990 eorm

Return of Organization Exempt From Income Tax

coction 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except private foundation

2023

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.

A	For the	2023 ca	endar year, or tax year b	eginning		Contracting and an experience and	, and e	nding		11-4757		-1	
В	heck if ap	plicable:	C Name of organization	Beaver County	Educational Tr	ust			D Employe	r identifica	ion nun	nber	
_ A	ddress ch	nange	Doing business as				T=		05 400 10-				
\lnot.			Number and street (or P.O.	box if mail is not o	delivered to street	address)	Room/suite	1	<u>25-138185</u>				
<u></u> '	lame chai	nge	PO Box 216						E Telephon	e number			
] I	nitial retur	n	City or town		Sta		ZIP code		(724) 513-	1633			
٦,	inal return/t	arminatad	Beaver		PA		15009			6			
	mai retumi	emmacu	Foreign country name	Foreign p	province/state/cour	nty	Foreign postal	code	0 0			17	76,72
] /	mended i	return						A CONTRACTOR OF THE PARTY OF TH	G Gross re	cerpus a			
\neg	Application	nendina	F Name and address of princi	ipal officer:				H(a) is th	nis a group return	for subordina	es?	Yes	X N
′ لــــ	ppiicatioi	, penang	Jamie M Connelly PO B		er PA 15009			H(b) Are	all subordina	tes included	?	Yes	N
			· · · · · · · · · · · · · · · · · · ·	OX 2 10, DCG 1		1	. П		No," attach a l				
i	Tax-exem	pt status:	X 501(c)(3) 501(c)	((insert no.)	4947(a)(1) or 527		rio, aliabira				
J	Website:	bea	vercountyeducationaltru	st.org				H(c) Gro	oup exemption	number			
·	Earm of a	rganization	: X Corporation Tru	ıst Associa	tion Other		L Yes	of forma	ation: 1980	M Stat	e of lega	l domicile:	P
Name and Address	CONTRACTOR OF THE PARTY OF THE							V					
Li	artl		mmary	le missies or a	mont nignificar	at activitie	The	mission	of the Bea	ver Cour	ity		
m	1	Briefly o	lescribe the organization	S mission or i	nost signincai	of Danie				101.0001			
ğ		education	onal trust is to promote e	ducation amo	ung students (of Beave	County, PA	ur grade	55 N				
Activities & Governance		through	by providing financial su	ipport to indivi	idual teachers	tor deve	lobing unique)					
Ver	2	Check t	his box if the org	anization disc	continued its o	perations	s or disposed	of more	e than 25%	of its net	asset	S.	
Ö	3	Number	of voting members of th	e aovernina b	ody (Part VI, I	line 1a) 🎤				3			1
ෂ	4	Number	of independent voting n	nembers of the	e governing bo	odv (Part	W. line 1b).			4			1
68	1	Total	mber of individuals emp	loved in calen	dar vear 2023	(Part V	line 2a)			5			
Ę	5	Total nu	mber of individuals empl	moto if no coo	ond	1. 046				6			
ŧ	6	lotal nu	mber of volunteers (estin	nate if necess	saly)	12-40	• • • • •			7a			
₹	7a	Total ur	related business revenu	e from Part V	III, columnac)	, me 12				7b			
	b	Net unr	elated business taxable i	income from I	orm 990-1, Pt	art I, line	<u> 11</u>	; : : :	· · · · ·	170			
					will co				Prior Year		- Ci	urrent Year	
•	8	Contrib	utions and grants (Part V	/III, line 1h) .					1;	33,888		1	26,84
Ž	9	Program	n service revenue (Part \	VIII, line 2g).	()					0			
Revenue	10	Investm	ent income (Part VIII, co	lumn (A), line	s 3, 4, and 7d)				25,362			28,88
8	11	Other r	evenue (Part VIII, column	n (A) lines 5	6d 8c. 9c. 10d	c. and 11	e)			0			7.4
	12	Total ray	venue—add lines 8 through	h 11 (mustean	al Part VIII, coli	umn (A). I	ine 12)		1	59,250		1	63,1
		Cronto	and similar amounts paid	d (Part IX	men (A) lines	13)				0			
	13	Grants	and similar amounts paid s paid to or for members	(Part IV solu	ma (A) line (A)	1O) 1		 		o			
	14							-	31,050				34,7
es	15		, other compensation, emp					 		0	w		
Expenses	16a	Profess	ional fundraising fees (R	art IX, column	1 (A), line 11e)	1		100000000000000000000000000000000000000		A1134 J. A2			
9	b		ndraising expenses (Par				(4					C4 4
Ш	17		xpenses (Part IX, colum							55,577			61,4
	18	Total ex	penses. Add lines 13-1	7 (must equal	Part IX, colum	nn (A), lir	ne 25) . . .			86,627			96,2
	19	Reveni	ie less expenses, Subtra	et line 18 from	n line 12	<u>.</u> .			-1	27,377			66,9
7 6								Begin	ning of Curre	nt Year	E	nd of Yea	
ag :	20	Total as	ssets (Part X, line 16)						9	15,678		1,1	<u>101,9</u>
88.0	21		abilities (Part X, line 26).							0			
Net Assets or	22	Not see	sets of fund balances. Su	ibtract line 21	from line 20				9	15,678		1,1	101,9
				aba dot iii.o E i									
	art II	31	gnature Block ry, I declare that have examine	ad this return incl	udina accompanyi	na schedule	es and statement	s and to t	the best of my	knowledge			
Und	ier penaiti	ies or penu	ry, I declare that inave examine rect, and complete. Declaration	of preparer (other	than officer) is ba	sed on all ir	nformation of whi	ch prepare	er has any kno	wiedge.			
anc	Deller, it i	l ude, con	ed, and complete. Declaration	or propuler (allier									
Si	gn								Date				
	ere	"	nature of officer				F *****	. Direc					
		<u>Ja</u>	mie M Connelly				EXE	c Direc	101				
		Тур	e or print name and title									TIM .	
		Pr	nt/Type preparer's name		Preparer's signa	iture		Da	nte	Check	¬ " [ˈ	PTIN	
Pa	aid		. O. F. H		Konnoth E II	oremon-			5/5/2024	self-emplo		2001090	33
	epare	r Ke	nneth E Herrmann		Kenneth E H	ennidill)			T			20.000	
	se Onl		m's name Herrmann 8	& Loll Inc CPA	\				Firm's EIN	27-38			
-		- 1	m's address 1417 Third	St, Beaver, P.	A 15009				Phone no.	724-3	71-072	26	
			iss this return with the pr			instructio	ns				. Г	X Yes	
M	av tne II	ro aisci	iss this return with the pr	charci 2110MII	I and set oee i	และเฉษย์	110						

Part	IV Checklist of Required Schedules			F
		$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
_	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-		 ^-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		├^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	-		├^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		 ^-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		Х
	"Yes," complete Schedule D, Part I	-		├^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			┝
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
_	complete Schedule D, Part III	-		┝
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	9		Х
	riegotiation scretocs: if rea, complete conducto 2, runtit	-		├ ^
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.	\$100 miles	94944	10000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	х	
	Schedule D, Part VI	110	 ^-	\vdash
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		 ^
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110	 ^	+-
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX.	11e	-	\^ X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	116	 	 ^
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	 '''	╁	十个
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		X
	Schedule D, Parts XI and XII	120	 	+^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line-12a, then completing Schedule D, Parts XI and XII is optional	12b		X
44	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
13		14a	 	 x
14a	Did the organization maintain an olive, amployees, or agents outside of the officed states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	+-	十
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
4 55	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	1	+~
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.3	T	+
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	+
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	1	X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	+
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X	
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 '	Ť	1
19	If "Yes," complete Schedule G, Part III.	19	1	X
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	T	$\frac{1}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		†
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	+	+
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on i art in, column (r. y, into i : ii i roo, complete collegio i, i arte i arte ii : i i i i i i			

Pan	Checklist of Required Schedules (continued)			more desired to the same of th
10.120.000			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			ı
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Χ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
	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 1	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
		27		Х
28	persons? If "Yes," complete Schedule L, Part III			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If Yes, "complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ŀ
	sections 301.7701-2 and 301.7701-3? If Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			١
	III, or IV, and Part V, line 1 .	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, aid the organization receive any payment from or engage in any transaction with a controlled	l		١.,
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├	×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			١.,
	organization? If "Yes," complete Schedule R, Part V, line 2	36	├	×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	┼──	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		1	,,
922	19? Note: All Form 990 filers are required to complete Schedule O	38	<u> </u>	X
. ∤aî	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		T.:	닏
		. 3.03503	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			が対し
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	<u> X</u>

	test are time to a did the organization file all required federal employment tax returns:			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3	<u> </u>	X
3a	Did the organization have unrelated business gloss income of \$1,000 of more among an explanation on Schedule O	. 31	<u> </u>	X
b	Did the organization have unrelated business gloss income of \$7,500 or many an explanation on Schedule O			1
4a	If "Yes," has it filed a Form 990-1 for this year? If "No "to line ob, provide an expension of a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other financial account)?	. 4	a	X
	a financial account in a foreign country (such as a bank account, securities account, or early members and			
b				
	The state of the s	. 5	a	X
5a	and the product of prohibited tay energy transaction at any time during the tax years	5		X
b	Did ony tayable party notify the organization that it was or is a party to a prohibited tax shoter transaction	5		$\frac{1}{x}$
C	The state of the propriet of the Form 8880-17	. h	`	+^
6a	- use received by a applied gross receipts that are normally diedler than \$100,000, and are the	ء ا		X
va		· -	<u>a </u>	+^
L	organization solicit any contributions trial were not tax decades to the organization include with every solicitation an express statement that such contributions or if "Yes," did the organization include with every solicitation an express statement that such contributions or	۔ ا	.	
b	were not toy deductible?	· 6	b	X
_	gills were not take the describe contributions under section 170(c).			
7	Organizations that may receive deductible contributions and partly for goods Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100		
а	the second death of the newer's		a	— X
	and services provided to a pay the depay of the value of the goods or services provided?	. 4	b	<u></u> ×
b	If "Yes," did the organization notify the dollor of the value of the general property for which it was Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	Did the organization sell, exchange, or otherwise dispose of targets produced by the first series 2022	· L	'c	X
	required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	'	7e	X
е	Did the organization receive any funds, directly of indirectly or pay personal benefit contract?	. [7f	Х
f	Did the organization receive any funds, directly of indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	[7g	
g	If the organization received a contribution of qualified intellectual property, the trib organization file a Form 1098-	o?. [7h	
h	If the organization received a contribution of qualified intellectual property, data to eigenize the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file and the contribution of cars, boats, airplanes, or other vehicles, did the organization file and the contribution of cars, and the cars and the			
8	If the organization received a contribution of cars, boats, airplants, or section to the section of the section	.	8	
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.		9a	
а			9b	
b	Did the sponsoring organization make a distribution to a donor, donor, donor, do not related persons			
10	Section 501(c)(7) organizations, Enter:			
а	trivialize food and capital contributions included on Part VIII, line 12.	Ş		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	Î		
а	Cross income from members or shareholders			
b	Gross income from other sources (De not net amounts due or paid to other sources			
			12a	en egy pagning 1544.
12a	to a work that the county of a stable trusts is the organization filling rolling and in lieu of the county of the	· ·		
b	If "Ves" enter the amount of tax-exempt interest received of accided during the year.			
13		1	13a	
a	the state of the s	٠. ا	100	
_	the instructions or additional information the organization must report on deficultion			
b	organization is required to maintain by the states in which			
_	the experience is likewised to issue qualified health plans.			
c			14a	
14a	Y Indoor tonning confices fulfilled lift ldx vcal (14b	-+
b	The second those payments? If "NO " DIOVIDE all Explanation on Concesso S		140	
15	the approximation subject to the section 4960 tax on payment(s) of more trial of 1,000,000 in terms		!	
13	excess parachute payment(s) during the year?		15	26-77-670
	excess paracriate payment(s) during the years and the Form 4720. Schedule N			
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	
16	Is the organization an educational institution subject to the section 4500 excise tax of the section		88.	
	If "Yes," complete Form 4720, Schedule O.		1	
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities		17	
	Section 501(c)(21) organizations. Did the trust, of any disqualified of other person, and other person, and the trust, of any disqualified of other person, and other person, are person, and ot			-5.5
	If "Yes," complete Form 6069.		I received	000
-			Form	990 (

Form 990 (2023)

Part V

Part VI

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

Secti	on A. Governing Body and Management			
	: t		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l	I	
	If there are material differences in voting rights among members of the governing body, or	- 1		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	- 1		
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2		Х
_	Did the organization delegate control over management duties customarily performed by or under the direct			
3	Did the organization delegate control over management duties customanly performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_ X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			Kit.
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
000	Con D. Foliolog (Fine coolier D.) of account D.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	Beautive
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	†
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	1
С		12c	Х	1
	describe on denedate of non time nac again.	13	X	1
13	Did the organization have a written whistleblower policy?	14	X	╁──
14	Did the organization have a written document retention and destruction policy?	14		1800
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4882		l
а	The organization's CEO, Executive Director, or top management official.	15a	+	┼
b	Other officers or key entployees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
16a	Did the organization invest in, sontribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	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)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
10	and financial statements available to the public during the tax year.	•		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Jamie Connelly (724) 513-1633	3		
	PO Box 216, Beaver, PA 15009			
	, 0 00, - 0, - 00, - 0, - 0, - 0, - 0,			

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

A Check this box in fleither the organization flor any	, tolatod organia								······································	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ox ic Individual vustee or director	unles	s per	tion nore t son is	han on a poth a poth a poth a compensated	ın 🏻	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amour of other compensation from the organization and related organization
(1) Mark Breedlove	1.00									
Trustee	0.00	X								<u> </u>
(2) Dan Donnelly	(1.00	6	Π							
Trustee	0.00	X	l							
(3) Joseph Guarino	1.00	ī								
Trustee	0.00	X								
(4) Jim Masterson	1.00		Т							
Trustee	0.00	X								
(5) Dennis Nichols	1.00		Τ							
Trustee	0.00	X								
(6) Roger Davis	1.00									
Trustee	0.00	o x								
(7) Jodi Oliver	1.00	-	T							
Trustee	0.00	-1								
(8) Victor Raskovsky	1.00	_	T	T						
Trustee	0.00	I								
(9) Daniel Rossi-Keen	1.00		T	T						
Trustee	0.00									
(10) Joseph Rubino	1.00		1							
Trustee	0.0	+ 1								
(11) Todd Todorich	1.0		1	1						1
Trustee	0.0									
(12) Christine Wagner-Deitch	1.0		\top	T						
Trustee	0.0									
(13) David Wytiaz	1.0		1		T		Γ			
Trustee	0.0									
	2.0		T	T	T		Π			
(14) Michael B Jones President	0.0			X						
Flesident										QQA /

Part VII	Section A. Officers, Directors, Tru	ıstees, Key Em _l	oloye	es,	and	iHi:	ghes	t C	ompensated Em	ployees (contir	nued)
					-	C)					
	(A)	(B)	(do r	not ch		ition more	than o	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount
		hours per week				T ECT	or/trust	ee) Ti	compensation from the	compensation from related	of other compensation
		(list any hours for	Individual trustee or director	Institutional truster	Officer	ey e	mpic mpic	omie	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related	ecto	ij	٦	를	st cc	H,	1099-NEC)	1099-NEC)	related organizations
		organizations below	trust	2		yee	mpe				
		dotted line)	ee	stee			Highest compensated employee				
							e e			į.	
(15) Daniel F	Rossi-Keen	2.00							t. Miss	V	
Vice Presiden		0.00	ļ		Х						
	Kretchmar	2.00							1	4	
Treasurer	100	0.00	 		Х				4		
	A Connor	2.00 0.00			x			é			
Secretary (18) Jamie C	Connelly	20.00	 	-	^			+			
Exectutive Dir		0.00	1			x	х	Ì			
(40)			 	<u> </u>			d		· ************************************		

(20)											
					L	P. Carlot	V.,	4			<u> </u>
(21)				4	dia.		***				
(0.0)			4				4	<u> </u>			
(22)				4		•					
(23)				-	4	-		┢			
757											
(24)	~~~~		-	·		 					
(25)		4 <u>\</u>									
			<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			
1b Subtota		. E' 1000.		•					0	<u>O</u>	
	om continuation sheets to Part VII, S	ection A			٠				0	0	
	dd lines 1b and 1c)			box		· ·	· ·	· · · ·	0 mare then \$100	000 of	0
	ble compensation from the organization	s. 🐠	ieu a	DOV	e) v	VIIO	recei	vec	i more tran \$ 100,	,000 01	0
теропал	Se dompensation nom the organization										Yes No
3 Did the	organization list any former officer, dire	ector, trustee, ke	/ emp	oloy	ee,	or h	ighes	st co	ompensated		72
	ee on line 1a? If "Yes," complete Sched						_				3 X
4 For any	individual listed on line 1a, is the sum	of reportable con	npens	satio	on a	nd o	other	cor	mpensation from		
	anization and related organizations grea									1	
individu	al										4 X
5 Did any	person listed on line 1a receive or acci	rue compensatio	n fror	n ai	ny u	nrel	ated	org	anization or indiv	idual	
	ces rendered to the ofganization? If "Y	es," complete Sc	hedu	ile J	for	suc	h per	sor	7		5 X
	dependent Contractors										
	te this table for your five highest compe										.
compen	sation from the organization. Report co	impensation for i	ne ca	alen	uar	yea	r end	ing		organization s	
	(A) Name and business add	ress							(B) Description of serv	rices	(C) Compensation
						*******		T	-		0
											0
											0
											0
							• •	<u> </u>		Harry for the form	0
	mber of independent contractors (inclu		ed to	tho	se l	ıste	d abo	ve)	who received		
more th	an \$100,000 of compensation from the	organization					<u> </u>			f-Assess	

***********	VALUE OF THE PROPERTY OF THE PARTY OF THE PA	THE PERSON NAMED OF THE PE	THE RESERVE OF THE PERSON NAMED IN	Paranua
122544	10 PER 1	~		*

		Check if Schedule O contains a response	e or r	note to any line in	this Part VIII			[_]
		***************************************			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						randion roverso		sections 512-514
s	1a	Federated campaigns	1a	0				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b	0				
5 5	С	Fundraising events	1c	0				
Ş K	d		1d	0				
2 =	е	Government grants (contributions)	1e	0				
ns,	f	All other contributions, gifts, grants, and				4.		
유발		similar amounts not included above	1f	126,841			N.	
호	q	Noncash contributions included in						
E S	3	1	1g	s o				
2 g	h	Total. Add lines 1a–1f			126,841			
				Business Code				
8	2a		[Q			
ه ∑	b		- 1		Ò	,		
Se	С				0			
E 3	d		1		0			
Program Service Revenue	е				(0			
F	f	All other program service revenue	l		<u>\</u> 0			
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, into		3				
		other similar amounts)			28,882	28,882		
l	4	Income from investment of tax-exempt bond	d pro	ceeds ˌ 🗫 🦼	0			
	5	Royalties			0			
	_	(i) Real		(ii) Personal				
1	6a	Gross rents					200	
	b	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0	U U	0		0.00	
	d	Net rental income or (loss)	ies	(ii) Other	U			
	7a	sales of assets	4900		100		1997 200	
		other than inventory 7a		0				
a	b	Less: cost or other basis		-				
Ĭ,	D	and sales expenses 7b	\ 0	o				
Revenue	С	Gain or (loss)	10	0				
_	d				0			
Othe	8a	Net gain or (loss)						
ō		events (not including \$						
		of contributions reported on line 1c.					in the second	
		See Part IV, line 18	8a	21,005				
	b	Less: direct expenses	8b	13,594				
	С	Net income or (loss) from fundraising even	ts		7,411			
	9a	Gross income from gaming activities.						egrade artist and
		See Part IV, ine 19	9a	0				
	b	Less: direct expenses	9b	0	0			
	С	Net income or (loss) from gaming activities			U			
	10a	Gross sales of inventory, less	40-	,				
			10a 10b	0		1000		
		2000. 00010. 90000 00		<u> </u>	C	1		
	С	Net income or (loss) from sales of inventor	<u>y · · · </u>	Business Code				
Miscellaneous Revenue	11a				i c)		A STATE OF THE STA
cellaneo Revenue	b				Č			
i de i	c				C			
Sc. Re	d	All other revenue			0)		
Z	e	Total. Add lines 11a-11d			(
	12	Total revenue. See instructions			163,134	28,882		0 0

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	mpiete column (A).	
	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		<u> LJ</u>
Do r 8b, 9	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			4	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		4.2	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		A		
•	trustees, and key employees	0	€	` ` 0	
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	V		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		€		
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	34,77 6	34,775		
11	Fees for services (nonemployees):	A 4			
''a	Management	₹ € 0			
b	Legal	4 0	b.		
C	Accounting	1,650	1,650		
d	Lobbying	1 0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount list line 11g expenses on Schedule ()	T € o		0	
12	Advertising and promotion	1,755	1,755		
13	Office expenses	1,027	1,027		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	265	265	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 19% of line 25, column		No. of the second		
	(A), amount, list line 24s expenses on Schedule O.)				
а	Program Expenses	42,112	42,112		
b	Administrative Expenses	7,090	7,090		
c	Investment Fee	7,538			
d	investment 1 co	O			
e	All other expenses	C)		
25	Total functional expenses. Add lines 1 through 24e	96,212	96,212	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2023)

Pe	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X.			
		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34,794	1	70,558
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	Ó	5	
	6	Loans and other receivables from other disqualified persons (as defined	An. 40 S.		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)) O	6	
ts	7	Notes and loans receivable, net	/ ``*0	7	0
Assets	8	Inventories for sale or use	⊘ €€0	8	38,817
ď	9	Prepaid expenses and deferred charges	/~~~ O	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2,336			
	b	Less: accumulated depreciation 10b 1,280	0	10c	1,056
	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	880,884	13	991,532
	14		0	14	0
	15	Intangible assets	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	915,678	16	1,101,963
	17	Accounts payable and accrued expenses	0	17	60
	18		0	18	
	19	Grants payable	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
en en	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
I	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, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	60
စ္မ		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
<u>8</u>	27	Net assets without donor restrictions	873,178	27	1,059,403
Ä	28	Net assets with donor restrictions	42,500	28	42,500
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete (mes 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
189	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
et /	32	Total net assets or fund balances	915,678		1,101,903
Ž	33	Total liabilities and net assets/fund balances	915,678	33	1,101,963
					Form 990 (2023)

	330 (2023) Deaver County Educational Trust	<u> </u>	7-100100-7	- Cac	de l'es
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		163	3,134
2	Total expenses (must equal Part IX, column (A), line 25)	2		96	6,212
3	Revenue less expenses. Subtract line 2 from line 1	3		66	5,922
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	***************************************	915	5,678
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		119	9,303
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))				
Marking Street		10		<u>1,101</u>	1,903
Par	t XII Financial Statements and Reporting	€.			\Box
	Check if Schedule O contains a response or note to any line in this Part XII.			·	닏
			r 1877	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
_	Schedule O.			J	Maria
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1953	
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	10,000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process of selection process during the tax year, explain on				
	Schedule O.		983		
3a					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>	—	X
b					١
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u> </u>	. 3b		X
			Form	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Beav	ver (County Educational Trust					25-138	31854	_
Par	CONTRACTOR OF THE PARTY.	Reason for Public Chari							_
The	orga	anization is not a private foundati	· ·	-					
1		A church, convention of churche	es, or association of	f churches described in	section '	170(b)(1)(A)(i).		
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		*		
3		A hospital or a cooperative hosp	oital service organiz	ation described in sect	tion 170(b)(1)(A)(iii).		
4		A medical research organization hospital's name, city, and state:	•	nction with a hospital de	escribed ir	section	170(Б)(1)(Å)(iii). En	ter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned o	or operate	d by a go	ernmental unit desc	ribed in	-
6		A federal, state, or local govern		tal unit described in se	ction 170	(b)(1)(A)(v).		
7	X	An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	nit or from the gener	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part I	1.)	44000000			
9		An agricultural research organiz or university or a non-land-gran university:	zation described in s it college of agriculti	section 170(b)(1)(A)(ix ure (see instructions). I) operated Enter the r	in conjur ane, city	ection with a land-gra , and state of the col	ant college lege or	
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization aff	o its exempt functio income and unrelate	ns, subject to certain è ed business taxable in	xceptions come (less	; and (2) r s section 5	no more than 33 1/39	% of its	-
11		An organization organized and			do-	-	(a)(4).		
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a	(1) or sec	tion 509(a)(2). See section 5	09(a)(3).	
_	.		•						
а	l	Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a	majority o	of the direc	ctors or trustees of th	ne supporting	
b)	Type II. A supporting organiz control or management of the organization(s). You must c	zation supervised or e supporting organi	controlled in connection	on with its me perso	supported ns that co	d organization(s), by ntrol or manage the	having supported	
c		Type III functionally integra			n connecti	on with a	nd functionally integ	rated with	
	,	its supported organization(s)	(see instructions).	You must complete P	art IV, Se	ctions A,	D, and E.	atod mas,	
C	I	Type III non-functionally in that is not functionally integr	tegrated. A support ated. The organizat	ting organization opera ion generally must sati	ited in con sfy a distr	nection wibution red	ith its supported org quirement and an att	anization(s) entiveness	
e	•	requirement (see instruction Check this box if the organia						e III	
		functionally integrated, or Ty	pe III non-functiona				71 . 71 . 71	<u> </u>	_
f		Enter the number of supported	organizations)
		Provide the following information		ed organization(s). (iii) Type of organization	(iv) Is the o	ranization	(v) Amount of monetary	(vi) Amount of	_
	(1)	Name of supported organization	(ii) EIN	(described on lines 1–10 above (see instructions))	listed in you	r governing nent?	support (see instructions)	other support (see instructions)	
					Yes	No			
(A)									
(B)									-
(C)									-
(D)									_
(E)									-
Tota	al .						0		<u> </u>

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Section A. Fublic	Support	,			·			
Calendar year (or fiscal	year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
1 Gifts, grants, cont membership fees include any "unus		166,416	121,531	82,557	133,888		126,841	631,23
2 Tax revenues levi	ed for the nefit and either paid					4		i
• •	ices or facilities vernmental unit to the out charge							
-	through 3	166,416	121,531	82,557	.d33,8 88		126,841	631,23
governmental uni								
shown on line 11,	column (f)							
	stract line 5 from line 4				<u>U, </u>			631,23
Section B. Total S					<u> </u>	1		
Calendar year (or fiscal	year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022) 2023	(f) Total
7 Amounts from line	∍4	166,416	121,531	82,557	133,888		126,841	631,23
	m interest, dividends,		₽ **					
• •	d on securities loans,							
rents, royalties, a similar sources .	nd income from	128,206	57,736	186,958	25,362		28,882	427,14
activities, whethe	unrelated business r or not the business is on	4						
loss from the sale	o not include gain or e of capital assets l.)							
11 Total support. A	dd lines 7 through 10		•					1,058,37
12 Gross receipts fro	om related activities, etc. (s	see instructions)				12	<u> </u>	
organization, che	he Form 990 is for the org ck this box and stop here	· X · · · · · · · · · · · · · · · · · · ·			a section 501(c)(3)			[
	utation of Public Su					·		
	rcentage for 2023 (line 6					14		59.649
	rcentage from 2022 Sche					15	<u> </u>	58.81°
and stop here. T	test—2023 of the organia he organization qualifies	s a publicly suppor	ted organization .					[3
	test—2022. If the organize. The organization qualif							[
10% or more, and Part VI how the o	ircumstances est—202 d if the organization meets rganization meets the fact	the facts-and-circu s-and-circumstance	mstances test, che es test. The organi	ck this box and st	op here. Explain ir	1		
b 10%-facts-and-o 15 is 10% or more in Part VI how the	circumstances test—202 e, and if the organization re e organization meets the fa	2. If the organization neets the facts-and acts-and-circumstan	on did not check a li- circumstances tes nces test. The orga	t, check this box a nization qualifies a	ind stop here . Exp as a publicly suppor	lain rted		[
	on. If the organization did					· · ·	· · · · ·	[

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

(Complete only if	you checked the box o	n line 10 of Part I or	if the organization f	ailed to qualify under	Part II.
If the organization	n fails to qualify under the	he tests listed below	v, please complete F	Part II.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					(,	
	unrelated trade or business under section 513				. Arc.	V	
4	Tax revenues levied for the						
	organization's benefit and either paid to					, l	
	or expended on its behalf					*:	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			İ)		
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3			•			
	received from disqualified persons						
b	Amounts included on lines 2 and 3				X		
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>				
С	Add lines 7a and 7b	0	. ♦ 0	0	0	0	
8	Public support (Subtract line 7c from						
	line 6.)		4, //				
	tion B. Total Support		X	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 🗬	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	- C					
	royalties, and income from similar sources	(a					
b	Unrelated business taxable income (less	~					
	section 511 taxes) from businesses		*				
	acquired after June 30, 1975						
c	Add lines 10a and 10b	<u> </u>	0	0	0	0	
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 8, 10c, 11	_	_		_		
	and 12.)	0	0			<u> </u>	
14	First 5 years. If the Form 490 is for the orga			=			
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su					T	
15	Public support percentage for 2023 (line 8, c		-			15	0.0
16	Public support percentage from 2022 Sched			 		16	0.0
Sec	tion D. Computation of Investmen			····		T	
17	Investment income percentage for 2023 (line					17	0.0
18	Investment income percentage from 2022 S					18	0.0
19a	33 1/3% support tests—2023. If the organ						
	not more than 33 1/3%, check this box and s	-					
b	33 1/3% support tests—2022. If the organ						
	line 18 is not more than 33 1/3%, check this	-					
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	Bb, check this box	and see instruction	s	

Supporting Organizations Part IV

(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.)

Castian	A	AII	Cunnar	tina C	rganizations
Section	m.	\sim 11	Suppoi	ung c	n ganizations

- 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 supported 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)? If "Yes," answer 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 and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a 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 had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 VI 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 organizations 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 document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 grant, lean, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)). family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a panto a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in 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.
- 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.
- 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.
 - 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.)

	Yes	No
1		
2		
3a		
		1.5
3b		
3с		
		SE
4a		
		8-357
4b		
4c	<u> </u>	
эa		
5b 5c	├	├
<u> </u>		
and the		
6	Sec. 50	1
7		
8	A 18886 COS	
9a		
9b		an whice residen
9c		
	1	
10a		
10b		

Pale	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		ļ
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 4:	detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
		r	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			İ
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			ĺ
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			İ
	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			ĺ
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1 A.F.	
Sacti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Jecu	on c. Type it Supporting Organizations	 ,	Vaa	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1217428	Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sacti	on D. All Type III Supporting Organizations			
00011	on B. An Type in dupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	FF#258	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			No.
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	5437.74	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	-		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst			
' a	The organization satisfied the activities Test. Complete line 2 below.	lucaom	5 /.	
_				
b	The organization is the parent 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	e instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.	!	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	7 F8 75 THE	\$2000 A
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			20 Miles
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	494400,400	9685507Ek
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			755
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? If "Yes" or "No," provide details in Part VI .	3a	ात्मा, वस्तुवरी, वस्त्री	- No. 17 -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		100	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	75 Pg S.J.	
				_

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	***************************************
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	zatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of		♦	:
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	λ	
d Total (add lines 1a, 1b, and 1c)	1d		0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	o	0
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			Current Year
1 Adjusted net income for prior year (from Section & line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	ne 1965 1965 - 1965	0
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporting of	
instructions).	-		

e Excess from 2023

Part V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continue	(a)	
Sectio	n D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
<u>.</u> 5	Qualified set-aside amounts (prior IRS approval required—p	rovide details in Part V i)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		£.	7	0
<u>·</u> 8	Distributions to attentive supported organizations to which the	ne organization is respo	nsive		
•	(provide details in Part VI). See instructions.		4, *	8	
9	Distributable amount for 2023 from Section C, line 6			9	. 0
10	Line 8 amount divided by line 9 amount			10	0.000
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	7.00			0
2	Underdistributions, if any, for years prior to 2023		1,000		
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023 From 2018 0	1 1			
<u>a</u>	110112010	W 4600s	Section 1		
<u>d</u>	110012030	4.00			
<u> </u>	From 2020				
<u>d</u>	From 2021		Appendix of the Control of the Contr		
<u>e</u>	From 2022				
f	Total of lines 3a through 3e			<u> </u>	
<u>g</u>	Applied to underdistributions of prior years	10. V		U	0
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line \$	(
4	Distributions for 2023 from				
	Section D, line 7: \$ 0			0	
a	Applied to underdistributions of prior years			U	
<u>b</u>	Applied to 2023 distributable amount				· ·
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.)		
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result			_	
-	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				(
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.		0		
8	Breakdown of line				1
а	Excess from 2019				
b	Excess from 2020				
С	EXOCO TOTAL ELECTRICAL)			
d	Excess from 2022				

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 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) 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 Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 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) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a. . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, aspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include it applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation 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 elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical reasures, 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. b 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. (i) Revenue included on Form 990, Part VIII, line 1 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

Part	III Organizations Maintaining Co	llections of Art, Hi	storical Trea	sures, or O	ther Similar Assets	s (continued)
3	Using the organization's acquisition, acc	ession, and other reco	rds, check any	of the followin	g that make significant	use of its
	collection items (check all that apply).					
а	Public exhibition	d	Loan or	exchange pro	gram	
b	Scholarly research	e	Other			
	**************************************		-			
С	Preservation for future generations			that the area	nization's exempt hum	nee in Part
4	Provide a description of the organization	s collections and expli	alli flow they tu	iller the organ	mzation s exempt purp	Joe III I are
	XIII.			!	ar athar aimilar	
5	During the year, did the organization soli	cit or receive donation	s or art, historic	ai treasures, c	JI Offici Sillilidi	☐ Yes ☐ No
	assets to be sold to raise funds rather th		part of the org	Janization's co	MECHOTY	
Part	IV Escrow and Custodial Arrang	ements.		n (l'	6.48.3	hau Farm
	Complete if the organization an	swered "Yes" on Fo	rm 990, Ραπ	IV, line 9, or	reponed an anioun	LOHFOIIII
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, cu				her assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	tollowing table.			Amount
				N.	1c	O
C	Beginning balance				1d	<u> </u>
d	Additions during the year				1e	
e	Distributions during the year				1f	0
f	Ending balance				lit	Yes X No
2a	Did the organization include an amount	on Form 990, Part X, I	ine 21, for escr	ow of custodia	al account hability?	
b	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation ha	s been provid	ied in Part XIII	· · · <u>L</u>
Part	V Endowment Funds.					
	Complete if the organization ar	iswered "Yes" on Fo	rm 990, Part	IV, line 10.		
		100	(b) Prior year	(c) Two years		
1a	Beginning of year balance	0 `	0		0	0 0
b	Contributions		<u> </u>			
C	Net investment earnings, gains,		&			
	and losses		}			
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
T	Administrative expenses		0		0	0 0
g	End of year balance L Provide the estimated percentage of the			<u></u>		
4	Board designated or quasi-endowment	%		2.2 (2,)		
a b	Permanent endowment	9 /0				
C	Term endowment	6				
·	The percentages on lines 2a, 2b, and 2	should equal 100%.				
3a	Are there endowment funds not in the p	ossession of the organ	nization that are	e held and adr	ministered for the	
	organization by:	_				Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related org	janizations listed as re	quired on Sche	edule R?		3b
4	Describe in Part XIII the intended uses	of the organization's e	ndowment fund	ls.		
Par	t VI Land, Buildings, and Equipn	nent.				4 V E 40
	Complete if the organization a					
	Description of property	(a) Cost or other b	1	or other basis	(c) Accumulated depreciation	(d) Book value
		(investment)		(other)	uepieuailoii	0
1a	Land		0	0	0	0
b	Buildings	• •	0	0	0	0
C	Leasehold improvements	•	0	2,336	1,280	1,056
d	Equipment		0	2,330	1,200	1,000
e Tota	Other	ust equal Form 000 F				1,056
1012	n. Aug illes la l'illuduit le (Culdiiii (G) II	iaul uquai i uilli aau, i				

(a) Description of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation:
(including name of security)	(b) Dook value	Cost or end-of-year market value
1) Financial derivatives	0	
2) Closely held equity interests	0	
3) Other		
(A)		
(B)		
(C)		
<u>(D)</u>		<u> </u>
<u>(E)</u>		
(F)		
(G)		
(H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	
Part VIII Investments—Program Related.	Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, line 13
	(b) Book value	(c) Method of valuation:
(a) Description of investment	(b) book value	Cost or end-of-year market value
(1) Huntington Bank	991,532	F /
(2)		
(3)		
(4)	6 4	
(5)	€ 4	
(6)	() () () () () () () ()	•
(7)		· ·
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	991,532	
Part IX Other Assets.		
		Part IV, line 11d. See Form 990, Part X, line 1
(a) Descri	Non .	(b) Book Value
(1)	<u> </u>	
(2)		
(3)	2	
(4)		
(5)		
(6)		
(6) (7)		
(6) (7) (8)		
(6) (7) (8) (9)	ol. (B))	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co		Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered to the organization and th		Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25.		Part IV, line 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25.	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Description (1) Federal income taxes	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Description	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Description (1) Federal income taxes (2)	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Description (1) Federal income taxes (2) (3)	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered time 25. 1. (a) Description (1) Federal income taxes (2) (3) (4)	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered in line 25. 1. (a) Description (1) Federal income taxes (2) (3) (4) (5)	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Descript (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes" on Form 990,	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered line 25. 1. (a) Descript (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes" on Form 990,	(b) Book value

	Reconciliation of Revenue per Audited Financial Statements with Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T 4 T	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	4	
b	Donated services and use of facilities	4	
С	Recoveries of prior year grants	4	
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		_
С	Add lines 4a and 4b	. 4c	0
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses 2c		
d	Other losses . Other (Describe in Part XIII.) Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1.		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Subtract line 2e from line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
			^
	Add lines 4a and 4h	4c	0
C	AUU III IES 44 AIU 40	4c 5	0
5 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Part V, line 4; Par	0

Schedule D (Fo	rm 990) 2023	Beaver County Educational Trust	25-1381854	Page 5
Part XIII	Suppleme	Beaver County Educational Trust ental Information (continued)		

			<u> </u>	
				
			&	
		<i>f</i> _p		
~~~~~~~~~~		<i>[</i>		
			~~~~~~	
	<i>f</i>			
		~ /		
	~~~~~~~~~~			

### **SCHEDULE G** (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number							
Beaver County Educational Trust					25-138		
Par			_		ered "Yes" on For	m 990, Part IV, lir	ne 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	ised funds throu					
а	Mail solicitations		<del></del>		of non-government g		
b	Internet and email solicitations				of government grant	\$ 	
С	Phone solicitations		g L S	pecial fund	Iraising events		
d	In-person solicitations						
2a							
b	If "Yes," list the 10 highest paid indiv	iduals or entities	s (fundrais	ers) pursua	ant to agreem <b>ents</b> u	nder which the fund	raiser is to
	be compensated at least \$5,000 by	the organization					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
				4 4	0	0	0
					0	0	0
3					0	0	0
4					0	0	0
5		4			0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

New State	id II	more than \$15,000 of fu	complete if the organization	ation answered "Yes" outions and gross inc	ome on Form 990-EZ,	line 18, or reported lines 1 and 6b. List
		events with gross receip				
П			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Banquet		NONE	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	COI. (C)/
Revenue						04.005
ě	1	Gross receipts	21,005		0	21,005
&						0
l	2	Less: Contributions			0	0
	3	Gross income (line 1	04 005		<b>\</b> 0	21,005
		minus line 2)	21,005		4 4 1	21,000
	4	Cash prizes			ol Name of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the	0
	4					<u></u>
	5	Noncash prizes			( ° 0	0
		Horiodori prizoo				
Ses	6	Rent/facility costs			0	0
e	_	•				
X	7	Food and beverages			0	0
Direct Expenses						_
ë	8	Entertainment		<u> </u>	0	0
ш					/ )	40.504
	9	Other direct expenses	13,594		0	13,594
						( 13,594)
	10	Direct expense summary. Add	l lines 4 through 9 in colur	mn (a) . 🤏 . 🦠 🤻 .		7,411
	11	Net income summary. Subtract Gaming. Complete if the	ct line 10 from line 3, colu	and "Voc" on Form 00	0 Part IV line 19 or re	ported more than
	art III	Gaming. Complete if it	TZ line Go	en les un lonnes	o, i ait iv, iiio io, oi ic	ported more than
	I	\$15,000 on Form 990-E	Z, ilile oa.	*** D. Ub. (		(d) Total gaming (add
ïe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ϋ́			1			
Revenue			<i>(</i>			
$\alpha$	1	Gross revenue	. (	\$		0
<u> </u>	1	Gross revenue	*	<u> </u>		0
	1 2			\$		0
	2	Gross revenue		<u> </u>		
	2 3			\$		
Expenses	2	Cash prizes		<b>5</b>		0
Expenses	1 2 3 4	Cash prizes				0
	2 3 4	Cash prizes				0 0
Expenses	1 2 3 4 5	Cash prizes				0 0
Expenses	4	Cash prizes	Yes %	Yes%	Yes%	0 0
Expenses	4	Cash prizes	Yes %	Yes% No	Yes%No	0 0
Expenses	5	Cash prizes	No No	No	No	0 0 0
Expenses	5	Cash prizes	No No	No	No	0 0 0
Expenses	4 5 6	Cash prizes	No No lines 2 through 5 in colu	mn (d)	No	0 0 0 0
Expenses	4 5 6	Cash prizes	No No lines 2 through 5 in colu	mn (d)	No	0 0 0 0
Direct Expenses	6 7 8	Cash prizes	No No lines 2 through 5 in colu	mn (d)	No	0 0 0 0
Direct Expenses	4 5 6 7 8	Cash prizes	No lines 2 through 5 in colu lines 2 through 5 in colu lines 2 through 5 in colu	mn (d)	No No	0 0 0 0
Direct Expenses	4 5 6 7 8 a Is	Cash prizes	No  Subtract line 7 from line ganization conducts game	mn (d)	No	0 0 0 0 0 ( 0) 0
Direct Expenses	4 5 6 7 8 a Is	Cash prizes	No  Ines 2 through 5 in colu  Subtract line 7 from line  Ganization conducts game  anduct gaming activities in	mn (d)	No No	0 0 0 0 ( 0) 0
Direct Expenses	4 5 6 7 8 a Is	Cash prizes	No lines 2 through 5 in colu l. Subtract line 7 from line rganization conducts gam anduct gaming activities in	mn (d)	No	0 0 0 0 ( 0) 0
Direct Expenses	4 5 6 7 8 E a Is b If	Cash prizes	No Ifines 2 through 5 in colu If Subtract line 7 from line If ganization conducts gamenduct gaming activities in	mn (d)	No No	0 0 0 0 ( 0) 0
Direct Expenses	4 5 6 7 8 B is b if	Cash prizes	No  Subtract line 7 from line ganization conducts game anduct gaming activities in	mn (d)	No No during the tax year?	0 0 0 0 0 0 0 0 0 1 0 0 1 1 1 1 1 1 1 1
Direct Expenses	4 5 6 7 8 B is b if	Cash prizes	No  Subtract line 7 from line ganization conducts game anduct gaming activities in	mn (d)	No No during the tax year?	0 0 0 0 0 0 0 1 0 0 1 0 1 1 1 1 1 1 1 1
Direct Expenses	4 5 6 7 8 B is b if	Cash prizes	No  Subtract line 7 from line ganization conducts game anduct gaming activities in	mn (d)	No No during the tax year?	0 0 0 0 0 0 0 1 0 0 1 0 1 1 1 1 1 1 1 1

Sched	ule G (Form 990) 2023	Beaver County Educational Trust	25-1381854 Page <b>3</b>
11	Does the organization o	conduct gaming activities with nonmembers?	Yes No
12	<del>-</del>	antor, beneficiary or trustee of a trust, or a member of a partnership or other entity aritable gaming?	Yes No
13 a b	The organization's facili An outside facility	of gaming activity conducted in: ty	13a % 13b %
14	Enter the name and addrecords:	dress of the person who prepares the organization's gaming/special events books a	nd
15a	Does the organization h	nave a contract with a third party from whom the organization receives gaming	<b>D.</b> D.
b	If "Yes," enter the amou	int of gaming revenue received by the organization \$ 0 and the nue retained by the third party \$ 0	U Yes Mo
С	-	d address of the third party:	
	Name		
16	Gaming manager inforr	nation:	
	Name		w a a a a a a a a a a a a a a a a a a a
	Gaming manager comp		
	Description of services		
17	Director/officer  Mandatory distributions		
a	Is the organization requiretain the state gaming	uired under state law to make charitable distributions from the gaming proceeds to	Yes No
b	Enter the amount of dis	stributions required under state law to be distributed to other exempt organizations on some exempt activities during the tax year \$	0
Par	N Supplementa	I Information. Provide the explanations required by Part I, line 2b, column, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	ns (iii) and (v); and al information.
		<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.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Beaver County Educational Trust

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

Beaver County Educational Trust	25-1381854
Form 990, Part XI, Line 9: Unrealized Gain on Investments	
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: The Board members are required to annually sign a	
conflict of interest discosure statement.	
Form 990, Part IV, Section B, Line 15: The Board sets Managing Directors salary .	
Form 990, Part IV, Section C, Line 19: The Board makes documents available upon request.	
4. (1	
< (2)	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Beaver County Educational Trust	25-1381854
	<u> </u>
	A.
<i>B</i>	
	- <del>f</del>
<i>P</i> .	i
	<b>.</b>