, directors, trustees, etc.	1,127.	676.		451.
14	Other employee salaries and wages		NONE	NONE	
15	Pension plans, employee benefits		NONE	NONE	
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	1,250.	NONE	NONE	1,250.
c	Other professional fees (attach schedule)	693.			693.
17	Interest				
18	Taxes (attach schedule) (see instructions)	382.	182.		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings		NONE	NONE	
22	Printing and publications		NONE	NONE	
23	Other expenses (attach schedule)		130.		
24	Total operating and administrative expenses. Add lines 13 through 23	3,452.	988.	NONE	2,394.
25	Contributions, gifts, grants paid	10,000.			10,000.
26	Total expenses and disbursements Add lines 24 and 25	13,452.	988.	NONE	12,394.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-2,966.			
b	Net investment income (if negative, enter -0-)		9,343.		
c	Adjusted net income (if negative, enter -0-)				

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	5,659.	3,738.	3,738.	
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶	NONE			
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) STMT 7	238,015.	248,856.	269,298.	
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶ (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule) STMT 8	11,047.			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation ▶ (attach schedule)				
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	254,721.	252,594.	273,036.		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)		NONE			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, . . . ▶ <input checked="" type="checkbox"/> check here and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	254,721.	252,594.		
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	254,721.	252,594.			
31	Total liabilities and net assets/fund balances (see instructions)	254,721.	252,594.			

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 254,721.
2	Enter amount from Part I, line 27a	2 -2,966.
3	Other increases not included in line 2 (itemize) ▶ <u>PARTNERSHIP BASIS ADJUSTMENT</u>	3 6,069.
4	Add lines 1, 2, and 3	4 257,824.
5	Decreases not included in line 2 (itemize) ▶ <u>SEE STATEMENT 9</u>	5 5,230.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6 252,594.



Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a PUBLICLY TRADED SECURITIES					
b OTHER GAINS AND LOSSES					
c					
d					
e					
(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 (g)		
a 22,569.		18,894.	3,675.		
b 26,052.		24,695.	1,357.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a			3,675.		
b			1,357.		
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	5,032.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	10,356.	265,342.	0.039029
2012	10,969.	249,999.	0.043876
2011	21,756.	240,638.	0.090410
2010	615.	218,374.	0.002816
2009	10,054.	218,374.	0.046040
2 Total of line 1, column (d)			0.222171
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.044434
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			274,541.
5 Multiply line 4 by line 3			12,199.
6 Enter 1% of net investment income (1% of Part I, line 27b)			93.
7 Add lines 5 and 6			12,292.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			12,394.



Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Total credits and payments'. Values include 93, NONE, 393, 300, and 204.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political expenditures, and state registration. Includes checkboxes for 'Yes' and 'No' and 'X' marks in the 'No' column for several items.



Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes 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? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BANK OF AMERICA, N.A. 99 FOUNDERS PLAZA, EAST HARTFORD, CT 06108-3208	TRUSTEE 1	1,127.	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		NONE	NONE	NONE

Total number of other employees paid over \$50,000 NONE



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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE

Total number of others receiving over \$50,000 for professional services		NONE

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 NONE	

2	

3	

4	

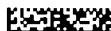
Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	

2	

All other program-related investments See instructions	
3 NONE	

Total. Add lines 1 through 3	



Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	268,441.
b	Average of monthly cash balances	1b	10,281.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	278,722.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	278,722.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,181.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	274,541.
6	Minimum investment return. Enter 5% of line 5	6	13,727.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	13,727.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	93.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	93.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	13,634.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	13,634.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,634.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	12,394.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,394.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	93.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,301.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				13,634.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			8,136.	
b Total for prior years 20____, 20____, 20____		NONE		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				NONE
b From 2010				NONE
c From 2011				NONE
d From 2012				NONE
e From 2013				NONE
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>12,394.</u>				
a Applied to 2013, but not more than line 2a			8,136.	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2014 distributable amount				4,258.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				9,376.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	NONE			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9				
a Excess from 2010				NONE
b Excess from 2011				NONE
c Excess from 2012				NONE
d Excess from 2013				NONE
e Excess from 2014				NONE



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

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2014, (b) 2013, (c) 2012, (d) 2011, (e) Total. Rows include: 2a Adjusted net income, 2b 85% of line 2a, 2c Qualifying distributions from Part XII, 2d Amounts included in line 2c not used directly for active conduct of exempt activities, 2e Qualifying distributions made directly for active conduct of exempt activities, 3 Complete 3a, b, or c for the alternative test relied upon (Assets, Endowment, Support).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include: SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines: SEE ATTACHED STATEMENT FOR LINE 2

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE ATTACHED STATEMENT FOR LINE 2



Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
GREENWICH SCHOLARSHIP ASSOC. PO BOX 4627 GREENWICH CT 06831	N/A	N/A	SCHOLARSHIPS	5,000.
THE WALKS FOUNDATION PO BOX 155 WEST GRANBY CT 06090	N/A	PC	SCHOLARSHIPS FOR UNDERPRIVILEGED STUDENTS	5,000.
Total ▶ 3a				10,000.
<i>b Approved for future payment</i>				
Total ▶ 3b				

HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS	86.	86.
FOREIGN DIVIDENDS	1,025.	1,025.
NONDIVIDEND DISTRIBUTIONS	191.	
DOMESTIC DIVIDENDS	1,902.	1,902.
OTHER INTEREST	392.	392.
FOREIGN INTEREST	21.	21.
U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE	65.	65.
NON-TAXABLE FOREIGN INCOME	-31.	
NONDISTRIBUTIVE DIVIDENDS	49.	49.
NONDISTRIBUTIVE FOREIGN DIVIDENDS	148.	148.
NONQUALIFIED FOREIGN DIVIDENDS	317.	317.
NONQUALIFIED DOMESTIC DIVIDENDS	1,289.	1,289.
TOTAL	5,454.	5,294.

HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - OTHER INCOME
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP INCOME		5.
	-----	-----
TOTALS	=====	5. =====



HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - ACCOUNTING FEES
=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE - BOA	1,250.			1,250.
TOTALS	1,250.	NONE	NONE	1,250.

HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - OTHER PROFESSIONAL FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
GRANTMAKING FEES - BOA	693.	693.
	-----	-----
TOTALS	693.	693.
	=====	=====



HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - TAXES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FOREIGN TAXES	173.	173.
EXCISE TAX ESTIMATES	200.	
FOREIGN TAXES ON QUALIFIED FOR	7.	7.
FOREIGN TAXES ON NONQUALIFIED	2.	2.
TOTALS	382.	182.

HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART I - OTHER EXPENSES

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP EXPENSES		130.
	-----	-----
TOTALS	-----	130.
	=====	=====



HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
464287507 ISHARES CORE S&P MID	6,930.	6,930.	8,967.
464287655 ISHARES RUSSELL 2000	5,108.	6,800.	8,457.
921943858 VANGUARD FTSE DEVELO	8,576.	8,576.	9,121.
922908553 VANGUARD REIT ETF	19,962.	15,182.	18,801.
466001864 IVY ASSET STRATEGY F	13,651.	13,651.	12,111.
38145C646 GOLDMAN SACHS STRATE	23,534.	19,671.	18,617.
693390841 PIMCO HIGH YIELD FD	2,726.	5,587.	5,503.
202671913 AGGREGATE BOND CTF	21,902.	22,190.	22,617.
207543877 SMALL CAP GROWTH LEA	4,739.	4,852.	6,173.
29099J109 EMERGING MARKETS STO	19,022.	17,056.	18,743.
302993993 MID CAP VALUE CTF	9,298.	7,225.	8,270.
303995997 SMALL CAP VALUE CTF	5,524.	5,707.	6,486.
323991307 MID CAP GROWTH CTF	10,279.	6,910.	8,668.
45399C107 DIVIDEND INCOME COMM	24,706.	23,087.	24,892.
99Z466163 HIGH QUALITY CORE CO	12,803.	11,879.	13,117.
99Z466197 INTERNATIONAL FOCUS	26,439.	23,719.	27,601.
99Z501647 STRATEGIC GROWTH COM	22,816.	22,297.	27,449.
464287200 ISHARES CORE S&P 500		16,144.	16,211.
73935S105 POWERSHARES DB COMMO		11,393.	7,494.
TOTALS	238,015.	248,856.	269,298.

HEMPSTEAD IDELLA STUART TR

06-6084143

FORM 990PF, PART II - OTHER INVESTMENTS
=====

DESCRIPTION	COST/ FMV C OR F	BEGINNING BOOK VALUE
-----	-----	-----
73935S105 POWERSHARES DB COMMO	C	11,047.
TOTALS		11,047.
		=====



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06-6084143

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

=====

DESCRIPTION -----	AMOUNT -----
INCOME ADJUSTMENT	871.
ADJUST CARRYING VALUE	3,131.
SALES ADJUSTMENT	1,228.

TOTAL	5,230.
	=====



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GAINS AND LOSSES FROM PASS-THRU ENTITIES

=====

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	-615.00	

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)		-615.00
		=====

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	5,844.00	
PARTNERSHIPS, TRUSTS, S CORPORATIONS	-6,069.00	

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)		-225.00
		=====



HEMPSTEAD IDELLA STUART TR
FORM 990PF, PART XV - LINES 2a - 2d
=====

06-6084143

RECIPIENT NAME:

BANK OF AMERICA

ADDRESS:

99 FOUNDERS PLAZA

EAST HARTFORD, CT 06108-3208

RECIPIENT'S PHONE NUMBER: 860-244-4874

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED

SUBMISSION DEADLINES:

JANUARY 15

RESTRICTIONS OR LIMITATIONS ON AWARDS:

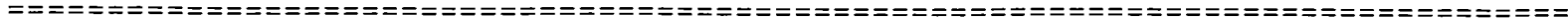
SEE ATTACHED



HEMPSTEAD IDELLA STUART TR

06-6084143

FEDERAL FOOTNOTES



THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

IDELLA STUART HEMPSTEAD TRUST GRANT GUIDELINES

GRANT FOCUS

- Applicant organizations must be 501 (c)(3) public charities.
- Applicant organizations must be located in and serve the people of Connecticut.
- Preference is given to organizations that “advance the education of gifted, but financially disadvantaged persons.” Preference is also given to organizations that “provide medical care for disadvantaged persons.”

The deadline for applications to the Hempstead Trust is **January 15**. Applications will **only** be accepted through the mail and must be **postmarked by the deadline date**.

Please forward **one** original application with all required attachments as well as **one extra copy** of the application with the program/project budget (no attachments) to:

**Carmen Britt
Bank of America
Philanthropic Management
CT2-547-05-19
99 Founders Plaza
East Hartford, CT 06108**

**CONNECTICUT
PHILANTHROPIC SERVICES
GRANT APPLICATION**

REQUESTS FOR GRANTS MUST CONTAIN THE FOLLOWING INFORMATION IN THE FOLLOWING ORDER. Please be sure to complete, number, and label each section.

1. GRANT APPLICATION COVERSHEET (See attached)
2. BACKGROUND (Not to exceed two paragraphs)
Provide a brief description of the background, purpose, and services of your organization.
3. ORGANIZATIONAL BUDGET
Include a budget for the entire organization for your current fiscal year.
4. GRANT REQUEST (One to two pages)
Please include a comprehensive description of the services for which you are seeking support. Be sure to include information that highlights the urgent need of your organization, project, or program in the community and justifies the amount requested.
5. PROJECT/PROGRAM BUDGET (Not applicable for general operating requests)
If the requested funds are to be used for anything other than the general operating expenses of the organization, include a detailed line-item budget for the specific project or program, which justifies the amount requested.
6. OTHER SOURCES OF FUNDING
 - For *project/program* requests—provide a list of funds that have been secured to date and the sources of those funds. Please also include a list of pending requests.
 - OR
 - For *operating support* requests—provide a list of foundation and/or corporate grants received by the organization over the past two years. Please also include a list of pending requests.
7. EVALUATION (Not to exceed one page)
Include a detailed description of how you currently evaluate your organization/project or how you plan to evaluate if seed funding is requested. Please include the evaluation results, if available.
8. BOARD MEMBERS
Provide a list of the members of your current Board of Trustees.
9. TAX STATUS
Provide evidence of the tax status of your organization, i.e. a copy of the organization's Federal (IRS) Tax-Exempt Ruling Letter, verifying that the organization is a qualified charity under Section 501(c)(3) of the IRS, and not a private foundation.
10. AUDITED FINANCIAL STATEMENT
A copy of the organization's audited financial statement for the most recent fiscal year available.

**CONNECTICUT
PHILANTHROPIC SERVICES
GRANT APPLICATION COVERSHEET**

This coversheet is intended as a *summary* only. We ask that you restrict your answers to the space provided, and that you make any additional comments in the proposal you submit with this coversheet. *Please note, this coversheet must be submitted with all requests.*

FUND/TRUST/FOUNDATION YOU ARE APPLYING TO: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE #: _____ **EXT.** _____ **FAX #:** _____

CONTACT E-MAIL ADDRESS: _____

WEB SITE ADDRESS: _____

NAME OF CONTACT PERSON: (Mr. / Ms. / Dr.) _____

TITLE OF CONTACT PERSON: _____

LEGAL NAME OF ORGANIZATION: _____

TAX IDENTIFICATION NUMBER: _____

FEDERAL TAX STATUS: _____

DATE OF IRS DETERMINATION RULING: _____

DOES YOUR ORGANIZATION ENGAGE IN LOBBYING ACTIVITIES: ____ YES ____ NO

MISSION OF ORGANIZATION: _____

ORGANIZATIONAL BUDGET INFORMATION:

Current Fiscal Year (FY) Projections:

FY: _____, ending (day/month): _____ **Revenue:** \$ _____ **Expenses:** \$ _____

Most Recent Fiscal Year (FY) Completed:

FY: _____, ending (day/month): _____ **Revenue:** \$ _____ **Expenses:** \$ _____

Sources of revenue from the *most recent completed* fiscal year (list % of total operating revenue):

Federal	%	Corporations	%
State	%	Individuals	%
City	%	Endowment	%
Fees	%	United Way	%
Foundations	%	Other (Explain)	%

PLEASE CHECK THE SERVICES PROVIDED BY YOUR ORGANIZATION:

Education Health Care
 Human Services Arts & Culture
 Other (Specify: _____)
 Are you a United Way Agency? (YES/NO)

AMOUNT OF FUNDS REQUESTED: \$ _____ over _____ months

DESCRIPTION & PURPOSE OF REQUEST (*State if operating, program, or capital request*):

APPROXIMATE GEOGRAPHIC LOCATION, DEMOGRAPHIC AND DESCRIPTION OF POPULATION SERVED BY THIS REQUEST:

NUMBER OF INDIVIDUALS EXPECTED TO BENEFIT FROM THIS REQUEST: _____

PROJECT TITLE (if applicable): _____

PROJECT BUDGET INFORMATION (if applicable): _____

Current Fiscal Year Projections: Revenue: \$ _____ Expenses: \$ _____

Most Recent Completed Fiscal Year: Revenue: \$ _____ Expenses: \$ _____

Sources of revenue from the *most recent completed* fiscal year. If program is new, list projections.

Federal	%	Corporations	%
State	%	Individuals	%
City	%	Endowment	%
Fees	%	United Way	%
Foundations	%	Other (Explain)	%

MARKET VALUE OF ENDOWMENT: \$ _____

ARE YOU CURRENTLY IN A CAPITAL CAMPAIGN PHASE? _____ (YES/NO)

If yes, please indicate amount of campaign: \$ _____

If no, please note date of your last campaign: _____

We agree to report to the Trustee on the expenditure of any funds received from any of its charitable trusts.

Signed: _____ Date: _____
(President/CEO or Executive Director)

If the Applicant Organization has a fiscal agent, please include the signature of a representative from that organization below.

Signed: _____ Date: _____