

Member American Institute of Certified Public Accountants 1417 Third St Beaver, PA 15009 P: 724-371-0726 F: 724-709-7547 Email: ken@hlcpainc.com www.hlcpainc.com

Member Pennsylvania Institute of Certified Public Accountants

May 14, 2023

Beaver County Educational Trust PO Box 216 Beaver, PA 15009

Dear Sir.

We have prepared your 2022 Form 990 based on the information you provided. Please review the enclosed copy and contact us if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Beaver County Educational Trust's tax situation during the year, please do not hesitate to call us at 724-371-0726. We appreciate this opportunity to serve you.

Sincerely,

Kenneth E Herrmann Herrmann & Loll Inc CPA

#### **Privacy Notice**

As tax practitioners, we receive and collect nonpublic personal information from various forms and statements that you provide. We do not disclose such information unless you instruct us to do so. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>				tax year beginning			, and €	ending					
В	Check if a	pplicable:	C Name of orga	nization Beaver Cou	nty Educational	Trust			D Empl	oyer identif	ication num	ber	,
Ш	Address c	hange	Doing busines	s as									
П	Name cha	200	Number and s	treet (or P.O. box if mail is n	ot delivered to stre	et address)	Room/suite		25-1381	854			
	Name Cha	inge	PO Box 216	O Box 216 E Telephone number							r		
Ш	Initial retur	m	City or town			State	ZIP code		(70 A) EA	0.4000			
	Final return/	torminated	Beaver			PA	15009	-	(724) 51	3-1033			
	riliai letulii/i	terriniateu	Foreign count	try name Foreig	n province/state/c	ounty	Foreign posta	code					
Ш.	Amended	return		The STATE OF THE PROPERTY OF T					G Gross	recents \$		1	159,250
П	Application	nendina	F Name and add	dress of principal officer:							Г		
·	Application	r pending	i		DA 4500			1	AND COMMON.	turn for subject	-	Yes	X No
			promoved .	nelly PO Box 216, Bea	ever, PA 1500	19		7	AE W	inates includ		Yes	No
1	Tax-exem	pt status:	X 501(c)(3)	501(c) (	(insert no.)	4947(a)(1	) or 527		attach	a list. See ir	nstructions		
J	Website:	bea	vercountyeduc	cationaltrust.org				He) Gro	a revenut	ion number			
			<u></u>		🗂								
CONTRACTOR S	CONTRACTOR OF THE PARTY OF THE	rganization		on Trust Assoc	iation Othe	er	L Yea	a of format	ig 19	80 Ms	tate of legal	domicile	: PA
M;	art I		nmary										
-	1	Briefly d	escribe the org	ganization's mission o	r most signific	ant activitie	s: <b>The</b>	mission	of the B	eaver Cou	unty		
ဋ		educatio	nal trust is to	promote education am	oung students	s of Beaver	Count PA	arade	s K				
<u>a</u>				nancial support to indi									
Activities & Governance	1	Check th		if the organization di					than 25	0/ of ito n			
ő	1 -			bers of the governing	body (Det ) (	operations	or uispersed	MERT IIIUI E	man 25	1 1	et assets.		40
ಲೆ	4	Number	of independen	ibers of the governing	body (Part VI	, line Tay				3			19
68	-	Nullibel T-1-1	or independer	nt voting members of t	ne governing i	pody ( ) aut	V Jine 1b) .			4			<u>19</u>
₹	5	iotai nur	nper of individ	uals employed in cale	ndar year 202	2.(Part V,	se za) .   .			5			1
븅				eers (estimate if neces		. , .	· · · · ·			6			
⋖	7a	Total unr	elated busines	ss revenue from Part \	/III, column	;), Pie 12 .`	<b>*</b>			7a			0
	b	Net unre	lated business	taxable income from	Form 990-T, I	Set I, line 1	<u> 11</u>			7b			
									Prior Year	•	Curr	rent Yea	r
0				ts (Part VIII, line 1h) .		<u>, , , , , , , , , , , , , , , , , , , </u>				82,557		1	33,888
Ĕ	9	Program	service reven	ue (Part VIII, line 2g) .					***************************************	0			0
Revenue	10	Investme	ent income (Pa	art VIII, column (A), line	es 3. Lanc-	ď)				186,958			25,362
œ	11 (	Other rev	venue (Part VI	II, column (A), lines 5,	8c. 30. 10	) c. and 11e	)			0			0
	12	Total reve	enue—add lines	8 through 11 (must e	al Pan VIII, co	lumn (A) lin	ne 12)			269,515	·	1	59,250
	13 (	Grants a	nd similar amo	ounts paid (Part IX	in a (A) lines	: 1_3)	,, .			0		<u>_</u>	00,200
	14	Renefits	naid to or for r	nembers (Part I) colu	$\Delta n (\Delta)$ line (	o 1—0/ N				0	***************************************	***************************************	<del></del>
60	15	Salaries	other compane	ation employed has off	ADOPTIV ASIU	(Part IX, column (A), lines 5–10)							04.050
Se	16a	Drofossic	oniei compensi	ation, ciripioyes between	raitia, colui	iiii (A), iiile: `	50-10)			27,500			31,050
Expenses				g fees (Part I) colum		)				0			0
X				ises (Partin) column			27						
				X, column (A), mes 1						117,657		2	55,577
				es 13-17 (m) st equal		nn (A), line	25)			145,157	·····	2	86,627
	19 F	Revenue	less expense	s. Se trace line 18 from	m line 12	<u> </u>				124,358		<u>-1</u>	27,377
Not Assets or Fund Balances			4.					Beginnir	ng of Curr	ent Year	End	of Year	
E 2	20 7		ets (Part X,						1,0	044,071		9	15,678
Z P	21 7		ilities Part X,							0			0
žį	22 N	<u>Vet asse</u>	ts of fund bala	nses. Subtract line 21	from line 20				1,0	044,071		9	15,678
Pa	rt II	Sign	nature Blog	7					***************************************		***************************************		
Jnde	r penalties	of perjury,	I declare that ha	ve examined this return, incl	uding accompanyi	ing schedules	and statements,	and to the	best of my	/ knowledge			
and b	elief, it is t	rue, correc	t, and complete. D	eclaration of preparer (other	than officer) is ba	sed on all info	rmation of which	preparer h	as any kn	owledge.			
Sig	n										5/15/2023	3	
Her		Signatur	e of officer			***************************************			Date				
пег	е	Jamie	M Connelly				Exec	Director					
			Type or print name	and title				Director					<del></del>
			Type preparer's na		Preparer's signa	ture		Date	Т		PTIN	<u> </u>	
Paid	d							Date		Check [	] if   [ ' '''	•	
	parer	Kenr	eth E Herrma	nn	Kenneth E He	errmann		5/15	/2023	self-emplo	yed P00	10903	3
	Only	Firm's	name Her	rmann & Loll Inc CPA					irm's EIN	27-38			
<i>-</i> 36	City			7 Third St, Beaver, PA	15000						<del></del>		
	the IDO								hone no.	124-3	71-0726	r	
viay	me IRS	aiscuss	tnis return wit	h the preparer shown	above? See is	nstructions					. X	Yes	No.

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.    Birefly describe the organization's mission:   Promble decutation among students of Beaver County, PA in grades. It through 12 by providing books and sponsoring unique educational programs which facilitate or enhance the learning experience of these students early significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   If "Yes" (Season the season expresses on Schedule O.   Did the organization access conducting, or make significant changes in how it conducts, any program services? If "Yes" (Season the times ever services on Schedule O.   Describe the organization's program service accomplishments for each of its three largest programs are seasoned by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gents Stat allocations to others, the total expenses, and revenue, if any, for each program service reported.   Gode	10/C00000000000000000000000000000000000	990 (2022)	Beaver County Educational Trust	25-1381854	Page <b>2</b>
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books and sponsoring unique educational programs which facilitate or enhance the learning experience of these students.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 960 or 960-E27 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 services? If "Yes," describe these changes on Schedule O.  1 Describe the organization programs service accomplishments for each of its three largest programs are serviced by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of significant significant total expenses, and revenue, if any, for each program service reported.  4 (Code: ) (Expenses \$ 127,176 including grants of \$ ) (Revenue \$ ) To promote the education of stydents in Beaver County, P4 grades K through 12 by providing interest apport to individual teachers for developing unique educational programs which fecilities or enhance the learning experience of these students.  4 (Code: ) (Expenses \$ (Ticlusting grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	1		escribe the organization's mission:		
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				0)	

### Beaver County Educational Trust Checklist of Required Schedules Part IV

			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.	_	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	<del> </del>
3	Did the organization engage in direct or indirect political compared political compared as the ball of	2		X
·	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.			
A	Section 504(a)(2) avantiment and Distribute Scriedule C, Part 1.	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<del>-^-</del>
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		х
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?			
	"Yes," complete Schedule D, Part I	1_		
7		6		Х
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Dat I.	7		X
0	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			************
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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.			
а	Did the organization report an amount for land, buildings, and equipment. Part X, line 10? If "Yes," complete	SUBMITTEE		
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110	$\stackrel{\sim}{-}$	
	of its total assets reported in Part X, line 16? If "Yes," complete Spedule D, Part VII.	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	х	
d	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets		$\stackrel{\sim}{-}$	
	reported in Part X, line 16? If "Yes," complete Schedule 2 Part IX	444	1	~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e		$\frac{x}{x}$
f	Did the organization's separate or consolidated finantial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	- 1	v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
	Schedule D, Parts XI and XII	40-	1	.,
b		12a		<u>X</u>
~	Was the organization included in contestidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No to time 22a, then completing Schedule D, Parts XI and XII is optional.			
13	Is the organization a school described in eaction 170/b/(1/A////) # #//co #	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b	Did the organization have an experience of the United States?	14a		X
IJ	The state of the s		1	
	fundraising, business, in estimate and program service activities outside the United States, or aggregate			
45	foreign investments valued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organ ation? 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		T	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Χ
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\neg \dagger$	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	$\dashv$	$\hat{\mathbf{x}}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
	y,	41		X

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	N
	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			
0.4	employees? If "Yes," complete Schedule J.	23		x
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			T
	\$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
n	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
ď		24c	-	X
25a	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualitied person in a	25a	<del> </del>	X
	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.			١
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	┼	<del>  ×</del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule 1. Part II.	20		L
27	Did the organization provide a grant or other assistance to any current or former efficer director, trustee, key	26	╂──	X
	employee, creator or founder, substantial contributor or employee thereof, a rant selection committee			
	member, or to a 35% controlled entity (including an employee thereof or issuity pember of any of these			
	persons? If "Yes," complete Schedule L. Part III	27	l	x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L.	-		
	Part IV, instructions for applicable filing thresholds, conditions and exceptions):			<b>.</b> .
а	A current or former officer, director, trustee, key employee, create or founder, or substantial contributor? If		100 L 100 S	22.45.00
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? Yes, "complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28h2 If			
29	"Yes," complete Schedule L, Part IV	28c		Х
30	Did the organization receive more than \$25,000 in for cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete stream M			
31	Did the organization liquidate terminate or decally and access as a second organization of the organizatio	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of a transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N. Part II			١
33	complete Schedule N, Part II.  Did the organization own 100% of an entire disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701 32 If (Voc. "complete Schedule P. Part I	32		X
	sections 301.7701-2 and 301.7701 3? If Yes, " complete Schedule R, Part I			.,
34	Was the organization related to any expempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
	III, or IV, and Part V, line 1 . 🜈 🛴	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)2	35a		X
D	If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled	1000		
	endly within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			***************************************
	organization? if "Yes," complete Schedule R, Part V, line 2	36		Χ
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O .	38		Х
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		. [	
ا			Yes	No
la I	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		*	
C !	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	J	X

Form 990 (2022) Beaver County Educational Trust 25-1381854 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was ited? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?............. Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?........... Х 8a Х at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about solicies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b Has the organization provided a complete copy of this Form 990 wall members of its governing body before filing the form?
 Describe on Schedule O the process, if any, used the organization to review this Form 990. 11a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees equired to disclose annually interests that could give rise to conflicts? 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c Х 13 Х 13 Did the organization have a written document etention and destruction policy? 14 Х 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? The organization's CEO, Executive Director, or top management official. 15a 15b Х If "Yes" to line 15a or 5b, ascribe the process on Schedule O. See instructions. Did the organization invest in sontribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

and financial statements available to the public during the tax year.

PO Box 216, Beaver, PA 15009

Jamie Connelly

State the name, address, and telephone number of the person who possesses the organization's books and records

20

Form 990 (2022)	Beaver County Educational Trust	25-1381854	Page				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
Processing 1975	Check if Schedule O contains a response or note to any line in this Part VII		П				
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Componented Employees						

ployees, and Hignest 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any urrent officer, director, or trustee. (C) Position (A) (B) (do not check more th n one (D) (E) Name and title Average box, unless person is oth ar Reportable Reportable Estimated amount hours officer and a dire of other ompensation compensation per week compensation from the from related romer (list any organization (W-2 ganizations (W-2/ from the hours for 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) 1099-NEC) related organizations compensated organizations below dotted line) (1) Mark Breedlove 1.00 Trustee 0.00 (2) Dan Donnelly 1.00 Trustee (3) Joseph Guarino .00 Trustee .00.00 (4) Jim Masterson 1.00 Trustee 0.00 Х (5) Dennis Nichols 1.00 Trustee 0.00 Х (6) Roger Davis 1.00 Trustee 0.00 Х (7) Jodi Oliver 1.00 Trustee 0.00 Х (8) Victor Raskovsky 1.00 Trustee 0.00 Х (9) Daniel Rossi-Keen 1.00 Trustee 0.00 Х (10) Joseph Rubino 1.00 Trustee 0.00 Х (11) Todd Todorich 1.00 Trustee 0.00 Х (12) Christine Wagner-Deitch 1.00 Trustee 0.00 Х (13) David Wytiaz 1.00 Trustee 0.00 Х (14) Michael B Jones 2.00 President 0.00

7

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	, an	d Hi	ghes	st C	ompensated Employ	ees (contir	nued)
				(	C)					
(A)	(B)	(do	not c		sition more	e than	one	(D)	(E)	(F)
Name and title	Average hours					is boti or/trus		Reportable F	Reportable	Estimated amount
	per week			-	T	T	<del></del>		mpensation om related	of other compensation
	(list any hours for	or director	SE	Officer	eye	Highest co employee	Former		nizations (W-2/	from the
	related	ecto	ğ	٦	를	st c	4	1	099-MISC/ 099-NEC)	organization and related organizations
	organizations below	or director	Institutional truste		Key employee	, a			,	
	dotted line)	ee	ste		"	Highest compensated employee				
			6			ted		4		
(15) Daniel Rossi-Keen	2.00	<del> </del>	+	╁	<del> </del>	<u> </u>	<u> </u>	No.		
Vice President	0.00	1		x				(43)		
(16) Lincoln Kretchmar		-	T	Ť			┢		•	
Treasurer	0.00	1		х					€"	
(17) Yvonne A Connor			1							
Secretary	0.00	1		х						
(18) Jamie Connelly	20.00							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Exectutive Director	0.00				х	х	1			
(19)						4				
			<u> </u>							
(20)								<b>S</b> 3		
(21)										
						•				
(22)										
(23)					*		_			
(23)	ļ <b>-</b>									
(24)			88.	_	$\dashv$		$\dashv$			
(24)						1	- 1			
(25)										
- Teach	X	ř		- 1			- 1			
1b Subtotal							$\dashv$			
c Total from continuation sheets to Part VII, So	echan A		•	• •	•	• •	ŀ	<u> </u>	9	0
d Total (add lines 1b and 1c)		•		• •	•		ŀ	0	0	0
2 Total number of individuals (including but no ur	nited to those list	ed a	hove	· · ·	ho r	eceiv	الم	more than \$100,000 a	<u> </u>	0
reportable compensation from the organization		cu a	0040	<i>5)</i> •••	110 1	CCCIV	eu	more than \$ 100,000 t	<i>)</i> 1	•
			·····							Yes No
3 Did the organization list any former office dire	, ctor. trustee. kev	emp	love	e o	r hi	nhest	COL	mnensated	ē	1es NO
employee on line 1a? If "Yes," con plete Sched	ule J for such ind	ividu	al.			_			Si .	3 X
4 For any individual listed on line 4 sum of										
the organization and related (rganizations great	ter than \$150 000	02 <i>If</i>	"Ye	11 a11	an.	ilete dete	Sch	pensauon nom		rale de
individual		,	,	J, U	omp	note	00//	edule 5 for Sucri	S	
5 Did any person lister on line rareceive or accre	ue compensation	from			حماحہ	 				4 X
for services rendered to the objanization? If "Ye	ue compensation	11011	i an	y un for s	rela	tea o	rga	nization or individual		
Section B. Independent Centractors	o, complete ou	ledui	00	01 3	ucn	pers	011 .		<u></u>	5 X
1 Complete this table for your five highest compet	nsated independe	ent c	ontr	acto	re ti	nat re	cai	yed more than \$100 C	100 of	
compensation from the organization. Report co	mpensation for th	e ca	lend	ar v	ear	endir	na w	vith or within the organ	ou ui nization'e te	av veer
(A)						T	.5	(B)	inzation 3 te	(C)
Name and business addr	ess							Description of services	Cr	ompensation
										0
						$\top$				0
										0
										0
										0
Total number of independent contractors (includ	ing but not limited	d to t	hos	e lis	ted	abov	e) w	ho received		
more than \$100,000 of compensation from the o	organization					0				

Part VIII	Statement of Revenue
	Chack if Schodula O contain

		Check if Scriedule O contains a respor	ise o	r note to any line i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under
ν.	<sub>ທ</sub> 1a	Federated campaigns	1a	0			-	sections 512-514
Contributions, Gifts, Grants	and Ciner Similar Amounts  a d e f g		1b				5 1 1255	
Õ	Č c	man a constant of the constant	1c	0			100	Sec.
fs,	<b>₹</b>   d		1d		1		100	
<u>.</u>	<u> </u>	<u> </u>	1e	1 0		100		
S	[ f		-	Ŭ				ile e
# T	10	similar amounts not included above	1f	133,888		30.00		
퉏	5 a		<del>                                     </del>	100,000		4.4		
Ę,		lines 1a–1f	1g	<b> </b> \$ 0				
ŭ i	ē h		<u> </u>	14 0		/ <sup>2</sup> %	h *	
	1		<u> </u>	Business Code	133,888	1		
စ္ပ	2a					<del> </del>		
Ž,	1 .	,			<u> </u>			
gram Serv Revenue	- C				<u> </u>			
E	d				0			
E					0			
Program Service	6	All other program service revenue						
۵.	a	Total Add lines 20. 2f		<u> </u>				
	3	Total. Add lines 2a–2f	· ·					
	*	other similar amounts)	leres	ı, and				
	4				25,362	25,362		
	5	Income from investment of tax-exempt bon		oceeds	0			
	"	Royalties		· · · · · · · · · · · · · · · · · · ·	0			
	6a		11	(ii) Personal	Section 1			
	1		····					
	b	Less: rental expenses . 6b		<b>*</b>				
	C	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	(7	ies 4	ii) Gher	-		2.0	
		sales of assets					100	
ø	١.	other than inventory	0	0				
her Revenue	b	Less: cost or other basis		<b>&gt;</b>				
Š		and sales expenses	<b>V</b> 0	0		Sept.		
ž	C	Gain or (loss)	0	0				
Ē	d	Net gain or (loss)	<u> </u>		0			
ਰੋ	oa	Gross income from fundraising						
_		events (not including \$					100	61
		of contributions reported on the 1c						
		See Part IV, line 18	8a	0	2 To 1 To			
	b	Less: direct expenses	8b	0	present to			
	C	Net income or (loss) continuously event	<u>s.</u>		0			
	9a	Gross income from gaming activities.						
		See Part IV, ne a	9a	0			an are seen	
	b	Less: direct exprese [	9b	0				
	C	Net income or (loss) from gaming activities	· ,		0			
	10a							
			10a	0				3. 3. Table 1
			10b	0				
	<u> </u>	Net income or (loss) from sales of inventory	· · ·	<u> </u>	0			
S	44-		-	Business Code			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9 9	11a				0			
<u>a</u> <u>a</u>	b				0			
Miscellaneous Revenue	C	All ale and			0			
<u>s</u> –		All other revenue	L		0			
		Total. Add lines 11a–11d	<u> </u>	<u> </u>	0			$x_{i_1}$
	12	Total revenue. See instructions	<u> </u>	<u></u>	159,250	25,362	0	0

#### 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). Do not include amounts reported on lines 6b, 7b, (D) Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 0 Compensation of current officers, directors, 31,050 31,06 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 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 9 Payroll taxes . . . . . . . . . . . . . . . . . . 10 11 Fees for services (nonemployees): Legal........ b C 1,500 e Professional fundraising services. See Part IV, line 17. Investment management fees . . . . . . . . . . . . 0 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 12 1.535 1.535 13 Office expenses . . . . . . 1.072 1,072 14 Information technology . . . . . 0 15 0 16 0 17 ō 18 Payments of travel or entertainment experience for any federal, state, or local public cials 0 19 Conferences, conventions, and meetings 943 943 20 0 21 Payments to affiliates . . . 0 22 Depreciation, depletion, and am tigation. 0 23 Insurance . . . . 1,582 1,582 Other expenses. Itemize expenses not covered 24 above. (List misce lane us expenses on line 24e. If line 24e amount exceds 12% of line 25, column (A), amount, list line 24s (penses on Schedule O.) a Program Expenses 87,521 87,521 Administartive Expenses 2,000 1,973 Investment Fee 14,457 14,457 d Investment 144.967 144,967 e All other expenses 0 Total functional expenses. Add lines 1 through 24e . 286,627 127,176 159,424 27 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).

Part X

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	Ι	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	28,109	1	34,794
	2	Savings and temporary cash investments	0		01,70
	3	Pledges and grants receivable, net	Ö		
	4	Accounts receivable, net	0		
	5	Loans and other receivables from any current or former officer, director,	· ·	70.77	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	d	5	
	6	Loans and other receivables from other disqualified persons (as defined	<u> </u>		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	<b>\</b> 0	<b>4</b>	
Assets	7	Notes and loans receivable, net		7	
98	8	Inventories for sale or use		8	
Q	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			- 1
		other basis. Complete Part VI of Schedule D 1,016	6.47		
	b	Less: accumulated depreciation 10b 1,016	1,016	10c	
	11	Investments—publicly traded securities	• 0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	1,014,946	13	880,884
	14	2-4	0	14	000,00
	15	Other assets. See Part IV, line 11.  Total assets. Add lines 1 through 15 (must equal line 33)	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,044,071	16	915,678
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,	100		
Ĕ		trustee, key employee, creator or founder, substantia contributor, or 35%			
lat		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, ayables to related third			
		parties, and other liabilities not included an lines 17-24). Complete			
I		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 threigh 2s	0	26	0
8		Organizations that follow FASB ASC 558, check here X			220
Ĕ		and complete lines 27, 28, 32, and 33.			
32		Net assets without donor projections	1,001,571	27	873,178
ᅙ	28	Net assets with dopor restrictions	42,500	28	42,500
5		Organizations that do not show FASB ASC 958, check here			
7		and complete mes 29 through 33.			
3	29	Capital stock or trust principal, or current funds	0	29	
36	30	Paid-in or capital surpliss, or land, building, or equipment fund	0	30	
A	31	Retained earnings, endowment, accumulated income, or other funds .	0	31	
	32	Total net assets or fund balances	1,044,071	32	915,678
	33	Total liabilities and net assets/fund balances	1,044,071	33	915,678

CONTRACTOR OF THE PARTY OF THE	n 990 (2022) Beaver County Educational Trust		25-138 <sup>-</sup>	1854	Page	e 12
	Reconciliation of Net Assets					
1	Check if Schedule O contains a response or note to any line in this Part XI				. [	
2	Total expenses (must equal Part IX, column (A), line 12)	1		***************************************	159,	250
3	Total expenses (must equal Part IX, column (A), line 25) .  Revenue less expenses. Subtract line 2 from line 1	2	ļ		286,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3	ļ		<u>-127,</u>	
5	Net unrealized gains (losses) on investments .	5			,044,	071
6	Donated services and use of facilities	6	<u> </u>			
7	Investment expenses	7				************
8	Prior period adjustments	8			-1.	016
9	()ther changes in not accord or fund halance /	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 column (B))				*****	
Date	column (B))	10			915,6	<u> 378</u>
	Check if Schedule O contains a response or note to any line in this Part XII				. Г	٦
					/es	<u></u> No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oner					
	If the organization changed its method of accounting from a prior year or checked "Other" explain on 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 we compiled or			2a	X	Never as a
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis				- 1	
b	Were the organization's financial statements audited by an independent a courtant?					
	If "Yes," check a box below to indicate whether the financial statements or theyear were audited on a			2b		<u>X</u>
	separate basis, consolidated basis, or both:		į.	- 1		
	Separate basis Consolidated basis ath ansolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee at assumes responsibility for oversight of			1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c	x T	
	If the organization changed either its oversight process of selection process during the tax year, explain on	• •			<u>^</u>	( e
	Schedule O.			1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		P***		******	# Parkers
h	Official Guidance, 2 C.F.R. Part 200, Subpart F?		. L	3a		<u>X</u>
b	If "Yes," did the organization undergo the required sudit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schadule and describe any steps taken to undergo such audits.	<u> </u>		3b		<u>X</u>
			F	orm 99	<b>90</b> (20	22)
	*					
	•					

#### **SCHEDULE A** (Form 990)

### **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

Open to Public

Department of the Treasury

990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Beaver County Educational Trust 25-1381854 Reason for Public Charity Status. (All organizations must complete this part.) See instructions Partil The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(1911). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(x). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exeptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business tax ble it some (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a) 2). (Complete Part III.) An organization organized and operated exclusively to test or public afety. See section 509(a)(4). 11 An organization organized and operated exclusively for the perfet of, to perform the functions of, or to carry out the purposes 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regular, appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections and B. Type II. A supporting organization supervise of 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, ections A and C. b Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction). You must complete Part IV, Sections A, D, and E. C 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) or must complete Part IV, Sections A and D, and Part V. Check this box if the organization ecceived a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III confunctionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported orga (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Total

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.)

Se	ction A. Public Support				acc complete i	art m.)	
Ca	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					(0) 2022	(i) iotai
	include any "unusual grants.")	113,324	166,416	121,531	82,557	133,888	647.74
2	Tax revenues levied for the		100,710	121,001	02,007	133,000	617,71
	organization's benefit and either paid			1			
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			į			
4	Total. Add lines 1 through 3	113,324	166,416	121,531	82,55	400,000	
5	The portion of total contributions by	110,024	100,410	121,031	A 02,000	133,888	617,71
	each person (other than a						
	governmental unit or publicly		and the second		No.		
	supported organization) included on	140					
	line 1 that exceeds 2% of the amount					3.0	
	shown on line 11, column (f)	-				100 mg	
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support				7		617,71
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(0.2020	(d) 2021	(e) 2022	/f) Total
7	Amounts from line 4	113,324	166,416	121,531			(f) Total
8	Gross income from interest, dividends.	110,02-7	100,710	121,001	82,557	133,888	617,71
	payments received on securities loans,						
	rents, royalties, and income from			No.	ļ		
	similar sources	34,432	128,306	57,736	100 050	05.000	400.00
9	Net income from unrelated business		120400	37,730	186,958	25,362	432,69
	activities, whether or not the business is				İ		
	regularly carried on						
10	Other income. Do not include gain or	-					
	loss from the sale of capital assets	A					
	(Explain in Part VI.)	4	<b>*</b>				,
11	Total support. Add lines 7 through 10						1,050,41(
12	Gross receipts from related activities, etc. (se					12	1,050,410
13	First 5 years. If the Form 990 is for the organ		nd third fourth or			12	
	organization, check this box and stop here						Г
Sec	tion C. Computation of Public S	por Percenta	ne				<u> </u>
14	Public support percentage for 2022 (line 6	olume (f), divided by	line 11 column (f)	1		14	E0.040/
15	Public support percentage from 2021	eA. Part II. line 14		,	F	15	58.81%
16a	33 1/3% support test-2022 If the organization	tion did not check t	he hay an line 13		20% or mara abad	this barr	54.07%
	and stop here. The organization value as	a publicly supporte	d organization	2110 11110 14 15 55 17	3 % of more, check	tris box	Г⊽
b	33 1/3% support test—2021. If the organiza	tion did not check	hoy on line 13 or	160 and line 15 is			<u>X</u>
	box and stop here. The gastzatio qualifies	as a publicly supp	orted organization	roa, and mie 15 is	33 1/3% of more,	check this	_
17a	10%-facts-and-circumstance est—2022.	If the organization	did not shock a box	on line 12 16e e			· · · · L
	10% of more, and if the organization meets th	e facts-and-circum	stances test, check	this box and ston	here Evolain in		
	Part VI how the organization meets the facts-	and-circumstances	test. The organizat	ion qualifies as a p	ubliciv supported		
	organization						
b	10%-facts-and-circumstances test—2021.	If the organization	did not check a box	c on line 13, 16a, 1	6b, or 17a, and line	9	L
	15 is 10% or more, and if the organization me	ets the facts-and-ci	rcumstances test.	check this box and	ston here Evolai	n	
	in Part VI how the organization meets the fact	s-and-circumstance	es test. The organiz	ation qualifies as a	a publicly supporte	d	
						• • • • • • • •	[
18	Private foundation. If the organization did no	ot check a box on li	ne 13, 16a, 16b, 17	a, or 17b, check th	is box and see		
	instructions				<u></u>	· · · · · · · · ·	[

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (0, 2022	(1) 10(4)
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			<del> </del>			
	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	0	0	0	0	o	······································
7a	Amounts included on lines 1, 2, and 3				- V	Ĭ	
	received from disqualified persons					1	
b	Amounts included on lines 2 and 3				i 🔻		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		•			l	
С	Add lines 7a and 7b	0	<b>♦</b> 0	0	0	o	
8	Public support (Subtract line 7c from		<del> </del>		U	0	
	line 6.)		1.0				
Sec	tion B. Total Support		W.				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	, 0	0	0	0	(i) ictai
10a	Gross income from interest, dividends,	6		9			
	payments received on securities loans, rents,	Ť					
	royalties, and income from similar sources		<b></b>				
b	Unrelated business taxable income (less	4	· ·				
	section 511 taxes) from businesses		la.				
	acquired after June 30, 1975		a.				,
c	Add lines 10a and 10b	0	0	o			
11	Net income from unrelated business			U	0	0	
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	<del>- }</del>					(
12	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 10c, 1						(
10	and 12.)						
14		0	0]	0]	0	0	(
	First 5 years. If the Form of is for the organ organization, check this box and stop here.						_
Sec	tion C. Computation of Public Sup						<u>L</u>
15	Public support percentage for 2022 (line 8, co	port Percenta	ge . : 10	n.			
16	Public support percentage from 2021 Schedu	ula A. Dort III. line 41	y line 13, column (1	())	· · · · · ·	15	0.00%
Sec	tion D. Computation of Investment	Income Perce	antage	· · · · · · ·	<del> </del>	16	0.00%
17	Investment income percentage for 2022 (line	10c column (f) di	ided by line 13 or	Numn (fi)	T	17	0.000
18	Investment income percentage from 2021 Sci	hedule A Part III II	ne 17	линя (I <i>))</i>		17 18	0.00%
19a	33 1/3% support tests—2022. If the organiz	ation did not check	the box on line 14	l and line 15 is mo	· · · · · ore than 33 1/30/	nd line 17 ic	0.00%
	not more than 33 1/3%, check this box and st	op here. The orga	nization qualifies a	is a publicly suppo	ne man oo 1/070, s rted organization	nume i/ is	_
b	33 1/3% support tests—2021. If the organiz	ation did not check	a box on line 14 c	or line 19a, and line	16 is more than 3	3 1/3% and	· · · · · L
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a. or 19h	, check this box ar	nd see instructions		<u> </u>

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the susported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? lines 3b and 3c below.
- 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 Part VI when are bow the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization has such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part 4 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.
- 5a Did the organization add, substitute, or remove any supported an anizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 desume authorizing such action; and (iv) how the action was accomplished (such as by amendment to the oly wizing document).
- b Type I or Type II only. Was any added or substitute supported organization part of a class already designated in the organization's organizing dod ment?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a gant, lean, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3) family member of a substantial contributor, or a 35% controlled entity with regard to a substantial corributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make soan o a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete art I of Schedule L (Form 990).
- 9a Was the organization ontrolled directly or indirectly at any time during the tax year by one or more as defined in section 4946 (other than foundation managers and organizations described in section 3 (a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	12/	1
1,000,000,000	Yes	No
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10b	and the same of th	
le A (Forn	n 990)	2022

	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the fall of the second	1777445	Yes	No
а	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?			
b	A family member of a person described on line 11a above?	11a 11b	<del> </del>	<del> </del>
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	756 375653	(C_1) & C	1,4,47.7
	detail in <b>Part VI</b> .	11c	* S.M.	\$55.44.4
Sect	tion B. Type I Supporting Organizations		L	L
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1,12	**	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the law year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	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	24.46	
Sect	ion C. Type II Supporting Organizations			
	Mars a resisting of the second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a lajority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," Jescine 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).	المتراضية الم		
Secti	ion D. All Type III Supporting Organizations	11	1	
			Yes	No
1	Did the organization provide to each of its supported organization, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trust as 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 <b>Part VI</b> how the organization maintained a close and continuous washing relationship with the supported organization(s).	3.7		
3	By reason of the relationship described on line 2, hove, did the organization's supported organizations have	2		
	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 pear? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this relard.	3		and to a
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the ganization used to satisfy the Integral Part Test during the year (see inst	ructions	 :).	
a	The organization satisfied the activities Test. Complete line 2 below.			
b	The organization is the pages of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructic	ons).	
2	Activities Test. Answer lines 2a and 2b below.			No
а	Did substantially of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization is to which the organization was responsive? If "Yes," then in Part VI identify			
	tnose 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			
b	that these activities constituted substantially all of its activities.  Did the activities described on line 25, above, constitute activities.	2a	acatrigacens co	
_	Did the activities described on line 2a, above, 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	11		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			74
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organ	nizations	raye
1 Check here if the organization satisfied the Integral Part Test as a qualifying truetions. All other Type III and for the Integral Part Test as a qualifying truetions.	na true	ton Nov. 20, 1070 (contain	i- D- (10) D
instructions. All other Type III non-functionally integrated supporting orga	ng uus mizatio	n on 1904. 20, 1970 (explain	In Part VI). See
	ar nzatre	ma musi complete sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	0	
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	191	0	0
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see	7.00	<u> </u>	(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	(Jc		
d Total (add lines 1a, 1b, and 1c)	110		
e Discount claimed for blockage or other factors	14	U	0
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		r.
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for real amount,	╁╬┼	0	0
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	10	U	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section 8, column A)	1		
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Session B, line 8, column A)	3	- 100 mg/m	0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			·
emergency temporary reduction (see instructions).	6		^
7 Check here if the current year is the organization's first as a non-functionally	v inter	rated Type III supporting	0
instructions).	,cg	race Type in Supporting of	yanızatıon (See

ici	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sec	tion D - Distributions			iu)	Current Year
	Amounts paid to supported organizations to accomplish exempt purposes				Current rear
	Amounts paid to perform activity that directly furthers exem	empt purposes		1	
	organizations, in excess of income from activity	ibi baiboses oi sabboite	·u		
	Administrative expenses paid to accomplish exempt purpos	ses of supported organi-	rations	2	
	Amounts paid to acquire exempt-use assets	ses of supported organiz	ations	3	
		nrovide details in Part V	<u></u>	5	
6	Other distributions (describe in Part VI). See instructions.	provide delans in r art v	<i>)</i>	6	
7				7	
8		he organization is respo	nsive	-	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
***************************************	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Under listribution Pri-2022		(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6	9			0
2	Underdistributions, if any, for years prior to 2022				100
	(reasonable cause required—explain in <b>Part VI</b> ). See instructions.	$f^{\bullet}$		cicilos	
3					
a	Excess distributions carryover, if any, to 2022 From 2017				
<u>a</u>	C 0040	4 4			
<u>c</u>	F-0 2040	. 4 9			
d	From 2000				
<u>u</u>	From 2021				
	Total of lines 3a through 3e	<b>V</b>			
g	Applied to underdistributions of prior years	0			
h	Applied to 2022 distributable amount			0	
i	Carryover from 2017 not applied (see instructions)				0
i	Remainder. Subtract lines 3g, 3h, and 3i from line				
4	Distributions for 2022 from	0			
	Section D, line 7:				
а	Applied to underdistributions of prior years			^	
b	Applied to 2022 distributable amount			0	•
С	Remainder. Subtract lines 4a and 4b from the second	0			0
5	Remaining underdistributions for years prior to 2022, if	V.			Table and
	any. Subtract lines 3g and 4a from 12. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result peater than zero, explain				
	in Part VI. See instruction		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15		0
7	Excess distributions carryover to 2023. Add lines 3j		100 P		
	and 4c.	0			
8	Breakdown of In-				
<u>a</u>	Excess from 2018 0				
<u>b</u>	Excess from 2019				
<u> </u>	Excess from 2020 0				
<u>d</u>	Excess from 2021 0	# # # # # # # # # # # # # # # # # # #			
e	Excess from 2022	Assessment of the first of			

#### SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Beaver County Educational Trust Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (during year) . . . . 3 Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds on be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) eservation of a historically important land area Protection of natural habitat eservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified contervation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a **b** Total acreage restricted by conservation easements . . . 2b c Number of conservation easements on a certified historic structure included in (a) . . 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to consecution assement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, especting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . . In Part XIII, describe how the grammation reports conservation easements in its revenue and expense statement and 9 balance sheet, and include of applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for prevation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete the organization answered "Yes" on Form 990, Part IV, line 8. If the organization excled as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical measures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: b Assets included in Form 990, Part X

Extrement	Beaver County Educat	ional Trùst		25-	-1381854 Page
P	Organizations Maintaining Coll	lections of Art, Hist	torical Treasures.	or Other Similar Ac	costa (continuad)
3	osing the organization's acquisition, acces	ssion, and other records	s, check any of the foll	owing that make signif	icant use of its
_	conection items (check all that apply):	-	*******		
a	hamman and a second a second and a second an	d [	Loan or exchange	program	
b		e L	Other		
С					
4	Provide a description of the organization's XIII.	collections and explain	how they further the c	organization's exempt p	ourpose in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive donations of to be maintained as pa	f art, historical treasure art of the organization's	es, or other similar	. Yes No
Pa	rt IV Escrow and Custodial Arranger Complete if the organization answ 990, Part X, line 21.	ments.		V:	hamai hamai
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions or	other essets of	
b	included on Form 990, Part X?				Yes No
_				· Dil	Amount
d	Beginning balance			- 1c	
e	Additions during the year			. 1d	
f	Distributions during the year			1e	
2a	Did the organization include on amount and				
	Did the organization include an amount on	Form 990, Part X, line :	21, for estrow custo	dial account liability?	Yes X No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	planátion has been pro	vided on Part XIII	
<u>itl</u>	Endowment Funds.	4			
	Complete if the organization answ	ered "Yes" on Form			
1a			(c) Two year	rs back (d) Three years	back (e) Four years back
b	Beginning of year balance	0	0	0	0
C	Net investment earnings, gains,		<u> </u>		
-	and losses				
d	Grants or scholarships				
e	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	0	o	ol	0
2	Provide the estimated percentage of the dr	rest year end balance	(line 1g, column (a)) he	eld as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Term endowment	•			
За	The percentages on lines 2a, 2b, and 2a sho	ould equal 100%.			
Ja	Are there endowment funds of the posse organization by:	ssion of the organization	on that are held and ac	Iministered for the	
	(i) Unrelated organization				Yes No
	(III) Dalata da Cara				.   3a(i)
b	If "Yes" on line 3a(n, re the related organization in Provide in P	ations listed as require	d on Cohodula DO		3a(ii)
ļ	Describe in Part XIII the intended uses of the	e organization's endow	ment funde		3b
art	VI Land, Buildings, and Equipment.	organization o endown	nent lands.		
	Complete if the organization answe	ered "Yes" on Form 9	990 Part IV line 11s	See Form 000 D	ort V line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	1
		(investment)	(other)	depreciation	(d) Book value
a	Land	0	0		C
b	Buildings	0	0	O	<u> </u>
C	Leasehold improvements	0	0	C	<del></del>
d	Equipment	0	1,016	1,016	Ţ
e Stal	Other	0	0	O	
uidl.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X,	column (B), line 10c.)		0

0

Part VII Investments—Other Securities.		20 100 1004 Fage
Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		<u> </u>
(E)		
(F)		
(G)		
<u>(H)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0	
Part VIII Investments—Program Related.	***************************************	
Complete if the organization answered	"Yes" on Form 990	Part IV, like 11c. See Form 990, Part X, line 13.
(a) Description of investment		
(Ly a confidence of myoduloss	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Huntington Bank	880,884	
_(2)		
(3)		
(4)	A 4	
(5)	~~~	
(6)	4 36	
(7)		>
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	80.884	
Part IX Other Assets.	<b>4</b> 00,004	
	Yes" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	145 OH OHH 990, I	
(1)		(b) Book value
(2)		
(3)	<b>.</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 30 Part X, col. (B) lin	10 1E \	
Part X Other Liabilities.	ie 15.)	<u> </u>
line 25.	res" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Part X,
mic 20.		
(a) Description (1) Federal income taxes	on of liability	(b) Book value
(2)		0
(3)		
(4)	•	,
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	0
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the text</li></ol>	of the footnote to the ord	ranization's financial statements that recent the
organization's liability for uncertain tax positions under FASB ASC	740. Check here if the to	ext of the footnote has been provided in Part XIII

Schedule D (F	orm 990) 2022	Beaver County Educational Trust	25-1381854	Page 🕹
Part XIII	Supplen	nental Information (continued)	20 100 100-7	raye
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	<i>[</i>			
	·X	<u></u>		
		<u> </u>		

#### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Beaver County Educational Trust	25-1381854
Form 990, Part IV, Section B, Line 11A: The Board and Managing Director review tax return	
prior to filing.	
Form 990, Part IV, Section B, Line 12C: Board members are required to annually sign a conflict	
of interest disclosure statement.	
Form 990, Part IV, Section B, Line 15: The Board sets Managing Director salary.	<b></b>
Form 990, Part IV, Section C, Line 19: The Board makes documents available upon request.	)
. (1	
·	

Name of the organization	Page
	Employer identification number
Beaver County Educational Trust	25-1381854
	An.
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	<i></i>
<b>*</b>	
7.	
V	
<u> </u>	

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

### **Charitable Organization Registration Statement**

BCO-10 (rev. 2/2022)

Fee: See instructions

Read all instructions prior to completing form.

Certifi	cate number:(N/A if initial registration)	If the internal control of the contr			
	(N/A if initial registration)	If this is a voluntary registration, check and complete th applicable box(es). For a registration to be voluntary, at			
Fiscal	vear ended:	least one of the following must apply:			
i iscai	year ended: 12/312022 MM DD YYYY	Organization is exempt from registration because			
		Organization does not solicit contributions in			
FEIN:	25-1381854	Pennsylvania			
1.	Legal name of organization: Beaver County Edu	cational Trust			
		name			
2.					
<i>2</i> .	All other harnes used to solicit contributions:				
3.	Contact person: Jamie M Connelly	Contact's e-mail: jmconnelly@gmail.com			
4.	Principal address of organization:	Mailing address (if different than principal address):			
	PO Box 216				
	Beaver PA 15009				
	County: Beaver	Phone number: (724) 513-1633			
	800 number:				
	Email (if different than Contact's email):				
	Website:				
5.	Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  Non Profit Corporation				
	Where established: Beaver PA	Date established:* 01/15/1980			
	*Initial registrants must submit copies of organizational de	ocuments such as charter, articles of incorporation,			

constitution or other organizational instrument and by-laws.

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)
7.	Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) — Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) — Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) — Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) — Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
В.	Date organization first solicited contributions from Pennsylvania residents:
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

	eaver County Educational Trust  Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(c)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes X No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):  Direct Contact
,	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.  To promote education among students in Beaver County in grades K through 12 by providing financial support to individuals for creating unique programs which faciliate or enhance learning experience of these students.
14.    -	Is the organization registered to solicit contributions in any other state or municipality?  Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	f "Yes," give the date the person or entity started or will start soliciting contributions from  Pennsylvania residents:    Month Day Year
! (	Names, addresses, and telephone numbers of all professional solicitors the organization uses or ntends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	None

Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)  None    19.   If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")   Yes   No   Not Applicable   If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)    20.   Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")   Yes   No   Not Applicable   If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)    Legal name of parent organization   Pennsylvania certificate number   Pennsylvania ce	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)  None    If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")   Yes   No   Not Applicable   If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)    One	17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)
None  9. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")    Yes	None  9. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No Not Applicable  If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  10. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  Legal name of parent organization  Pennsylvania certificate number  1. Provide the names and addresses of all officers, directors, trustees and principal salaried execut staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		None
elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")	elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")	8.	the organization: (Attach a separate sheet if necessary)
elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")	elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization")		
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  1. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  1. Yes, "provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  1. Pennsylvania certificate number  1. Provide the names and addresses of all officers, directors, trustees and principal salaried exect staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  1. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  1. Yes, "provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  1. Pennsylvania certificate number  1. Provide the names and addresses of all officers, directors, trustees and principal salaried execut staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)	9.	elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate
combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  Legal name of parent organization  Pennsylvania certificate number  Provide the names and addresses of all officers, directors, trustees and principal salaried exect staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)	combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  Legal name of parent organization  Pennsylvania certificate number  Provide the names and addresses of all officers, directors, trustees and principal salaried execut staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent
combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  Legal name of parent organization  Pennsylvania certificate number  Provide the names and addresses of all officers, directors, trustees and principal salaried exect staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)	combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")  Yes No Not Applicable  If "Yes," provide the name and, if available, certificate number of the parent organization.  (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)  Legal name of parent organization  Pennsylvania certificate number  Provide the names and addresses of all officers, directors, trustees and principal salaried execut staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		
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<ul> <li>Provide the names and addresses of all officers, directors, trustees and principal salaried execustaff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)</li> </ul>	<ul> <li>Provide the names and addresses of all officers, directors, trustees and principal salaried execut staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)</li> </ul>		(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent
staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)	staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		Legal name of parent organization Pennsylvania certificate number
See Attached	See Attached	١.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
			See Attached

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary) A. Are in charge of solicitation activities: Jaime Connelly PO Box 216 Beaver PA 15009 B. Have final responsibility for the custody of contributions: Jaime Connelly PO Box 216 Beaver PA 15009 C. Have final responsibility for final distribution of contributions: Jaime Connelly PO Box 216 Beaver PA 15009 D. Are responsible for custody of financial records: Jaime Connelly PO Box 216 Beaver PA 15009 23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: A. Any other officer, director, trustee, or employee? Yes B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\* Yes X No \*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties. 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever: A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, (If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

**Certification** – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date				
Type or print name and title of Chief Fiscal Officer					
Signature of Other Authorized Officer	Date				
Jamie M Connelly, Exec Director					
Type or print name and title of Other Authorized Officer					
Checklist for registration:					
Completed registration statement properly significant	gned and dated.				
A copy of the IRS 990/990EZ/990PF/990N R signed and dated by an authorized officer	eturn and required schedules,				
Public Disclosure Form BCO-23 (if required)					
Applicable Financial Statements (audited, reverse)	viewed, compiled or internally				
Registration fee and any late filing fees					
Initial Registrants Only: IRS determination let charter and by-laws.	iter, articles of incorporation or				
See Instructions for more information on completing this form and attachments.					

## PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

	ORGANIZATION NAME: Beaver County Educational Trust  CERTIFICATE NUMBER: FOR FISCAL YEAR ENDED:			
Part i	: Gross Contributions			
	1) General Contributions		1	133,888
	2) Gross Receipts from Special Events		2	
	3) Contributions from Affiliates		3	
	4) Contributions Received from Federated Fundraising Organizations		4	
	5) Receipts from Membership Dues in Excess of Bona Fide Dues		5	
	6) Gross Contributions (add lines 1 through 5)		6	133,888
Part I	: Other Income			
	7) Program Service Revenues		7	
	8) Bona Fide Membership Dues and Assessments		8	
	9) Government Grants and Contracts		9	
1	0) Miscellaneous Income		10	25,362
1	1) Total Income (add lines 6 through 10)		11	159,250
Part II	: Expenses			
1	2) Program Services		12	127,176
1	3) Administrative Expenses		13	159,424
1	4) Fundraising Expenses		14	27
1	5) Payments to Affiliated Organizations		15	
1	6) Other Expenses from Special Events (other than fundraising expenses)		16	
1	7) Miscellaneous Expenses		17	
1:	3) Total Expenses (add lines 12 through 17)		18	286,627
Part IV	: Net Assets			
19	e) Excess or (Deficit) for the Year (subtract line 18 from line 11)		19	-127,377
20	) Net Assets or Fund Balances at Beginning of Year		20	1,044,071
2	) Other Changes in Net Assets or Fund Balances (attach explanation)		21	
22	Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)		22	916,694
/S	ee Next Page for "Salaries and Expense Allowance Statement")			

### SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employee	s:		
1			
			***************************************
		Personal designation of the second designati	***************************************
<u>.                                    </u>			
Officers:			
			**************************************
		epatron.	
			***
West - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			

#### BEAVER COUNTY EDUCATIONAL TRUST BOARD OF TRUSTEES 2022

Mark Breedlove Keystone Profiles Ltd. 220 7th Avenue

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mbreedlove@keystoneprofiles.com

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iycomior747@gmaii.com

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c) 386-748-3635

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724.622.2434

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c) 724-544-2019

Cristine Wagner-Deitch Beaver School District 1300 Fifth Street Beaver, PA 15009

wagnerdeitchc@basd.k12.pa.us

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w) 724-728-5800 ext. 211

c) 412-956-5339

Jamie Connelly 501 4<sup>th</sup> Street Beaver, PA 15009 <u>imconnelly@gmail.com</u>

c) 724.513.1633