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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

2014

Open to Public  
Inspection

<b>A For the 2014 calendar year, or tax year beginning</b>		<b>, 2014, and ending</b>			<b>, 20</b>	
<input checked="" type="checkbox"/> Check if applicable  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NIMS, ETHEL J. CHARITABLE TRUST A 43C087012			<b>D Employer identification number</b> 03-6036799		
	<b>Doing business as</b>			<b>E Telephone number</b> 802 872-6852		
	Number and street (or P O box if mail is not delivered to street address) 850 MAIN STREET, RC 13-505			Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604-4913					
	<b>F Name and address of principal officer</b> PEOPLES UNITED BANK 2 BURLINGTON SQUARE BURLINGTON VT 05401			<b>G Gross receipts \$</b> 1,047,432.		
				<b>H(a) Is this a group return for subordinates?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<b>H(b) Are all subordinates included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			If "No," attach a list (see instructions)			
			<b>H(c) Group exemption number</b> ►			
<b>I Tax-exempt status</b>		<input checked="" type="checkbox"/> 501(c)(3)	501(c) ( )	(insert no.)	4947(a)(1) or 527	
<b>J Website</b>		► N/A				
<b>K Form of organization</b>		Corporation	<input checked="" type="checkbox"/> Trust	Association	Other ►	
					<b>L Year of formation</b> 1999	<b>M State of legal domicile</b> VT

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities.  SEE SCHEDULE O		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	
	6 Total number of volunteers (estimate if necessary) . . . . .	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	
		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h) . . . . .	305,638	474,104
9 Program service revenue (Part VIII, line 2g) . . . . .	6,983		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	312,621	474,104	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	128,182	134,367	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	27,945	30,080	
	<b>Beginning of Current Year</b>	<b>End of Year</b>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	3,039,366	3,349,856	
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	NONE	NONE	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	1,557	1,819	
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	157,684	166,266	
b Total fundraising expenses (Part IX, column (D), line 25) ► <input type="checkbox"/> NONE	154,937	307,838	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .			
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 . . . . .			
20 Total assets (Part X, line 16) . . . . .			
21 Total liabilities (Part X, line 26) . . . . .			
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

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>
	PETER OLDERSHAW, First V. P.	05/01/2015
	Type or print name and title	

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	GORDON POWERS	<i>Gordon Powers</i>	05/01/2015		P00260194
	Firm's name ► ERNST & YOUNG U.S., LLP			Firm's EIN ► 34-6565596	
Firm's address ► 200 CLARENDON STREET, 44TH FLOOR, BOSTON, MA 02116			Phone no	617-587-9019	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  X**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  X 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  X 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 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 \$ 134,367. including grants of \$ 134,367.) (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 ► 134,367.

**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 Schedule A. . . . .	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 Schedule C, Part I. . . . .	3 X	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	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 Schedule C, Part III. . . . .	5 X	
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 Schedule D, Part 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 Schedule D, Part II. . . . .	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Schedule D, Part IV. . . . .	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 Schedule D, Part V. . . . .	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	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 Schedule D, Part VII. . . . .	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 Schedule D, Part VIII. . . . .	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 Schedule D, Part IX. . . . .	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	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 Schedule D, Part X. . . . .	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	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 Schedule D, Parts XI and XII is optional. . . . .	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	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 Schedule F, Parts I and IV. . . . .	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. . . . .	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	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 Schedule G, Part 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 Schedule G, Part II. . . . .	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 Schedule G, Part III. . . . .	19 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a. . . . .	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, Part II, III, or IV, and Part V, line 1 . . . . .	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35b	X
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
1b	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
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i> . . . . .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	3b	
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
b	If Yes, enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
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	
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 as charitable contributions? . . . . .	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	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	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	
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	
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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9a	X
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9b	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
	<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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 . . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	14b	

**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 or note to any line 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 . . . . .	1a	
	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		
1b			
2	Enter the number of voting members included in line 1a, above, who are independent . . . . .		X
3	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? . . . . .		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		
6	Did the organization have members or stockholders? . . . . .		
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? . . . . .		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	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 . . . . .	9	X

### 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? . . . . .		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	10b	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	
13	Did the organization have a written whistleblower policy? . . . . .	13	X
14	Did the organization have a written document retention and destruction policy? . . . . .	14	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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	X
b	Other officers or key employees of the organization . . . . .	15b	X
	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? . . . . .	16a	X
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? . . . . .	16b	

### 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.

Own website  Another's website  Upon request  Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records: ►PEOPLES UNITED BANK TEL: (802) 872-6852

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**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 (list any hours for related organizations below dotted line)	(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			
(1) PEOPLES UNITED BANK TRUSTEE			X				30,080.	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 (list any hours for related organizations below dotted line)	(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)									
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>30,080</b>	<b>NONE</b>	<b>NONE</b>
<b>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</b>						<b>0</b>			

	Yes	No
3		X
4	X	
5	X	

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII . . . . . 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a			
	1b Membership dues . . . . .	1b			
	1c Fundraising events . . . . .	1c			
	1d Related organizations . . . . .	1d			
	1e Government grants (contributions). . . . .	1e			
	1f 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	2a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue . . . . .				
	g Total Add lines 2a-2f . . . . . ►				
	3 Investment income (including dividends, interest, and other similar amounts). . . . . ►		80,331.		80,331.
4 Income from investment of tax-exempt bond proceeds . ►					
5 Royalties . . . . . ►					
6a Gross rents . . . . .	(i) Real	(ii) Personal			
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			
967,101					
b Less cost or other basis and sales expenses . . . . .	573,328				
c Gain or (loss) . . . . .	393,773				
d Net gain or (loss) . . . . . ►		393,773.			
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 . . . . . ►		474,104.			80,331.

**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).

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	134,367.	134,367.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	30,080.		30,080.	
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
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 -----	944.		944.	
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>166,266.</b>	<b>134,367.</b>	<b>31,899.</b>	<b>NONE</b>
<b>26 Joint costs.</b> 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**Check if Schedule O contains a response or note to any line in this Part X . . . . . 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	81,172.	2	182,254.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Loans and other 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). Complete Part II of Schedule L . . . . .		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 . . . . .	2,958,194.	11	3,167,602.
	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	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>3,039,366.</b>	<b>16</b>	<b>3,349,856.</b>	
<b>Liabilities</b>	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 Loans and other 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	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>NONE</b>	<b>26</b>	<b>NONE</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .	3,039,366.	30	3,349,856.
	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 . . . . .	3,039,366.	33	3,349,856.
	34 Total liabilities and net assets/fund balances . . . . .	3,039,366.	34	3,349,856.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI  X

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	474,104.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	166,266.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	307,838.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,039,366.
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	2,652.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	3,349,856.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII  

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	
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? . . . . .	3a	X
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.	3b	

Form 990 (2014)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2014**Open to Public  
Inspection► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

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  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
4  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  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  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
7  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  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
9  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  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
11  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f Enter the number of supported organizations . . . . . 1  
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SEE PART VI						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) . . . . .						
11 Total support. Add lines 7 through 10 . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
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 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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"/>		

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI) . . . . .						
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 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3% support tests - 2014. 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 - 2013 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2 X	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a X	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a X	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a X	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6 X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete <b>Part I of Schedule L (Form 990)</b> .	7 X	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete <b>Part I of Schedule L (Form 990)</b> .	8 X	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a X	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b X	
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c X	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a X	
b	Did the organization have any excess business holdings in the tax year? (Use <b>Schedule C, Form 4720</b> , to determine whether the organization had excess business holdings.)	10b	

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b	A family member of a person described in (a) above?	11b	X
c	A 35% controlled entity of a person described in (a) or (b) above? If Yes to a, b, or c, provide detail in Part VI.	11c	X

**Section B. Type I Supporting Organizations** N/A

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations** N/A

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	X

**Section E. Type III Functionally-Integrated Supporting Organizations** N/A

		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.	2a	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.	3a	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		474,104.
4 Add lines 1 through 3	4		474,104.
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		30,080.
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		<b>444,024.</b>
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		3,863,875.
b Average monthly cash balances	1b		87,195.
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		<b>3,951,070.</b>
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		3,951,070.
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		59,266.
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		3,891,804.
6 Multiply line 5 by .035	6		136,213.
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		<b>136,213.</b>
<b>Section C - Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input checked="" type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	134,367.
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	134,367.
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	134,367.
<b>9</b>	Distributable amount for 2014 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013 . . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$ 134,367.			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			134,367.
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> Excess distributions carryover to 2015. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013 . . . . .			
<b>e</b> Excess from 2014 . . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

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

=====

NAME OF SUPPORTED ORGANIZATION:

1ST UNITARIAN, BURLINGTON

EIN: 03-6003834

TYPE OF ORGANIZATION FROM PART I: Church

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

AMOUNT OF SUPPORT: ..... 134,367. -----

TOTAL SUPPORT: 134,367. =====

TOTAL OTHER SUPPORT: NONE =====

**SCHEDULE I**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

**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?  Yes  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 Domestic Organizations and Domestic Governments.** Complete if the organization answered Yes to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 [book, 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.

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

All procedures governed by trust document.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

Employer identification number

03-6036799

**Schedule A, Section D**

**Lines 2 and 3**

Peoples United Bank is the sole trustee and has full discretion. The trustee has regular meetings with the supported organization, and investment goals of the supported organization are discussed and considered.

**Part VI Section A**

**Line 10**

The trustee maintains all such records in a permanent file. The 990s are prepared for the trust by Peoples United Bank 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 9

Posting Adjustment

Name of the organization

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

Employer identification number

03-6036799

## FORM 990, PART I - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

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.

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

03-6036799

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

=====

NAME OF ORGANIZATION:  
FIRST UNITARIAN CHURCH  
ADDRESS:

BURLINGTON, VT 05402

AMOUNT OF CASH GRANT..... 134,367.

PURPOSE OF GRANT:  
GENERAL SUPPORT

TOTAL CASH GRANTS..... 134,367.

=====

STATEMENT 1

L690  
KG9731  
NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

## DIAGNOSTIC REPORT

TRUST NAME: NIMS, ETHEL J. CHARITABLE TRUST A 43C087012  
FEDERAL EIN: 03-6036799  
TRUST NUMBER: 43C087012

\*\* No Severe Diagnostics Detected \*\*

Informational Diagnostics: Total 3

-----  
Federal (3)

1. An adjustment in the amount of \$ 2,652. has been entered on Form 990, Part XI, Line 9 for reconciliation purposes. Review amounts in Parts VIII, IX, and X to ensure Part XI, Line 9 amount is correct. Amounts entered on Part XI, Line 9 require a Schedule O explanation.
2. Part I, Line 22 (Prior Year) plus Line 19, (Current Year) does not equal Line 22 (Current Year)
3. The Schedule D and associated detail that printed with the return in previous years is no longer required to be attached to the 990 or the 990-EZ. In addition, this detail is not required to be submitted with the electronic file that is sent to the IRS. We are printing the Schedule D and associated detail at the beginning of the print file for informational purposes only.

**SCHEDULE D**  
**(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

OMB No 1545-0092

► Attach to Form 1041, Form 5227, or Form 990-T.  
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.  
 ► Information about Schedule D and its separate instructions is at [www.irs.gov/form1041](http://www.irs.gov/form1041)

**2014**

Name of estate or trust

NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

Employer identification number

03-6036799

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet . . . . .				6 ( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ►				7

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	888,720.	573,328.		315,392.
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				12
13 Capital gain distributions . . . . . STMT 1 . . . . .				13 78,381.
14 Gain from Form 4797, Part I . . . . .				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet . . . . .				15 ( )
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ►				16 393,773.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2014

JSA  
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43C087012

2 S

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
17 Net short-term gain or (loss) . . . . .	17			
18 Net long-term gain or (loss):				
a Total for year . . . . .	18a			393,773.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	18b			
c 28% rate gain . . . . .	18c			
19 Total net gain or (loss). Combine lines 17 and 18a . . . . . ►	19			393,773.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

#### Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	
a The loss on line 19, column (3) <b>or b</b> \$3,000 . . . . .	20 ( )

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

#### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . . . .	21		
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero . . . . .	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	23		
24 Add lines 22 and 23 . . . . .	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . . ►	25		
26 Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	26		
27 Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	27		
28 Enter the smaller of the amount on line 21 or \$2,500 . . . . .	28		
29 Enter the smaller of the amount on line 27 or line 28 . . . . .	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ►	30		
31 Enter the smaller of line 21 or line 26 . . . . .	31		
32 Subtract line 30 from line 26 . . . . .	32		
33 Enter the smaller of line 21 or \$12,150 . . . . .	33		
34 Add lines 27 and 30 . . . . .	34		
35 Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35		
36 Enter the smaller of line 32 or line 35 . . . . .	36		
37 Multiply line 36 by 15% . . . . . ►	37		
38 Enter the amount from line 31 . . . . .	38		
39 Add lines 30 and 36 . . . . .	39		
40 Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	40		
41 Multiply line 40 by 20% . . . . . ►	41		
42 Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	42		
43 Add lines 37, 41, and 42 . . . . .	43		
44 Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	44		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . . ►	45		

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

Social security number or taxpayer identification number

NIMS, ETHEL J CHARITABLE TRUST A 43C087012

03-6036799

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**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<input type="checkbox"/>	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
<input type="checkbox"/>	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
<input checked="" type="checkbox"/>	(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
90. ALLERGAN INC		03/17/2009	05/21/2014	14,650.00	4,192.00			10,458.00
15. APPLE COMPUTER, INC		03/17/2009	05/21/2014	9,089.00	1,459.00			7,630.00
140. BOEING CO		08/23/2011	05/21/2014	18,303.00	8,327.00			9,976.00
200. CVS CORP		04/15/2010	05/21/2014	15,342.00	7,463.00			7,879.00
100. CAPITAL ONE FINL CORP		04/15/2010	05/21/2014	7,656.00	4,529.00			3,127.00
180. CHEVRONTEXACO CORP		08/26/1994	05/21/2014	22,213.00	3,850.00			18,363.00
105. CHUBB CORPORATION		08/23/2011	05/21/2014	9,747.00	6,295.00			3,452.00
130. CONOCOPHILLIPS COM		01/19/2011	05/21/2014	10,213.00	6,692.00			3,521.00
75. COSTCO WHSL CORP NEW		01/19/2011	05/21/2014	8,591.00	5,418.00			3,173.00
194. DEERE & CO		06/29/2010	05/21/2014	17,448.00	10,787.00			6,661.00
150. DISCOVER FINANCIAL SE		08/23/2011	05/21/2014	8,514.00	3,585.00			4,929.00
105. DOVER CORP		08/23/2011	05/21/2014	9,036.00	4,551.00			4,485.00
190. DUPONT E I DE NEMOURS		04/15/2010	05/21/2014	12,772.00	7,497.00			5,275.00
340. EMC CORP		10/17/2002	05/21/2014	8,942.00	1,612.00			7,330.00

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

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

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
NIMS, ETHEL J. CHARITABLE TRUST A 43C087012	03-6036799

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

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

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
4298.367 AMERICAN EUROPACI F2 #616		09/13/2012	05/21/2014	214,231.00	172,107.00			42,124.00
85 EXPRESS SCRIPTS HLDG C		04/15/2010	05/21/2014	5,934.00	4,197.00			1,737.00
330 EXXON MOBIL CORP		08/23/2011	05/21/2014	33,679.00	23,796.00			9,883.00
275. GENERAL MILLS INC		08/23/2011	05/21/2014	14,698.00	10,057.00			4,641.00
125. GENUINE PARTS CO		05/14/2007	05/21/2014	10,567.00	6,163.00			4,404.00
340. GILEAD SCIENCES INC		01/19/2011	05/21/2014	27,624.00	7,365.00			20,259.00
110. HOME DEPOT INC		03/17/2009	05/21/2014	8,569.00	2,340.00			6,229.00
200 INTEL CORP		10/17/2002	05/21/2014	5,230.00	2,824.00			2,406.00
140. KNOWLES CORP		08/23/2011	05/21/2014	4,106.00	2,494.00			1,612.00
375. MICROSOFT CORP		12/21/1995	05/21/2014	15,015.00	2,081.00			12,934.00
140. MOTOROLA SOLUTIONS IN		10/06/2011	05/21/2014	9,369.00	6,175.00			3,194.00
175 OMNICON GROUP		05/28/2010	05/21/2014	11,982.00	6,650.00			5,332.00
425. ORACLE CORPORATION		08/23/2011	05/21/2014	17,684.00	10,918.00			6,766.00
110. PHILIP MORRIS INTL IN		08/23/2011	05/21/2014	9,446.00	7,612.00			1,834.00

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

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Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
NIMS, ETHEL J. CHARITABLE TRUST A 43C087012	03-6036799

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1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
55. PHILLIPS 66		08/23/2011	05/21/2014	4,479.00	1,755.00			2,724.00
3328.587 PRINCIPAL MIDCAP		09/13/2012	05/21/2014	69,235.00	52,325.00			16,910.00
65. PRUDENTIAL FINL INC CO		04/15/2010	05/21/2014	5,269.00	4,199.00			1,070.00
20. QUALCOMM INC		07/30/2012	05/21/2014	1,596.00	1,186.00			410.00
140 STATE STREET CORP		08/23/2011	05/21/2014	8,992.00	4,575.00			4,417.00
270. TJX COS INC NEW		10/06/2011	05/21/2014	15,187.00	7,454.00			7,733.00
175 THERMO ELECTRON		08/23/2011	05/21/2014	20,188.00	9,365.00			10,823.00
80 3M CO		08/23/2011	05/21/2014	11,235.00	6,217.00			5,018.00
95. US BANCORP DEL NEW		04/15/2010	05/21/2014	3,907.00	2,677.00			1,230.00
70 UNITED PARCEL SERVICE		01/19/2011	05/21/2014	7,099.00	5,057.00			2,042.00
65 UNITED TECHNOLOGIES CO		04/15/2010	05/21/2014	7,456.00	4,846.00			2,610.00
95 UNITEDHEALTH GROUP INC		08/23/2011	05/21/2014	7,381.00	4,171.00			3,210.00
160. VERIZON COMMUNICATION		10/26/2009	05/21/2014	7,851.00	4,432.00			3,419.00
240. WAL-MART STORES		08/23/2011	05/21/2014	18,118.00	12,133.00			5,985.00

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

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

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NIMS, ETHEL J. CHARITABLE TRUST A 43C087012

03-6036799

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888,720. 573,328. 315,392.

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## FEDERAL CAPITAL GAIN DISTRIBUTIONS

=====

## LONG-TERM CAPITAL GAIN DISTRIBUTIONS

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## 15% RATE CAPITAL GAIN DISTRIBUTIONS

FIDELITY SMALL CAP DISCOVERY #384	20,074.00
FIDELITY FLOATING RATE HIGH INC #814	166.00
OAKMARK INTERNATIONAL #109	13,355.00
NUVEEN DIVIDEND VALUE I #6756	13,123.00
OPPENHEIMER DEVELOPING MKTS Y #788	4,194.00
PIMCO HIGH YIELD	2,230.00
PIMCO EMERGING MKTS BOND INSTL #137	223.00
PRINCIPAL MIDCAP INSTL #4749	20,532.00
SPDR BARCLAYS CONVERTIBLE SECURITIES ETF	1,420.00
WELLS FARGO PREMIER LG CO GROWTH I #4123	3,057.00
WORLDCOM INC	7.00
-----	
TOTAL 15% RATE CAPITAL GAIN DISTRIBUTIONS	78,381.00
-----	
TOTAL LONG-TERM CAPITAL GAIN DISTRIBUTIONS	78,381.00
=====	

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

AS OF DATE: 12/31/14

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE DATE	MARKET VALUE
G0083B-10-8	ACTAVIS PLC	105,000	9,255.16	257,410 12/31/2014	27,028.05
SU0011-82-9	XTO ENERGY INC	4,000	4.00		4.00
SU0011-83-7	HUNT OIL CO.	4,000	4.00		4.00
00206R-AY-8	AT&T CORPORATION 2.4% 08/15/16	30,000,000	31,102.60	102,023 12/31/2014	30,606.90
002824-10-0	ABBOTT LABS	510,000	12,753.84	45,020 12/31/2014	22,960.20
031162-10-0	AMGEN INC	135,000	13,286.69	159,290 12/31/2014	21,504.15
037411-10-5	APACHE CORP	95,000	8,586.07	62,670 12/31/2014	5,953.65
037833-10-0	APPLE INC	175,000	2,430.84	110,380 12/31/2014	19,316.50
084670-BD-9	BERKSHIRE HATHAWAY 1.9000% 1/31/2017	30,000,000	30,531.11	101,443 12/31/2014	30,432.90
09062X-10-3	BIOGEN IDEC INC	25,000	7,398.75	339,450 12/31/2014	8,486.25
097023-10-5	BOEING CO	155,000	9,219.40	129,980 12/31/2014	20,146.90
126650-10-0	C V S HEALTH CORP	260,000	9,614.17	96,310 12/31/2014	25,040.60
13057Q-10-7	CALIFORNIA RES CORP	60,000	554.30	5,510 12/31/2014	330.60
14040H-10-5	CAPITAL ONE FINL CORP	310,000	15,331.44	82,550 12/31/2014	25,590.50
151020-10-4	CELGENE CORP	130,000	8,413.80	111,860 12/31/2014	14,541.80
166764-10-0	CHEVRON CORP	135,000	9,620.02	112,180 12/31/2014	15,144.30
171232-10-1	CHUBB CORPORATION	295,000	17,685.71	103,470 12/31/2014	30,523.65
17275R-10-2	CISCO SYSTEMS INC	480,000	11,688.00	27,815 12/31/2014	13,351.20

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

AS OF DATE: 12/31/14

CUSIP NUMBER SECURITY DESCRIPTION

CARRYING VALUE

PRICE

DATE

MARKET VALUE

20825C-10-4 CONOCOPHILLIPS

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

22160K-10-5 COSTCO WHSL CORP NEW

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

231021-10-6 CUMMINS INC

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

254709-10-8 DISCOVER FINANCIAL SERVICES

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

260003-10-8 DOVER CORP

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

26188J-20-6 DREYFUS INST CASH MGT FD #288

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

263534-10-9 DUPONT E I DE NEMOURS &amp; CO

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

268648-10-2 EMC CORP

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

26875P-10-1 EOG RESOURCES INC

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

278642-10-3 EBAY INC COM

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

30219G-10-8 EXPRESS SCRIPTS HLDG CO

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

30231G-10-2 EXXON MOBIL CORP

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

31331S-2K-8 FEDERAL FARM CREDIT BANK

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

31331Y-7J-3 FEDERAL FARM CREDIT BANK

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

3135G0-GY-3 FEDERAL NATL MTG ASSN

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

315912-60-0 FIDELITY SMALL CAP DISCOVERY #384

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

315916-78-3 FIDELITY FLOATING RATE HIGH INC #814

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

315916-78-3 FIDELITY FLOATING RATE HIGH INC #814

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

315916-78-3 FIDELITY FLOATING RATE HIGH INC #814

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UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

315916-78-3 FIDELITY FLOATING RATE HIGH INC #814

UNITS

CARRYING VALUE

PRICE

DATE

MARKET VALUE

43-C087-01-2 ETHEL J. NIMS CHARITABLE TRUST A	AS OF DATE: 12/31/14
CUSIP NUMBER SECURITY DESCRIPTION	UNITS CARRYING VALUE
36962G-5N-0 G E CREDIT CORP 2.9% 01/09/17	35,000.000 36,064.56
370334-10-4 GENERAL MILLS INC	280.000 10,325.47
372460-10-5 GENUINE PARTS CO	305.000 14,470.07
375558-10-3 GILEAD SCIENCES INC	285.000 5,454.97
382550-10-1 GOODYEAR TIRE & RUBR CO	360.000 8,899.20
38259P-50-8 GOOGLE INC CL A	26.000 7,648.08
38259P-70-6 GOOGLE INC CL C	26.000 7,668.12
413086-10-9 HARMAN INTL INDS INC NEW	90.000 9,539.99
413838-20-2 OAKMARK INTERNATIONAL #109	14,518.519 392,000.00
437076-10-2 HOME DEPOT INC	340.000 7,231.80
458140-10-0 INTEL CORP	520.000 7,415.53
464285-10-5 ISHARES GOLD TRUST	3,200.000 40,190.40
464287-24-2 ISHARES IBOXX USD INVESTMENT GRADE CORPORATE BOND ETF	657.000 74,818.50
464288-75-2 ISHARES U.S. HOME CONSTRUCTION ETF	910.000 19,341.84
46429B-65-5 ISHARES FLOATING RATE BOND ETF	1,038.000 52,564.22
46625H-JA-9 JPMORGAN CHASE & CO 3.15% 07/05/16	35,000.000 35,844.62
46625H-10-0 JPMORGAN CHASE & CO	405.000 20,231.21

CUSIP NUMBER SECURITY DESCRIPTION	UNITS CARRYING VALUE
36962G-5N-0 G E CREDIT CORP 2.9% 01/09/17	35,000.000 36,064.56
370334-10-4 GENERAL MILLS INC	280.000 10,325.47
372460-10-5 GENUINE PARTS CO	305.000 14,470.07
375558-10-3 GILEAD SCIENCES INC	285.000 5,454.97
382550-10-1 GOODYEAR TIRE & RUBR CO	360.000 8,899.20
38259P-50-8 GOOGLE INC CL A	26.000 7,648.08
38259P-70-6 GOOGLE INC CL C	26.000 7,668.12
413086-10-9 HARMAN INTL INDS INC NEW	90.000 9,539.99
413838-20-2 OAKMARK INTERNATIONAL #109	14,518.519 392,000.00
437076-10-2 HOME DEPOT INC	340.000 7,231.80
458140-10-0 INTEL CORP	520.000 7,415.53
464285-10-5 ISHARES GOLD TRUST	3,200.000 40,190.40
464287-24-2 ISHARES IBOXX USD INVESTMENT GRADE CORPORATE BOND ETF	657.000 74,818.50
464288-75-2 ISHARES U.S. HOME CONSTRUCTION ETF	910.000 19,341.84
46429B-65-5 ISHARES FLOATING RATE BOND ETF	1,038.000 52,564.22
46625H-JA-9 JPMORGAN CHASE & CO 3.15% 07/05/16	35,000.000 35,844.62
46625H-10-0 JPMORGAN CHASE & CO	405.000 20,231.21

CUSIP NUMBER SECURITY DESCRIPTION	UNITS CARRYING VALUE
36962G-5N-0 G E CREDIT CORP 2.9% 01/09/17	35,000.000 36,064.56
370334-10-4 GENERAL MILLS INC	280.000 10,325.47
372460-10-5 GENUINE PARTS CO	305.000 14,470.07
375558-10-3 GILEAD SCIENCES INC	285.000 5,454.97
382550-10-1 GOODYEAR TIRE & RUBR CO	360.000 8,899.20
38259P-50-8 GOOGLE INC CL A	26.000 7,648.08
38259P-70-6 GOOGLE INC CL C	26.000 7,668.12
413086-10-9 HARMAN INTL INDS INC NEW	90.000 9,539.99
413838-20-2 OAKMARK INTERNATIONAL #109	14,518.519 392,000.00
437076-10-2 HOME DEPOT INC	340.000 7,231.80
458140-10-0 INTEL CORP	520.000 7,415.53
464285-10-5 ISHARES GOLD TRUST	3,200.000 40,190.40
464287-24-2 ISHARES IBOXX USD INVESTMENT GRADE CORPORATE BOND ETF	657.000 74,818.50
464288-75-2 ISHARES U.S. HOME CONSTRUCTION ETF	910.000 19,341.84
46429B-65-5 ISHARES FLOATING RATE BOND ETF	1,038.000 52,564.22
46625H-JA-9 JPMORGAN CHASE & CO 3.15% 07/05/16	35,000.000 35,844.62
46625H-10-0 JPMORGAN CHASE & CO	405.000 20,231.21

CUSIP NUMBER SECURITY DESCRIPTION	UNITS CARRYING VALUE
36962G-5N-0 G E CREDIT CORP 2.9% 01/09/17	35,000.000 36,064.56
370334-10-4 GENERAL MILLS INC	280.000 10,325.47
372460-10-5 GENUINE PARTS CO	305.000 14,470.07
375558-10-3 GILEAD SCIENCES INC	285.000 5,454.97
382550-10-1 GOODYEAR TIRE & RUBR CO	360.000 8,899.20
38259P-50-8 GOOGLE INC CL A	26.000 7,648.08
38259P-70-6 GOOGLE INC CL C	26.000 7,668.12
413086-10-9 HARMAN INTL INDS INC NEW	90.000 9,539.99
413838-20-2 OAKMARK INTERNATIONAL #109	14,518.519 392,000.00
437076-10-2 HOME DEPOT INC	340.000 7,231.80
458140-10-0 INTEL CORP	520.000 7,415.53
464285-10-5 ISHARES GOLD TRUST	3,200.000 40,190.40
464287-24-2 ISHARES IBOXX USD INVESTMENT GRADE CORPORATE BOND ETF	657.000 74,818.50
464288-75-2 ISHARES U.S. HOME CONSTRUCTION ETF	910.000 19,341.84
46429B-65-5 ISHARES FLOATING RATE BOND ETF	1,038.000 52,564.22
46625H-JA-9 JPMORGAN CHASE & CO 3.15% 07/05/16	35,000.000 35,844.62
46625H-10-0 JPMORGAN CHASE & CO	405.000 20,231.21

CUSIP NUMBER SECURITY DESCRIPTION	UNITS CARRYING VALUE
36962G-5N-0 G E CREDIT CORP 2.9% 01/09/17	35,000.000 36,064.56
370334-10-4 GENERAL MILLS INC	280.000 10,325.47
372460-10-5 GENUINE PARTS CO	305.000 14,470.07
375558-10-3 GILEAD SCIENCES INC	285.000 5,454.97
382550-10-1 GOODYEAR TIRE & RUBR CO	360.000 8,899.20
38259P-50-8 GOOGLE INC CL A	26.000 7,648.08
38259P-70-6 GOOGLE INC CL C	26.000 7,668.12
413086-10-9 HARMAN INTL INDS INC NEW	90.000 9,539.99
413838-20-2 OAKMARK INTERNATIONAL #109	14,518.519 392,000.00
437076-10-2 HOME DEPOT INC	340.000 7,231.80
458140-10-0 INTEL CORP	520.000 7,415.53
464285-10-5 ISHARES GOLD TRUST	3,200.000 40,190.40
464287-24-2 ISHARES IBOXX USD INVESTMENT GRADE CORPORATE BOND ETF	657.000 74,818.50
464288-75-2 ISHARES U.S. HOME CONSTRUCTION ETF	910.000 19,341.84
46429B-65-5 ISHARES FLOATING RATE BOND ETF	1,038.000 52,564.22
46625H-JA-9 JPMORGAN CHASE & CO 3.15% 07/05/16	35,000.000 35,844.62
46625H-10-0 JPMORGAN CHASE & CO	405.000 20,231.21

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

AS OF DATE: 12/31/14

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE	MARKET VALUE
501044-10-1	KROGER CORP	350,000	16,471.00	64.210 12/31/2014	22,473.50
580135-10-1	MCDONALDS CORP	250,000	12,671.37	93.700 12/31/2014	23,425.00
594918-10-4	MICROSOFT CORP	615,000	6,452.26	46.450 12/31/2014	28,566.75
620076-30-7	MOTOROLA SOLUTIONS INC	345,000	15,875.59	67.080 12/31/2014	23,142.60
670678-87-9	NUVEEN DIVIDEND VALUE I #6756	11,583.916	195,733.06	16.660 12/31/2014	192,988.04
674599-10-5	OCCIDENTAL PETROLEUM CORP	150,000	13,177.43	80.610 12/31/2014	12,091.50
681919-10-6	OMNICOM GROUP	381,000	14,469.40	77.470 12/31/2014	29,516.07
68389X-10-5	ORACLE CORPORATION	605,000	15,542.45	44.970 12/31/2014	27,206.85
683974-50-5	OPPENHEIMER DEVELOPING MKTS Y #788	7,016.840	240,607.44	35.060 12/31/2014	246,010.41
693390-84-1	PIMCO HIGH YIELD INSTL #108	11,740.709	105,964.47	9.140 12/31/2014	107,310.08
693391-55-9	PIMCO EMERGING MKTS BOND INSTL #137	3,380.675	36,409.87	10.140 12/31/2014	34,280.04
718172-10-9	PHILIP MORRIS INTL INC	125,000	8,650.00	81.450 12/31/2014	10,181.25
718546-10-4	PHILLIPS 66	72,000	2,228.65	71.700 12/31/2014	5,162.40
722005-66-7	PIMCO COMMODITY REAL RETURN STRATEGY INSTL #45	6,453.678	40,775.96	4.480 12/31/2014	28,912.48
74253Q-74-7	PRINCIPAL MIDCAP INSTL #4749	19,422.540	322,677.19	21.910 12/31/2014	425,547.85
742718-10-9	PROCTER & GAMBLE CO	195,000	15,792.91	91.090 12/31/2014	17,762.55
744320-10-2	PRUDENTIAL FINL INC	285,000	18,100.23	90.460 12/31/2014	25,781.10

CUSIP NUMBER	SECURITY DESCRIPTION	AS OF DATE: 12/31/14	UNITS	CARRYING VALUE	PRICE	PRICE DATE	MARKET VALUE
43-C087-01-2	ETHEL J. NIMS CHARITABLE TRUST A						
747525-10-3	QUALCOMM INC	306,000	18,804.18		74.330	12/31/2014	22,744.98
78464A-35-9	SPDR BARCLAYS CONVERTIBLE SECURITIES ETF	1,613,000	75,036.76		46.890	12/31/2014	75,633.57
78464A-37-5	SPDR BARCLAYS INT-TERM CORP BOND ETF	5,559,000	188,436.20		34.176	12/31/2014	189,984.38
806857-10-8	SCHLUMBERGER LIMITED	105,000	8,544.88		85.410	12/31/2014	8,968.05
844741-10-8	SOUTHWEST AIRLINES CO	570,000	14,381.10		42.320	12/31/2014	24,122.40
857477-10-3	STATE STREET CORP	370,000	12,091.60		78.500	12/31/2014	29,045.00
858912-10-8	STERICYCLE INC	125,000	14,013.74		131.080	12/31/2014	16,385.00
872540-10-9	T J X COS INC	431,000	11,898.92		68.580	12/31/2014	29,557.98
883556-10-2	THERMO FISHER SCIENTIFIC INC	195,000	9,945.31		125.290	12/31/2014	24,431.55
88579Y-10-1	3M CO	115,000	8,936.65		164.320	12/31/2014	18,896.80
89152U-AE-2	TOTAL CAPITAL SA	30,000,000	31,101.61		101.786	12/31/2014	30,535.80
902973-30-4	U S BANCORP DEL NEW	610,000	16,868.39		44.950	12/31/2014	27,419.50
911312-10-6	UNITED PARCEL SVC INC CL B	165,000	11,919.23		111.170	12/31/2014	18,343.05
913017-10-9	UNITED TECHNOLOGIES CORP	160,000	11,927.79		115.000	12/31/2014	18,400.00
91324P-10-2	UNITEDHEALTH GROUP INC	150,000	6,586.50		101.090	12/31/2014	15,163.50
922908-55-3	VANGUARD REIT ETF	510,000	35,744.08		81.000	12/31/2014	41,310.00
94974B-EZ-9	WELLS FARGO & CO	35,000,000	35,833.45		102.742	12/31/2014	35,959.70

REPORT PTR207 8G PEOPLES UNITED BANK

AS OF ACCOUNT HOLDINGS  
AS OF DATE: 12/31/14

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE	PRICE DATE
949746-10-1	WELLS FARGO & CO NEW	510,000	9,578.31	54.820	12/31/2014
94984B-45-4	WELLS FARGO PREMIER LG CO GROWTH I #4123	14,447.853	179,919.50	15.600	12/31/2014

TOTAL HOLDINGS	3,349,855.80	3,988,673.69
TOTAL INCOME CASH	.00	.00
TOTAL PRINCIPAL CASH	.00	.00
TOTAL ACCOUNT	3,349,855.80	3,988,673.69

03/04/15

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