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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

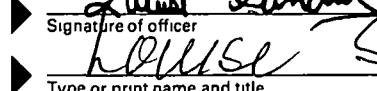
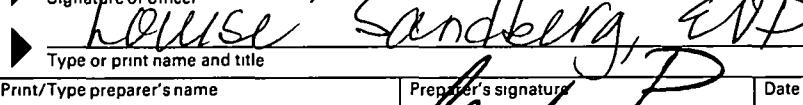
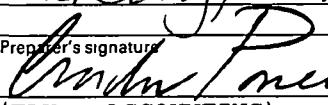
A For the 2011 calendar year, or tax year beginning		, 2011, and ending		, 20	
B Check if applicable		C Name of organization NIMS, ETHEL J. CHARITABLE TRUST A 43C087012		D Employer identification number 03-6036799	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As 850 MAIN STREET, RC 13-505		Room/suite 802 660-2153		
	Number and street (or P O box if mail is not delivered to street address)		Room/suite		
	City or town, state or country, and ZIP + 4 BRIDGEPORT, CT 06604-4913				
	F Name and address of principal officer PEOPLES UNITED BANK PO BOX 802 BURLINGTON VT 05402		G Gross receipts \$ 1,218,488		
			H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website ► N/A		If "No," attach a list (see instructions)			
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1999		M State of legal domicile VT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO MAKE CONTRIBUTIONS IN ACCORDANCE WITH THE TERMS OF THE TRUST ESTABLISHED BY ETHEL J. NIMS IN WHICH INCOME FROM THE TRUST IS TO BE DISTRIBUTED TO THE FIRST UNITARIAN CHURCH IN BURLINGTON, VT.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3 1	4 1
	8 Contributions and grants (Part VIII, line 1b)	9 Program services revenue (Part VIII, line 2g)	5 NONE	6 NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7a NONE	7b NONE
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		210,360 158,809	210,360 158,809
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	127,142 122,854	127,142 122,854
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	22,098 23,211	22,098 23,211
	b Total fundraising expenses (Part IX, column (D), line 25) ► NONE	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	666 1,706	666 1,706
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19 Revenue less expenses Subtract line 18 from line 12	149,906 147,771	149,906 147,771
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	60,454 11,038	60,454 11,038
			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	2,771,642 2,781,346	2,771,642 2,781,346
	22 Net assets or fund balances Subtract line 21 from line 20.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	►  Signature of officer ►  Type or print name and title Louise Sandberg, EVP	03/23/2012 Date		
Paid Preparer Use Only	Print/Type preparer's name GORDON POWERS	Preparer's signature  Date 03/23/2012	Check <input type="checkbox"/> if self-employed	PTIN P00260194
	Firm's name ► THOMSON REUTERS (TAX & ACCOUNTING)	Firm's EIN ► 75-1297386		
	Firm's address ► 35 THOMSON PLACE, 1ST FLOOR, BOSTON, MA 02210	Phone no 617-856-2811		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

JSA

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KG9731 L690 03/23/2012 09:04:20

43C087012

10/20/2011

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO MAKE CONTRIBUTIONS IN ACCORDANCE WITH THE TERMS OF THE TRUST
ESTABLISHED BY ETHEL J. NIMS IN WHICH INCOME FROM THE TRUST IS TO BE
DISTRIBUTED TO THE FIRST UNITARIAN CHURCH IN BURLINGTON, VT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ 122,854.) (Revenue \$ _____)
CONTRIBUTIONS IN ACCORDANCE WITH THE TERMS OF THE TRUST ESTABLISHED BY
ETHEL J. NIMS, IN WHICH INCOME FROM THE TRUST IS TO BE DISTRIBUTED TO
THE FIRST UNITARIAN CHURCH OF BURLINGTON, VT.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete <i>Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i>	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI, XII, and XIII</i> is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete <i>Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete <i>Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

	Yes	No	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	[REDACTED]
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	[REDACTED]
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	[REDACTED]	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	[REDACTED]
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	[REDACTED]	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	[REDACTED]
b If Yes, enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	[REDACTED]	[REDACTED]	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	[REDACTED]
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	[REDACTED]	[REDACTED]
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	[REDACTED]	[REDACTED]
7 Organizations that may receive deductible contributions under section 170(c).	7a	X	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	[REDACTED]	[REDACTED]
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	[REDACTED]	[REDACTED]
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X	[REDACTED]
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	[REDACTED]	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	[REDACTED]	[REDACTED]
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	X	[REDACTED]
9 Sponsoring organizations maintaining donor advised funds.	9b	X	
a Did the organization make any taxable distributions under section 4966?	10a	[REDACTED]	[REDACTED]
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	[REDACTED]	
10 Section 501(c)(7) organizations. Enter:	11a	[REDACTED]	[REDACTED]
a Initiation fees and capital contributions included on Part VIII, line 12	11b	[REDACTED]	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	[REDACTED]	[REDACTED]
11 Section 501(c)(12) organizations. Enter:	12b	[REDACTED]	
a Gross income from members or shareholders	13a	[REDACTED]	[REDACTED]
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	[REDACTED]	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	[REDACTED]	[REDACTED]
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	[REDACTED]	
a Is the organization licensed to issue qualified health plans in more than one state?	[REDACTED]	[REDACTED]	
Note. See the instructions for additional information the organization must report on Schedule O.	[REDACTED]	[REDACTED]	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	[REDACTED]	[REDACTED]	
c Enter the amount of reserves on hand	[REDACTED]	[REDACTED]	
14a Did the organization receive any payments for indoor tanning services during the tax year?	[REDACTED]	[REDACTED]	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	[REDACTED]	[REDACTED]	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 1	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	8a X	
a	The governing body?	8b X	
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b X	
a	The organization's CEO, Executive Director, or top management official	16a X	
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►Vermont
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request
--------------------------------------	--	--
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►PEOPLES UNITED BANK TEL: (802) 660-2153

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) PEOPLES UNITED BANK TRUSTEE		X					23,211	NONE	NONE
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1b Sub-total ►
 c Total from continuation sheets to Part VII, Section A ►
 d Total (add lines 1b and 1c) ► 23,211. NONE NONE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

Yes	No
3	X
4	X
5	X

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual.
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f. \$				
	h Total. Add lines 1a-1f ►				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total Add lines 2a-2f ►				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►	89,860.			89,860.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties	(i) Real (ii) Personal			
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ►				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses	1,128,628			
	c Gain or (loss)	1,059,679			
	d Net gain or (loss) ►	68,949			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
b Less direct expenses b					
c Net income or (loss) from fundraising events ►					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ►					
10a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory. ►					
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►					
12 Total revenue. See instructions ►	158,809.				89,860.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	122,854.	122,854.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	23,211.		23,211.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	875.		875.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties.				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	831.		831.	
25 Total functional expenses. Add lines 1 through 24e	147,771.	122,854.	24,917.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	28,562.	2	92,344.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	2,743,080.	11	2,689,002.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,771,642.	16	2,781,346.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		NONE	NONE
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	2,771,642.	30	2,781,346.
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,771,642.	33	2,781,346.
	34 Total liabilities and net assets/fund balances	2,771,642.	34	2,781,346.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,809.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,771.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,771,642.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,334.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,781,346.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. Yes No

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

03-6036799

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
e	<input checked="" type="checkbox"/>	a <input checked="" type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input checked="" type="checkbox"/>
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
g	(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
g	(ii)	A family member of a person described in (i) above?
g	(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						12
12 Gross receipts from related activities, etc (see instructions)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

NAME OF SUPPORTED ORGANIZATION:

1ST UNITARIAN, BURLINGTON

EIN: PENDING

TYPE OF ORGANIZATION FROM PART I: Church

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.? : YES

AMOUNT OF SUPPORT: 122,854.

=====

TOTAL SUPPORT: 122,854.

=====

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization	NIMS, ETHEL J. CHARITABLE TRUST A 43C087012							Employer identification number	03-6036799	
Part I General Information on Grants and Assistance										
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States									
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. □										
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (boot, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1)	SEE STATEMENT 1									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

1E1288 1 000

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2

All procedures governed by trust document.

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public
Inspection

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

Employer identification number

03-6036799

Part VI Section A

Line 9A

The governing organization is a trust with 501c(3) status that names

Chittenden Trust Company as its sole Corporate Trustee. The trust

document does not allow for the creation of chapters, branches or

affiliates. Chitten Trust is now known as Peoples United Bank.

Part VI Section A

Line 10

The trustee maintains all such records in a permanent file. The 990s

are prepared for the trust by Chittenden Trust Company and are

reviewed by its corporate auditors.

Part VI Section B

Line 14

The document retention and destruction policy is that which trust law

requires of the Corporate Trustee.

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

The account officer reviews the Form 990 and consults with the tax

team when there are questions.

DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION

FORM 990, PAGE 6, PART VI, LINE 15a

Not applicable.

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

Employer identification number

03-6036799

DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATIONFORM 990, PAGE 6, PART VI, LINE 15b

Not applicable.

DESCRIPTION FOR MAKING DOCUMENTS PUBLICFORM 990, PAGE 6, PART VI, LINE 18

UPON REQUEST

DESCRIPTION FOR MAKING DOCUMENTS PUBLICFORM 990, PAGE 6, PART VI, LINE 19

Upon request.

ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONSFORM 990, PAGE 7, PART VII, SECTION A

PEOPLE'S UNITED BANK, INSTITUTIONAL TRUSTEE, HOURS AS NEEDED

EXPLANATION FOR FORM 990, PART XI, LINE 5

FACTORING/RECLASSIFICATION OF CERTAIN TRANSACTIONS.

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

03-6036799

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

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NAME OF ORGANIZATION:
FIRST UNITARIAN CHURCH
ADDRESS:

BURLINGTON, VT 05402
AMOUNT OF CASH GRANT..... 122,854.
PURPOSE OF GRANT:
GENERAL SUPPORT

TOTAL CASH GRANTS..... 122,854.
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STATEMENT 1

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/11
SU0011-82-9	XTO ENERGY INC	4.000 4.00
SU0011-83-7	HUNT OIL CO.	4.000 4.00
00206R-10-2	A T & T INC	725.000 23,769.33
002824-10-0	ABBOTT LABS	510.000 26,584.29
018490-10-2	ALLERGAN INC	345.000 21,023.23
025076-84-5	AMERICAN CENTURY SMALL CAP VALUE INSTL #486	6,633.975 47,113.93
037833-10-0	APPLE INC	85.000 8,264.86
088606-10-8	B H P BILLITON LIMITED SPONSORED ADR	295.000 12,159.90
097023-10-5	BOEING CO	335.000 19,925.80
126408-10-3	C S X CORP	940.000 7,698.60
126650-10-0	C V S / CAREMARK CORP	590.000 21,928.22
14040H-10-5	CAPITAL ONE FINL CORP	315.000 14,265.69
166764-10-0	CHEVRON CORP	420.000 23,233.71
171232-10-1	CHUBB CORPORATION	445.000 26,678.44
20825C-10-4	CONOCOPHILLIPS	565.000 37,673.35
22160K-10-5	COSTCO WHSL CORP NEW	340.000 25,053.59
244199-10-5	DEERE & CO	279.000 15,761.55
24702R-10-1	DELL INC	2,175.000 31,733.25

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/11
PRICE	DATE	MARKET VALUE
SU0011-82-9	XTO ENERGY INC	4.000 4.00
SU0011-83-7	HUNT OIL CO.	4.000 4.00
00206R-10-2	A T & T INC	725.000 21,924.00
002824-10-0	ABBOTT LABS	510.000 28,677.30
018490-10-2	ALLERGAN INC	345.000 30,270.30
025076-84-5	AMERICAN CENTURY SMALL CAP VALUE INSTL #486	6,633.975 30,270.30
037833-10-0	APPLE INC	85.000 34,425.00
088606-10-8	B H P BILLITON LIMITED SPONSORED ADR	295.000 34,425.00
097023-10-5	BOEING CO	335.000 34,425.00
126408-10-3	C S X CORP	940.000 34,425.00
126650-10-0	C V S / CAREMARK CORP	590.000 34,425.00
14040H-10-5	CAPITAL ONE FINL CORP	315.000 34,425.00
166764-10-0	CHEVRON CORP	420.000 34,425.00
171232-10-1	CHUBB CORPORATION	445.000 34,425.00
20825C-10-4	CONOCOPHILLIPS	565.000 34,425.00
22160K-10-5	COSTCO WHSL CORP NEW	340.000 34,425.00
244199-10-5	DEERE & CO	279.000 34,425.00
24702R-10-1	DELL INC	2,175.000 34,425.00

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/11	UNITS	CARRYING VALUE	PRICE DATE	MARKET VALUE
254709-10-8	DISCOVER FINANCIAL SERVICES	570,000		13,623.00	12/31/2011	13,680.00
260003-10-8	DOVER CORP	385,000		20,117.04	12/31/2011	58,050
26188J-20-6	DREYFUS INST CASH MGT FD #288	92,344.350		92,344.35	12/31/2011	92,344.35
263534-10-9	DUPONT E I DE NEMOURS & CO	525,000		20,716.50	12/31/2011	45,780
268648-10-2	E M C CORP	1,500,000		15,113.40	12/31/2011	21,540
302182-10-0	EXPRESS SCRIPTS INC	560,000		26,976.00	12/31/2011	44,690
30231G-10-2	EXXON MOBIL CORP	745,000		54,152.73	12/31/2011	84,760
31333XC-TG-8	FEDERAL HOME LOAN BANK 4.500% 9/14/2012	50,000,000		50,992.80	12/31/2011	51,465.00
31333XQ-4C-3	FEDERAL HOME LOAN BANK DTD 02/28/08 3.5% 03/09/12	40,000,000		40,426.28	12/31/2011	40,249.60
313331S-2K-8	FEDERAL FARM CREDIT BANK DTD 8/10/05 4.7% 08/10/15	40,000,000		41,664.12	12/31/2011	45,438.00
313331V-V7-8	FEDERAL FARM CREDIT BANK DTD 8/3/06 5.50% 10/03/2014	90,000,000		91,251.72	12/31/2011	101,977.20
313331V-7A-8	FEDERAL FARM CREDIT BANK DTD 10/10/06 5% 10/10/13	30,000,000		30,300.03	12/31/2011	108,159
313331Y-7J-3	FEDERAL FARM CREDIT BANK DTD 8/26/08 4.625% 08/26/15	25,000,000		25,225.25	12/31/2011	113,647
370334-10-4	GENERAL MILLS INC	710,000		25,964.91	12/31/2011	40,410
3724460-10-5	GENUINE PARTS CO	560,000		26,768.65	12/31/2011	61,200
375558-10-3	GILEAD SCIENCES INC	675,000		28,552.89	12/31/2011	40,930
38142Y-40-1	GOLDMAN SACHS GROWTH OPPS INST #1132	4,867,918		96,880.38	12/31/2011	22,080

43-C087-01-2 ETHEL J. NIMS CHARITABLE TRUST A

AS OF ACCOUNT HOLDINGS

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/11	UNITS	CARRYING VALUE	PRICE	PRICE DATE	MARKET VALUE
38259P-50-8	GOOGLE INC CL A	60,000	36,821.19	38,754.00	645.900	12/31/2011	
428236-AU-7	HEWLETT PACKARD CO DTD 02/26/09 4.25% 02/24/12	75,000.000	79,267.50	75,337.50	100.450	12/31/2011	
437076-10-2	HOME DEPOT INC	855.000	18,617.55	35,944.20	42.040	12/31/2011	
458140-10-0	INTEL CORP	1,586.000	26,525.20	38,460.50	24.250	12/31/2011	
464287-23-4	ISHARES TR MSCI EMERG MKT	1,752.000	69,541.55	66,470.88	37.940	12/31/2011	
46625H-10-0	JPMORGAN CHASE & CO	760.000	38,087.79	25,270.00	33.250	12/31/2011	
47103C-35-7	JANUS TRITON I #1174	3,342.175	45,654.11	54,577.72	16.330	12/31/2011	
580135-10-1	MCDONALDS CORP	310.000	15,712.50	31,102.30	100.330	12/31/2011	
594918-10-4	MICROSOFT CORP	1,266.000	14,340.50	32,865.36	25.960	12/31/2011	
620076-30-7	MOTOROLA SOLUTIONS INC	755.000	33,299.05	46,290	12/31/2011		
65339F-10-1	NEXTERA ENERGY INC	435.000	23,576.22	26,482.80	60.880	12/31/2011	
66989H-AC-2	NOVARTIS CAPITAL CAP 2.9% 04/24/15	75,000.000	77,444.25	79,374.75	105.833	12/31/2011	
674599-10-5	OCIDENTAL PETROLEUM CORP	445.000	39,778.81	41,696.50	93.700	12/31/2011	
681919-10-6	OMNICOM GROUP	736.000	27,958.49	32,810.88	44.580	12/31/2011	
68389X-10-5	ORACLE CORPORATION	1,230.000	31,598.70	31,549.50	25.650	12/31/2011	
683974-50-5	OPPENHEIMER DEVELOPING MKTS Y #788	2,641.741	93,306.29	76,531.24	28.970	12/31/2011	
693390-84-1	PIMCO HIGH YIELD #108 INSTL	7,199.100	64,000.00	64,647.92	8.980	12/31/2011	

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/11	CARRYING VALUE	PRICE DATE	MARKET VALUE
43-C087-01-2	ETHEL J. NIMS CHARITABLE TRUST A				
693391-55-9	PIMCO EMERGING MKTS BOND INSTL #137	5,942.433	64,000.00	11/250 12/31/2011	66,852.37
718172-10-9	PHILIP MORRIS INTL INC	370.000	25,604.00	78,480 12/31/2011	29,037.60
74005P-AV-6	PRAXAIR INC 3.250% 9/15/2015	75,000.000	75,495.00	106,973 12/31/2011	80,229.75
744320-10-2	PRUDENTIAL FINL INC	560.000	35,864.57	50,120 12/31/2011	28,067.20
78462F-10-3	SPDR S&P 500 ETF	880.000	100,634.34	125,500 12/31/2011	110,440.00
78464A-37-5	SPDR BARCLAYS CAPITAL INTERMEDIATE TERM CREDIT BOND ETF	3,389.000	110,100.14	33,210 12/31/2011	112,548.69
81369Y-30-8	CONS STAPLES SELECT SECTOR SPDR TR SBI	860.000	25,789.42	32,490 12/31/2011	27,941.40
81369Y-88-6	UTILITIES SELECT SECTOR SPDR	730.000	23,810.99	35,980 12/31/2011	26,265.40
857477-10-3	STATE STREET CORP	815.000	26,634.20	40,310 12/31/2011	32,852.65
872540-10-9	T J X COS INC	478.000	26,392.96	64,550 12/31/2011	30,854.90
881624-20-9	TEVA PHARM INDUS ADR	325.000	8,712.23	40,360 12/31/2011	13,117.00
883556-10-2	THERMO FISHER SCIENTIFIC INC	495.000	26,331.13	44,970 12/31/2011	22,260.15
88579Y-10-1	3M CO	250.000	19,461.60	81,730 12/31/2011	20,432.50
902973-30-4	U S BANCORP DEL NEW	1,265.000	35,325.63	27,050 12/31/2011	34,218.25
911312-10-6	UNITED PARCEL SVC INC CL B	310.000	22,393.72	73,190 12/31/2011	22,688.90
913017-10-9	UNITED TECHNOLOGIES CORP	285.000	21,246.38	73,090 12/31/2011	20,830.65
91324P-10-2	UNITEDHEALTH GROUP INC	290.000	12,733.90	50,680 12/31/2011	14,697.20

AS OF ACCOUNT HOLDINGS		AS OF DATE: 12/31/11	
CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE
921909-70-1	VANGUARD DEVELOPED MARKET INDEX FUND #227	16,751.560	160,638.03
921946-10-9	VANGUARD SELECTED VALUE FD #934	5,949.340	93,592.66
92343V-10-4	VERIZON COMMUNICATIONS	585.000	19,102.80
931142-10-3	WAL-MART STORES INC	485.000	25,098.25
949746-10-1	WELLS FARGO & CO NEW	1,115.000	22,908.68
TOTAL HOLDINGS		2,781,346.12	3,055,011.34
TOTAL INCOME CASH		.00	.00
TOTAL PRINCIPAL CASH		.00	.00
TOTAL ACCOUNT		2,781,346.12	3,055,011.34