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OMB No 1545-0052

50rm 990-PF

Department of the Treasury Internal Revenue Service

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

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

2008

For	cale	nda	r year 2	008 , or tax	year	beginning 12	-01-2008 and	endii	ng	11-30-200	9	
G C	heck		it apply	Initial ret	urn	Final return	Amen	ded ret	urn	Addres		Name change
Use	e the I		Name of for O EMERT	undation NICHOLSON CHAR:	ITABLE TI	RUST			1	A Employer id	entification num	ber
	label.	1							┟	20-6787596		
Ot	herwi: print	se,				er if mail is not deliver	red to street address)		-	B Telephone nu	ımber (see the ınstı	ructions)
o	or type	e.	PNC BANK FL	(620 LIBERTY AVE	NUE No 1	10		suite	L	(412) 768-5897	7	
	e Spec tructio		City or town	n, state, and ZIP co	ode				-1	C If exemption	application is pend	ıng, check here 🕨 「
	tructio	ons.		H, PA 152222705						D 1. Foreign o	rganizations, check	here • 「
H Ch	neck ty	ype of	organızatı	ion F Sectio	n 501(c)(3) exempt priv	ate foundation				rganızatıons meetin	
√ s	ection	1494	7 (a)(1) no	nexempt charit		st C Other tax					e and attach comp	
				ssets at end		counting method	V Cash I A	Accrual			undation status was n 507(b)(1)(A), che	
			<i>Part II, col.</i> 304,768	(c),		Other (specify) <i>I, column (d) mus</i>	- t ha on each hacis	١			ation is in a 60-mor	
	rt I			of Doverno						under sectio	n 507(b)(1)(B), che	eck here • (d) Disbursements
P'a	17.	tot ne	al of amoun	ts in columns (b), in the amounts in	(c), and		(a) Revenue and expenses per books	i (b	•	et investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contr	ibutions, gift	s, grants, etc , rec	eıved (at	tach schedule)						
	2	Checl	k 🟲 🔽 ıf the	e foundation is no t	t required	d to attach Sch B						
	3	Inte	rest on sa	vings and temp	orary c	ash investments		186		186		
	4	Divid	dends and	ınterest from s	ecuritie	s	22	,014		22,014		
	5a	Gros	s rents .									
	Ь	Net	rental inco	ome or (loss)								
⊈	6a	Net	gaın or (lo:	ss) from sale of	assets	not on line 10	-132	,716				
≅	Ь					474,959						
Reveilue	7		apıtal gaın net ıncome (from Part IV, lıne 2) et short-term capıtal gaın							0		
	8			, •								
	9			cations								
	10a			eturns and allowand								
	Ь			goods sold .		le)						
	, c					•		,528		0		
	11									22,200		
	12			of officers, dire			+	,236		7,412		82
	13 14		•	•	•			,230		7,712		02
φ	15				-							
8	16a											
Expenses	ь							700		0		70
						dule)						
and Administrative	17											
똢	18	Taxe	es (attach	schedule) (see	the ins	tructions)						
₫	19	Depi	reciation (a	attach schedule	e) and d	lepletion						
틍	20	Осс	upancy .									
4	21	Trav	el, confere	ences, and mee	tıngs .							
an	22	Print	ting and pu	ublications								
Ξ	23	Othe	erexpense	es (attach sche	dule).		% 1	,142		1,142		
Operating	24	Tota	l operatin	g and administ r	ative e	xpenses.						
<u>ā</u>		Add	lines 13 t	hrough 23			10	,078		8,554		1,52
0	25	Cont	trıbutıons,	gıfts, grants pa	ııd		74	,768				74,76
	26	Total	expenses a	and disbursemer	nts. Add	lines 24 and 25	84	,846		8,554		76,29
	27	Subt	ract line 2	6 from line 12								
	а	Exce	ss of reve	nue over expen	ses and	l disbursements	-193	,834				
	b			nt income (if neg		•				13,646		
	С	Αdjι	ısted net i	income (if negat	ıve, ent	ter-0-)						

De.	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
•		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value (b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
		Savings and temporary cash investments	17,888	5,257	5,257
		Accounts receivable			
		Less allowance for doubtful accounts 🟲			
	_	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🟲			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see the			
		ınstructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
Set Set		Inventories for sale or use			
<u>د</u> ا	9	Prepaid expenses and deferred charges			
۳.	10a	Investments—U S and state government obligations (attach schedule)			
		Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
		Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule)			
		Investments—mortgage loans			
		Investments—other (attach schedule)	1,489,803	1,308,600	1,299,511
		Land, buildings, and equipment basis		· · · ·	· · ·
		Less accumulated depreciation (attach schedule)			
		Other assets (describe)			
		Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,507,691	1,313,857	1,304,768
	17	Accounts payable and accrued expenses			
	18	Grants payable			
g.	19	Deferred revenue			
₽I	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilit	21	Mortgages and other notes payable (attach schedule)			
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֞֞֞֞֡֞֞֞֡֞֡֞֞֡֞֡	22	Other liabilities (describe 🟲)			
		Total liabilities (add lines 17 through 22)	0	0	
J.		Foundations that follow SFAS 117, check here 🕨 🦵			
or Fund Balance		and complete lines 24 through 26 and lines 30 and 31.			
듄	24	Unrestricted			
&	25	Temporarily restricted			
핃	26	Permanently restricted			
죠		Foundations that do not follow SFAS 117, check here 🕨 🔽			
		and complete lines 27 through 31.			
Assets		Capital stock, trust principal, or current funds	1,507,147	1,312,487	
Š		Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
민	29	Retained earnings, accumulated income, endowment, or other funds	544	1,370	
₹	30	Total net assets or fund balances (see the instructions)	1,507,691	1,313,857	
	31	Total liabilities and net assets/fund balances (see the instructions)	1,507,691	1,313,857	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must agree		
		with end-of-year figure reported on prior year's return)		1	1,507,691
2		Enter amount from Part I, line 27a		2	-193,834
3		Other increases not included in line 2 (itemize) 🟲		_ 3	0
4		Add lines 1, 2, and 3		4	1,313,857
5		Decreases not included in line 2 (itemize) 🟲		5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line 30	. 6	1,313,857

2-story brick warehou	he kınd(s) of property sold (e g , re use, or common stock, 200 shs M	•	(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	1
1a LT CAPITAL GAIN DI	VIDENDS		Р		
b ST CAPITAL GAIN DI	VIDENDS		Р		
c PUBLICLY TRADED SI	ECURITIES		Р		
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	t or other basıs opense of sale		ın or (loss) (f) mınus (g)
a 1	,744				1,74
b	884				8.8
c 472	2,331		621,21	7	-148,88
d					
e					
Complete only for assets sh	lowing gain in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (C	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), ıf any	1 , , , ,	t less than -0-) or from col (h))
а					1,74
b					88
с					-148,88
d					
e					
·	gain or (loss) as defined in section			1	
Part V Qualification Un		educed Tax or	Net Investme		
in Part I, line 8 . Part V Qualification Ur or optional use by domestic pri section 4940(d)(2) applies, leads is the foundation liable for the section does not		ection 4940(a) tax	Net Investment on net investment year in the base p	ent Income : income) eriod?	┌ Yes ┌ No
In Part I, line 8 Part V Qualification Ur proptional use by domestic pri section 4940(d)(2) applies, leads as the foundation liable for the section does not 1 Enter the appropriate amount (a) Base period years Calendar	nder Section 4940(e) for Revate foundations subject to the seave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do	ection 4940(a) tax	Net Investment on net investment year in the base p part before making any	ent Income : Income) eriod? / entries (Distribu	i) ion ratio
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In Part I, line 8 Part V Qualification Ur Per optional use by domestic pri Section 4940(d)(2) applies, leads Is the foundation liable for the serves," the foundation does not 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in)	nder Section 4940(e) for R vate foundations subject to the se ave this part blank section 4942 tax on the distribute qualify under section 4940(e) Do nt in each column for each year, se (b) Adjusted qualifying distributions	ection 4940(a) tax able amount of any not complete this ae the instructions	year in the base part before making any	ent Income : Income) eriod? / entries (Distribu	i) ion ratio ed by col (c)) 0 04218:
in Part I, line 8 Part V Qualification Ur Per optional use by domestic pri Section 4940(d)(2) applies, lead s the foundation liable for the serves," the foundation does not 1 Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2007	nder Section 4940(e) for Revate foundations subject to the seave this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, section 4940(e). Adjusted qualifying distributions	ection 4940(a) tax able amount of any not complete this ae the instructions	year in the base part before making any	ent Income : Income) eriod? / entries (Distribu	i) ion ratio ed by col (c)) 0 04218: 0 01499:
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In Part I, line 8 Part V Qualification Ur proportional use by domestic prices section 4940(d)(2) applies, leads as the foundation liable for the section 4940(d)(2) applies, leads as the foundation liable for the section 4940(d)(2) applies, leads as the foundation liable for the section 4940(d)(2) applies, leads as the foundation liable for the section 4940(d)(2) applies, leads (a) Base period years Calendar year (or tax year beginning in) 2007 2006 2007 2006 2005 2004 2003 2 Total of line 1, column 3 Average distribution rathe number of years the section 4940(d)(2) applies, leads 4 Enter the net value of in 5 Multiply line 4 by line 3	nder Section 4940(e) for Revate foundations subject to the seave this part blank section 4942 tax on the distribute qualify under section 4940(e). Do not in each column for each year, sea (b) Adjusted qualifying distributions 64,828 25,641 81,027 (d)	ection 4940(a) tax able amount of any onot complete this ee the instructions Net value of noncha vide the total on line if less than 5 years from Part X, line 5	year in the base part before making any intable-use assets 1,536,899 1,710,227 1,555,411	ent Income : Income) eriod? / entries (col (b) divid	ion ratio

	990-PF (2008)	-)	F	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see the instruction Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	5)		
1a	Date of ruling letter (attach copy of ruling letter if necessary–see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			136
	here F and enter 1% of Part I, line 27b			130
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			136
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			136
6	C redits/Payments			
a	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 160			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			160
8	Enter any penalty for underpayment of estimated tax. Check here Tif Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			24
	Enter the amount of line 10 to be Credited to 2009 estimated tax 24 Refunded 11			24 0
11 Date	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	It participate or intervene in any political campaign?	1a	+	No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	·		
_	the instructions for definition)?	1ь		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	·		<u> </u>
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ 0 (2) On foundation managers ► \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	з		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see the			
	instructions) PA	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8ь	Yes	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Гe	Statements Regarding Activities Condition	1		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11a		No
		۔ ا		۱
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Web site address ▶ <u>N/A</u>			
14	The books are in care of ▶PNC BANK Telephone no ▶(412) 768-	5897	
	Located at ▶620 LIBERTY AVENUE PITTSBURGH PA ZIP+4 ▶1522222	05		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		1	▶ ▽
	and enter the amount of tax-exempt interest received or accrued during the year			0
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🗸 No			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2008?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2008?			
	If "Yes," list the years 🕨 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	► 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2008.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		No
	, , , , , , , , , , , , , , , , , , , ,			

	990-PF (2008)							Page 6
Pai	t VII-B Statements Rega	rding Activities	for Wh	nich Form 4720	May Be Required Conti	nued		
5a	During the year did the foundatio	n pay or incur any am	ount to					
	(1) Carry on propaganda, or othe	rwise attempt to influ	ence leg	ıslatıon (section 494	45(e))? Tyes [√ No		
	(2) Influence the outcome of any	specific public elect	ıon (see	section 4955), or to	carry			
	on, directly or indirectly, any	voter registration dri	ve?		T Yes 🖟	√ No		
	(3) Provide a grant to an individu	al for travel, study, o	rothers	ımılar purposes?	┌ Yes ि	√ No		
	(4) Provide a grant to an organiza	ation other than a cha	arıtable,	etc , organization de	scribed			
	ın section 509(a)(1), (2), or ((3), or section 4940(d)(2)? (s	ee instructions)	Г Y es Г	√ No		
	(5) Provide for any purpose other				·			
	educational purposes, or for t	= '	•		Yes F	- No │		
b	If any answer is "Yes" to 5a(1)-(
	Regulations section 53 4945 or						5b	
	Organizations relying on a currer				_	_ ⊢		-
_	If the answer is "Yes" to question							
•	tax because it maintained expend			' - '		- _{No}		
	If "Yes," attach the statement requ				, 103 ,	""		
6-	Did the foundation, during the year							
6a	premiums on a personal benefit of				□ v _{aa} [- Na		
L							<u></u>	No.
Ь	Did the foundation, during the year		ectly or i	ndirectly, on a perso	onal benefit contract?	• -	6b	No
_	If you answered "Yes" to 6b, also f					-		
	At any time during the tax year, w	·	•	•				
ь	If yes, did the foundation receive						7b	
Pai	t VIIII and Contractors	t Officers, Direct	tors, I	rustees, Founda	tion Managers, Highly	Paid E	mpic	oyees,
1								
	LIST All DITICEIS, UNECTOIS, TRUSTEE	s, foundation manage	ers and t	heir compensation (see the instructions).			
	List all officers, directors, trustee	(b) Title, and avera		heir compensation (s c) Compensation	see the instructions). (d) Contributions to	(-) =		
	(a) Name and address	(b) Title, and avera	age (c) Compensation If not paid, enter	(d) Contributions to employee benefit plans	othe	•	account,
	(a) Name and address	(b) Title, and avera hours per week devoted to position	age (c) Compensation If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	•	ances
PNC E	(a) Name and address	(b) Title, and avera hours per week devoted to position TRUSTEE	age (c) Compensation If not paid, enter	(d) Contributions to employee benefit plans	othe	•	
620	(a) Name and address SANK LIBERTY AVENUE	(b) Title, and avera hours per week devoted to position	age (c) Compensation If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	•	ances
620 PITT	(a) Name and address SANK LIBERTY AVENUE 'SBURGH, PA 15222	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00	age (c) Compensation If not paid, enter -0-) 8,236	(d) Contributions to employee benefit plans and deferred compensation 0	othe	•	ances
620 PITT	(a) Name and address SANK LIBERTY AVENUE 'SBURGH, PA 15222 Compensation of five highest-pair	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00	age (c) Compensation If not paid, enter -0-) 8,236	(d) Contributions to employee benefit plans and deferred compensation 0	othe	•	ances
620 PITT	(a) Name and address SANK LIBERTY AVENUE 'SBURGH, PA 15222	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00	age (on	c) Compensation If not paid, enter -0-) 8,236	(d) Contributions to employee benefit plans and deferred compensation 0 see the instructions).	othe	•	ances
620 PITT 2	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE."	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 demployees (other times)	age (on han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit	othe (e) Ex	r allow	account,
620 PITT 2	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE."	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00	han thos	c) Compensation If not paid, enter -0-) 8,236	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	vances 0
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the same and a hours per week devoted to position to position the same and a hours per week devoted to posi	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit	othe (e) Ex	r allow	account,
620 PITT 2	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,
620 PITT 2 (a)	(a) Name and address SANK LIBERTY AVENUE SBURGH, PA 15222 Compensation of five highest-paid If none, enter "NONE." Name and address of each emplo paid more than \$50,000	(b) Title, and avera hours per week devoted to position TRUSTEE 2 00 d employees (other the position of the p	han thos	c) Compensation If not paid, enter -0-) 8,236 e included on line 1-	(d) Contributions to employee benefit plans and deferred compensation o see the instructions). (d) Contributions to employee benefit plans and deferred	othe (e) Ex	r allow	account,

Total Add lines 1 through 3.

	Page 7
stees, Foundation Managers, Highly	Paid Employees,
es—(see the instructions). If none, enter	
(b) Type of service	(c) Compensation
es	0
relevant statistical information such as the number of	T _
oroduced, etc	Expenses
	0
	-
	_
	-
	+
	-
	-
s (see the instructions)	
ing the tax year on lines 1 and 2	A mount
	0
	1
	relevant statistical information such as the number of roduced, etc

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	oreign foui	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	1,155,738
b	A verage of monthly cash balances	1b	(
c	Fair market value of all other assets (see the instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	1,155,738
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	(
3	Subtract line 2 from line 1d	3	1,155,738
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see the		
	ınstructions)	4	17,336
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,138,40
6	Minimum investment return. Enter 5% of line 5	6	56,920
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(foundations and	(5) private	operating
	certain foreign organizations check here ► and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	56,920
2a	Tax on investment income for 2008 from Part VI, line 5	2	
Ь	Income tax for 2008 (This does not include the tax from Part VI) 2b	-	4.0.
c	Add lines 2a and 2b	2c	136
3	Distributable amount before adjustments Subtract line 2c from line 1	3	56,784
4	Recoveries of amounts treated as qualifying distributions	4	(
5	Add lines 3 and 4	5	56,784
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	56,784
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	76,292
b	Program-related investments—total from Part IX-B	1b	(
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	76,292
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	136
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76.156

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the

section 4940(e) reduction of tax in those years.

	ondistributed income (see page	26 of the mstruc	uons)		
		(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1	Distributable amount for 2008 from Part XI, line 7				56,784
2	Undistributed income, if any, as of the end of 2007				
	Enter amount for 2007 only			74,768	
	Total for prior years 20, 20, 20		0		
	Excess distributions carryover, if any, to 2008				
	From 2003				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	Total of lines 3a through e	1	0		
	Qualifying distributions for 2008 from Part				
•	XII, line 4 🕨 \$				
а	Applied to 2007, but not more than line 2a			74,768	
	Applied to undistributed income of prior years				
_	(Election required—see the instructions)		0		
c	Treated as distributions out of corpus (Election				
	required—see the instructions)	ĺ	0		
d	Applied to 2008 distributable amount				1,524
е	Remaining amount distributed out of corpus	ı	0		
5	Excess distributions carryover applied to 2008	1	0		0
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
D	Prior years' undistributed income Subtract line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable				
u	amount—see the instructions		0		
e	Undistributed income for 2006 Subtract line				
	4a from line 2a Taxable amount—see the				
	instructions			0	
f	Undistributed income for 2008 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2008				55,260
7	Amounts treated as distributions out of				<u> </u>
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see the				
	ınstructions)		0		
8	Excess distributions carryover from 2002 not				
	applied on line 5 or line 7 (see page 27 of the				
_	instructions)		<u> </u>		
9	Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a	1	0		
10	Analysis of line 9				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	From 2008				
			1	<u> </u>	I

1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		•	e operating		
ь	Check box to indicate whether the organiz		-	n described in secti	on Г 4942(j)(3) (or Г 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) lotal
L	year listed					
	85% of line 2a					
	line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(1)(3)(B)(1)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
_	Part X, line 6 for each year listed "Support" alternative test—enter			+		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) (3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information				ion had \$5,000	or more in
	assets at any time during		the instructio	ns.)		
L a	Information Regarding Foundation Manag List any managers of the foundation who ha		ore than 2% of the	total contributions	received by the foun	ıdatıon
	before the close of any tax year (but only i					
b	List any managers of the foundation who o ownership of a partnership or other entity)				Illy large portion of t	he
 !	Information Regarding Contribution, Gran	t Gift Loan Scho	larshin etc. Progra	ame'		
	Check here vifthe organization only munsolicited requests for funds If the organization only munder other conditions, complete items 2a	nakes contribution nization makes gift	s to preselected ch	naritable organizatio	ns and does not acc o individuals or orga	ept nizations
а	The name, address, and telephone numbe	r of the person to v	whom applications	should be addresse	d	
b	The form in which applications should be s	submitted and info	rmation and materi	als they should ıncl	ude	
С	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geogra	aphical areas, char	itable fields, kinds o	f institutions, or oth	er

3 Grants and Contributions Pai	d During the Year or A	pproved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	33,11,12,11,11	
a Paid during the year See Additional Data Table				
Total				74,768
b Approved for future payment				
Total				C
				Form 990-PF (2008)

	Marysis of Income-Produc	ing Activities	5			Page 1 2
Enter gross amour	its unless otherwise indicated	Unrelated bus	siness income	Excluded by section		(e) Related or exempt function income
1 Program servic	e revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See the instructions)
a						
b						
d						
_	tracts from government agencies					
·	s and temporary cash investments			14	186	
	interest from securities			14	22,014	
	me or (loss) from real estate					
	d property					
	nced property					
6 Net rental income	or (loss) from personal property					
7 Other investm	ent income					
, ,	n sales of assets other than inventory			18	-132,716	
	(loss) from special events					
-	(loss) from sales of inventory.			14	1,528	
	a EXCISE TAX REFUND			17	1,320	
<u>'</u>	columns (b), (d), and (e).		0		-108,988	
	12, columns (b), (d), and (e).			1	.3	-108,988
	et in line 13 instructions to verify					,
	Relationship of Activities t					
Line No. the a	ain below how each activity for wh iccomplishment of the organizations instructions)					

Pait	VATT	Noncharitable			saction	s and Kelationsinps	VVICII			
1 Did tl	he orga			e following with any other org	anızatıon d	escribed in section			Yes	No
501(c) of the	e Code (other than section	501(c)(3) organizatio	ons) or in section 527, relating	to political	organizations?				
a Tran	sfers	from the reporting orga	anızatıon to a non	charitable exempt organ	ızatıon of	F				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
		sactions					ŀ			
			rıtable exempt or	ganization				1b(1)		No
							H H			No
							H			No
								1b(4)		No
							H	· ·		No
							F			
							-	1b(6)		No
								1c		No
valu marl	e of th	e goods, other assets	, or services give	n by the reporting organi	zatıon If	(b) should always show the foundation received lue of the goods, other as	ess than faı	r		
(a) Line	No	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	(d) [Description of transfers, transact	ions, and shar	ıng arraı	ngemen	ıts
	_									
	_									
	-									
	-									
		·	•	ith, or related to, one or r an section 501(c)(3)) or		· •		. Г үе	s F	No
b If "Y	es," c	omplete the following s	i			1				
		(a) Name of organization	n	(b) Type of organiza	tion	(c) Descri	otion of relation	nship		
	the b		and belief, it is tru	e, correct, and complete	•	ng accompanying schedu tion of preparer (other tha				
	h -	* * * * *			2	010-03-20	****			
	S	ignature of officer or t	rustee		Da	ate Ti	tle			
Sign Here	il Gersa Gersa	Preparer's Signature				Date Check employ	ıf self- ed ►	repare TIN See Sig he nstruct	gnat ur	e ın
	Paid Preparer's Hea Onter	Firm's name (or you if self-employed), address, and ZIP c	,			EIN ►				
			· -			Phone	no			

Additional Data

Software ID: 08000094

Software Version: 2008.05050

EIN: 20-6787596

Name: O EMERT NICHOLSON CHARITABLE TRUST

Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
DON MILLS ACHIEVEMENT CENTER 250 HOSPITAL DRIVE NORTH WARREN,PA 16365	NONE	PUBLIC CHARITY	UNRESTRICTED	12,462
ST PAUL LUTHERAN CHURCH 306 CONEWANGO AVE WARREN,PA 16365	NONE	RELIGIOUS	UNRESTRICTED	24,923
THE SALVATION ARMY 311 BEECH ST WARREN,PA 16365	NONE	RELIGIOUS	UNRESTRICTED	12,461
WARREN COUNTY ENDOWMENT FUND 204 FOURTH AVE WARREN, PA 16365	NONE	PUBLIC CHARITY	UNRESTRICTED	12,461
WARREN LIBRARY ASSOCIATION 205 MARKET ST WARREN,PA 16365	NONE	PUBLIC CHARITY	PURCHASE NONFICTION BOOKS	12,461
Total		74,768		

TY 2008 Accounting Fees Schedule

Name: O EMERT NICHOLSON CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	700	0		700

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491085004010
TV 2000 All Other Discussion		

TY 2008 All Other Program **Related Investments Schedule**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: O EMERT NICHOLSON CHARITABLE TRUST

Category	Amount
N/A	

TY 2008 Investments - Other Schedule

Name: O EMERT NICHOLSON CHARITABLE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS FIXED	AT COST	335,302	349,985
MUTUAL FUNDS EQUITY	AT COST	973,298	949,526

TY 2008 Other Expenses Schedule

Name: O EMERT NICHOLSON CHARITABLE TRUST

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRANSACTION FEES	600	600		0
ACCOUNT MAINTENANCE FEES	542	542		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491085004010

TY 2008 Other Income Schedule

Name: O EMERT NICHOLSON CHARITABLE TRUST

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
EXCISE TAX REFUND	1,528		1,528