990EF	EF EF Transmission Status (Keep for your records)						
Name(s) as shown on return	EIN number						
Big Brothers Big S:	istors of Poors	r Countur				25-1643665	
BIG BIOCHEIS BIG 5.	ISLEIS OI BEAVE	r councy				23-1043003	
The following will be transm	mitted to the IRS.	<u>x</u> 990	990-T	Amended 990	🗌 Aı	mended 990-T	
		8868	4720	FinCEN 114			
The following state returns	will be transmitted:						
			·				
The following returns have	been suppressed or a	are not eligib	e and will NOT be to	ransmitted.			
			·				
EF Notes							

	Acknowledgement and General Information for Entities That File Returns Electronically	2022								
Name(s) as shown on return	g Sisters of Beaver County	Employer Identification Number								
big biothers bi	g Sisters of Beaver County									
Entity address										
1475 3rd Avenue New Brighton, PA 15066										
	ticipating in IRS e-file.									
1. 🕱 2022 <u>8868</u> The electronic fil	-01 income tax retum for Federal was filed e ng services were provided by Mark C. Turnley CPA	lectronically.								
-	income tax return was accepted on <u>05-08-2023</u> using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to er D assigned to this return is <u>2561212023128pgz1d3u</u>	nal Identification Number (PIN) as nter or generate a PIN signature.								

Form C	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr	ivate found	lations)		
Denert		the Treasury	Do not enter social security numbers on this form as it may be made	public.		Open to Public	
	ment of I Reven		Inspection				
			Go to www.irs.gov/Form990 for instructions and the latest inform lar year, or tax year beginning , 2022, and end			, 20	
-		applicable:	C Name of organization Big Brothers Big Sisters of Beaver County		D Employ	ver identification number	
		change		25-1643665			
	ame ch	•	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite		one number	
	itial retu	•	1475 3rd Avenue	ane		(724)843-4600	
	inal retu	G Gross					
H			•				
8	mendeo	\$	391,572 r subordinates? Yes X No				
L A	pplicatio	on pending	F Name and address of principal officer: Anthony Antoline				
			Same as C above	H(b) Are all			
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "No,"	attach a list.	See instructions	
	/ebsite:	-	v.bcbigs.org	H(c) Group	exemption n		
	_		Corporation Trust Association Other L Year of formation: 19	90 M	State of lega	I domicile: PA	
Par	t I	Summar					
	1	,	ibe the organization's mission or most significant activities: The mission of Bi				
~		Beaver C	ounty is to support one-to-one mentoring relationships t	hat ign	ite th	e power and	
Governance		promise	of youth.				
rna							
ove	2	Check this b	ox $\[\]$ if the organization discontinued its operations or disposed of more than 25% of its	s net assets	•		
	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	18	
ა ა	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		4	18	
Activities &	5	Total numbe	5	7			
Stiv	6	Total numbe	6	18			
Ă	7a	Total unrelat	7a	0			
			d business taxable income from Form 990-T, Part I, line 11		7b	0	
				Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line 1h)	294	1,414	263,839	
Ð	9		vice revenue (Part VIII, line 2g)		,	0	
nue	10	0	ncome (Part VIII, column (A), lines 3, 4, and 7d)		3,499	2,867	
Revenue	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		L,659	72,820	
Ľ.	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,572	339,526	
	13		similar amounts paid (Part IX, column (A), lines 1-3)	55.	, 572		
	14		d to or for members (Part IX, column (A), line 4)			<u> </u>	
						`	
ŝ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	200	5,579	254,630	
ense:			fundraising fees (Part IX, column (A), line 11e)			0	
Expe			ising expenses (Part IX, column (D), line 25) 34,275				
ш	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,002	86,248	
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	292	2,581	340,878	
	19	Revenue les	s expenses. Subtract line 18 from line 12	6	5,991	(1,352)	
ces Ces			Beg	inning of Curr	ent Year	End of Year	
sets alan	20		(Part X, line 16)	652	2,619	643,911	
t Assets or nd Balances	21		es (Part X, line 26)		3,380	4,621	
5 <u>_</u>	22	Net assets o	or fund balances. Subtract line 21 from line 20	649	9,239	639,290	
Par	't II	Signatu	re Block				
			clare that I have examined this return, including accompanying schedules and statements, and to the best of my kno claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	wledge and be	lief, it is		
•		Rach	el Crisci				
Sigr	า	Signature of offic	yer and the second s		Date		
Here	e	Rach	el Crisci, Executive Director				
		Type or print nar					

	Type of print name and title							
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN	
Paid	Mark C. Turnley			08-07-2023		self-employed	P01456728	
Preparer	Firm's name	Mark C.	Turnley, CPA		Firm's	EIN		
Use Only	Firm's address	1000 3rd	Avenue		Phone	no.		
		New Brig	hton PA 15066			724-	384-1081	
May the IRS	discuss this return with th	e preparer sh	own above? See instructions	 			🛛 Yes 🗌 N	١o

Form	n 990 (2022) Big Brothers Big Sisters of Beaver County	25-1643665	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The mission of Big Brothers Big Sisters of Beaver County is to support one-to	o-one mento	ring
	relationships that ignite the power and promise of youth.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	🗌 Yes	<u>x</u> No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$253,937 including grants of \$29,304) (Revenue	\$)
	See SERVICES page for a description of this program service.		
		<u>^</u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue	¢	
4c		\$)
44	Other program services (Describe on Schedule O.)		
4d)	
40)	
<u>4e</u>	Total program service expenses 253,937		

	990 (2022) Big Brothers Big Sisters of Beaver County 25-16436	565	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
-	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
44		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		
	complete Schedule D, Part VI	11a	х	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III.	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21		21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2022)

		543665		P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			′es	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		T	es	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	2		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	. 23	3		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	. 24	a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24	b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24	d		
25a	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 I	. 25	a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	. 25	b		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%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 20	6		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				
~~	persons? If "Yes," complete Schedule L, Part III	. 27			х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
-	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20			
b	"Yes," complete Schedule L, Part IV.				X
D D	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 20			х
U	"Yes," complete Schedule L, Part IV	. 28			x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.				x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	·			
	conservation contributions? If "Yes," complete Schedule M.	. 30	n		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I				x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>		·		
	complete Schedule N, Part II	. 32	2		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	3		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1	. 34	4		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35	a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35	b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 30	6		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	7		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O	. 38	B (x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V		••	•••	
			Y	/es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	. 10	C	X	

	990 (2022) Big Brothers Big Sisters of Beaver County	25-16436	65		Page 5
Par		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \ldots \ldots \ldots		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? \ldots .		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	x	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi		7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	1			
a h					
b	Gross income from other sources (Do not net amounts due or paid to other sources				
120	against amounts due or received from them.)		120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Forr	n 990 (2022) Big Brothers Big Sisters of Beaver County	25-16436	65	Р	age 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for	a "No'	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul	e O. See instructio	ıs.		
	Check if Schedule O contains a response or note to any line in this Part VI				x
See	ction A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-		
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct		•		
			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5 6		X
6 72	Did the organization have members or stockholders?		0		x
7a	one or more members of the governing body?		7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		10		x
b	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1.0		<u></u>
Ŭ	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co				
				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,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? \ldots		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?		14	х	
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?		45-		
a L	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	x	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
iva	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Tua		
5	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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ection 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	× /			
	Own website Another's website Upon request Other (explain on Sched	lule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere-	,			
	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 record	ds.			
	Rachel Crisci (724)843-4600, 1475 3rd Avenue, New Brighton, PA 15066				

Form 990 (2022) Big Brothers Big S:	isters of Beaver County	25-1643665 Page 7
Part VII Compensation of Officers, Direct	tors, Trustees, Key Employees,	Highest Compensated Employees, and
Independent Contractors		
Check if Schedule O contains a respon	nse or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key	r Employees, and Highest Com	pensated Employees
1a Complete this table for all persons required to be listed.	. Report compensation for the calendar ye	ar ending with or within the
organization's tax year.		
 List all of the organization's current officers, directors, 	, trustees (whether individuals or organiza	tions), regardless of amount of
compensation. Enter -0- in columns (D), (E), and (F) if no columns	mpensation 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 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.

	tea e.gazat	0.1.00.				,				
				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	ord	Ins	Officer	Key	em	Former	1099-MISC/	1099-MISC/	organization and
	related	ividu direc	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	ee				
	below	Jstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Kim Anastas	40.00									
Executive Director					х			78,215	0	10,479
(2) Rachel Crisci	L									
Executive Director					х			5,164	0	0
(3) Anthony Caltury	1.00									
Board Member		х						0	0	0
(4) William Carver	1.00									
Board Member		х						0	0	0
(5) Sarah Morrison	1.00									
Board Member		х						0	0	0
(6) Dee Dixon	1.00									
Board Member		х						0	0	0
(7) Mackenzie Fouse	1.00									
Board Member		х						0	0	0
(8) Brian Blackwell	1.00									
Board Member		х						0	0	0
(9) Kayse Hicks	1.00									
Board Member		х						0	0	0
(10)Noah_Kairis	1.00									
Board Member		х						0	0	0
(11)Cheryl Antoline	1.00									
Board Member		x						0	0	0
(12)Sandie Egley	1.00									
Board Member		x						0	0	0
(13)Brenda Bell	1.00									
Board Member		x						0	0	0
(14)Robert Dappenbrook	1.00									
Board Member		х						0	0	0
EEA										Form 990 (2022)

Form 990 (2022) Big Brothers Big									16436		age 8
Part VII Section A. Officers, Directors, 1	rustees,	Key I	Emp	loye	es, a	and I	Highest Comp	ensated E	Employ	lees (contin	nued,
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unless cer and	s perso		an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensatio from relate organizations 1099-MISC 1099-NEC	on d (W-2/ C/	(F) Estimated amo of other compensatio from the organization a related organiza	on and
(15)Nicholas Raught	1.00										
Board Member (16)Lisa Reese	1.00						0		0		0
Board Member (17)Anthony Antoline	2.00					+	0		0		0
President (18)Abbey Braddock	1.00	x		x		_	0		0		0
Secretary		x		x			0		0		0
(19)Christi Bechtel Vice President	1.00	x		x			0		0		0
(20)Anthony Rubino Treasurer	1.00	x		x			0		o		0
<u>(21)</u>											
(22)											
(23)											
(24)											
(25)											
1b Subtotal		• • •	•••	•••		• •					
c Total from continuation sheets to Part VII, Sec					• • •	•••					
d Total (add lines 1b and 1c)							83,379	of	0	10,4	79
2 Total number of individuals (including but not limi reportable compensation from the organization		isleu a	ibuve)) write	Teceiv	eum		01			C
3 Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>	le J for such	individ	dual.				· · · · · · · · · · ·		[Yes 3	No X
4 For any individual listed on line 1a, is the sum of r organization and related organizations greater th individual	nan \$150,000)? If "\	/es," d	comp	lete So	chedu	lle J for such			4	v
 <i>individual</i>	compensatio	on from	n any i	unrel	ated or	ganiz	ation or individual			4 5	x
Section B. Independent Contractors	o, compiete	00.100			<u>uon po</u>						
1 Complete this table for your five highest compensation											
compensation from the organization. Report comp	pensation for	the ca	lendai	r yea	r endin	g with		nization's tax	year.		
(A) Name and business addre	SS						(B) Description of service	es	C	(C) ompensation	
			-								
						_					
						+					
2 Total number of independent contractors (includir received more than \$100,000 of compensation from the state of the stat	-			e liste	d abov	re) wh	10				

Form 99	90 (20	22) Big B	rot	hers Big	<u>y S</u> is	sters of Bear	ver County		25-16436	65 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in th	is Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b		-			
ants unts	c	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	••		1d]			
Gifts ar A	е	e Government grants (contributions) 1e f All other contributions, gifts, grants,				164,146				
imil imil	f									
utio er S		and similar amounts not i			1f	99,693				
oth Oth	g									
Con and		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••				263,839			
	2a					Business Code				
e	b									
ervi ue	c									
m S ven	d									
Program Service Revenue	е									
Pro	f	All other program service	rever	nue	•••					
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ								
		other similar amounts) .					2,867			2,867
	4									
	5	Royalties	· ·							
	62	Gross rents	6a	(i) Real		(ii) Personal	-			
		Less: rental expenses	6b				-			
		Rental income or (loss)	6c				-			
		Net rental income or (loss)) .							
	7a	Gross amount from		(i) Securiti		(ii) Other				
		sales of assets					1			
		other than inventory	7a				_			
	b	Less: cost or other basis								
enu		and sales expenses					-			
sver		Gain or (loss)								
Other Revenue		Net gain or (loss) Gross income from fundra			•••	•••••				
othe	od	events (not including \$	Ising							
0		of contributions reported of	n line	9	-					
		1c). See Part IV, line 18			8a	124,866				
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundı	raising event	s.		72,820			72,820
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a		-			
		Less: direct expenses .			9b					
	C	Net income or (loss) from	gami	ng activities	•••	••••				
	10a	Gross sales of inventory, I			10-					
	h	returns and allowances .			10a 10b		-			
		Less: cost of goods sold Net income or (loss) from								
			54163		,	Business Code				
ŝ	11a									
non	b									
scellanou Revenue	c									
Miscellanous Revenue	d	All other revenue								
2		Total. Add lines 11a-11d								
	12	Total revenue. See instru	uctior	ns			339,526	0	0	75,687

Big Brothers Big Sisters of Beaver County Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to	any line in this Part IX							
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	213,162	149,730	33,928	29,504				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	22,343	18,506	1,829	2,008				
10	Payroll taxes	19,125	13,170	3,192	2,763				
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
С	Accounting	4,750	4,750						
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17 .								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	784	784						
13	Office expenses	4,504	3,513	991					
14	Information technology	6,837	5,333	1,504					
15	Royalties								
16	Occupancy	15,337	11,963	3,374					
17		1,511	1,179	332					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	4,279	3,338	941					
20									
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	10,496	8,187	2,309					
23		12,056	9,404	2,652					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
-	(A), amount, list line 24e expenses on Schedule O.)	0.240	0.240						
	Recognition Event/ClientCost	8,342	8,342						
b	Affiliation Fees	7,428	7,428						
c d	Activity Supplies Miscellaneous	8,310	8,310	1 614					
a e	All other expenses	1,614		1,614					
е 25	Total functional expenses. Add lines 1 through 24e	340,878	253,937	E2 666	34,275				
25 26	Joint costs. Complete this line only if the	340,8/8	203,937	52,666	34,2/5				
20	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 (20	22) Big Brothers Big Sisters	s of	Beaver County	2	5-16	43665 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to a	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			359,983	1	346,810
	2	Savings and temporary cash investments		46,378	2	48,863	
	3	Pledges and grants receivable, net		F		3	
	4	Accounts receivable, net	• • •		8,418	4	13,663
	5	Loans and other receivables from any current or former		· · · ·			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers					
		under section 4958(f)(1)), and persons described in sec		- · · · · · ·		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		-		8	
As	9	Prepaid expenses and deferred charges	•••		1,430	9	1,467
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	···· ···· · ····· · · · · · · · · · ·	10b		236,410		233,108
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			652,619	16	643,911
	17	Accounts payable and accrued expenses		F	3,380	17	4,621
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of			21		
es	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
Liak		controlled entity or family member of any of these perso		· · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrelated thin		F		23	
	24	Unsecured notes and loans payable to unrelated third p		F		24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,380	26	4,621
		Organizations that follow FASB ASC 958, check here	e X				
es	07	and complete lines 27, 28, 32, and 33.			600 450	07	600 00F
anc	27	Net assets without donor restrictions			629,458	27	639,025
Bal	28			••••••	19,781	28	265
pu		Organizations that do not follow FASB ASC 958, che	скпе	re 📋			
Ŀ	20	and complete lines 29 through 33.				20	
s ol	29	Capital stock or trust principal, or current funds				29 30	
set	30	Paid-in or capital surplus, or land, building, or equipment				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, o Total net assets or fund balances		F	649,239	31	620.200
Re	33	Total liabilities and net assets/fund balances		F	652,619	33	639,290 643,911
EEA	35		•••	• • • • • • • • • • • •	052,019	55	Form 990 (2022)

Form	990 (2022) Big Brothers Big Sisters of Beaver County	25-164366	5	Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		339,	526
2	Total expenses (must equal Part IX, column (A), line 25)	2		340,	878
3	Revenue less expenses. Subtract line 2 from line 1	3		(1,	,352)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		649,	239
5	Net unrealized gains (losses) on investments	5		(8,	,597)
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		639,	290
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990	(2022)

SCHE	DULE	Α
(Form	990)	

Part I

1

2 3

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8 9

10

11

12

а

b

С

d

e

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. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Big Brothers Big Sisters of Beaver County 25-1643665 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

f	Enter the number of supported organ	izations					
ç	Provide the following information abo	ut the supported or	ganization(s).				
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota							
F F	New survey of a Distriction. A stable the survey of	La la star attant de la fa	- F 000 000 F7				

OMB No. 1545-0047

Schedule A (Form 990) 2022 Big Brothers Part II Support Schedule for Organization (Complete only if you checked the	ions Descr box on line	ibed in Secti 5, 7, or 8 of I	i ons 170(b)(1 Part I or if the	organization	failed to qua	(vi)	
Part III. If the organization fails to c	qualify unde	r the tests lis	ted below, ple	ease complet	e Part III.)		
Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")	191,205	231,110	223,199	235,911	161,289	1,042,714	
2 Tax revenues levied for the							
organization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to the							
organization without charge							
4 Total. Add lines 1 through 3	191,205	231,110	223,199	235,911	161,289	1,042,714	
5 The portion of total contributions by					-		
each person (other than a							
governmental unit or publicly							
supported organization) included on							
line 1 that exceeds 2% of the amount							
shown on line 11, column (f)						225,851	
6 Public support. Subtract line 5 from line 4.						816,863	
Section B. Total Support						020,000	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7 Amounts from line 4	191,205	231,110	223,199	235,911	161,289	1,042,714	
8 Gross income from interest, dividends,	1917205	231/110	2237199	2007011	101/205	1/012//11	
payments received on securities loans,							
rents, royalties, and income from							
similar sources	2,578	4,944	3,575	3,499	1,712	16,308	
9 Net income from unrelated business	2,570	1,511	5,575	57455	1,712	10,500	
activities, whether or not the business							
is regularly carried on							
10 Other income. Do not include gain or							
loss from the sale of capital assets							
(Explain in Part VI.)							
11 Total support. Add lines 7 through 10						1,059,022	
12 Gross receipts from related activities, etc. (s	ee instructio	ne)			12	548,142	
13 First 5 years. If the Form 990 is for the orga							
organization, check this box and stop here				•	•		
Section C. Computation of Public Support						•••••	
14 Public support percentage for 2022 (line 6, c			1 column (f))		14	77.13 %	
15 Public support percentage for 2022 (intel0, 015 Public support percentage from 2021 Sched					15	80.65 %	
16a 33 1/3% support test - 2022. If the organize							
box and stop here. The organization qualifi							
b 33 1/3% support test - 2021. If the organization							
this box and stop here. The organization qu							
17a 10%-facts-and-circumstances test - 2022		• • • •	•				
	-						
10% or more, and if the organization meets							
Part VI how the organization meets the facts			•				
organization							
b 10%-facts-and-circumstances test - 2021	•						
15 IS 10% or more, and it the organization m	neets the fac				-	•	
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
in Part VI how the organization meets the fa			•				
in Part VI how the organization meets the fa							
in Part VI how the organization meets the fa	 not check a t		 16a, 16b, 17a,	or 17b, check	this box and s		

Schedu	le A (Form 990) 2022 Big Brother					25-16436	65 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
7 a							
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support	r			1		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
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	<u> </u>					
14	loss from the sale of capital assets						
	-						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			and for white on fit	(1)		(-)(0)
14	First 5 years. If the Form 990 is for the or	•	rst, second, thi	ird, fourth, or fil	ith tax year as	a section 501	(C)(3)
	organization, check this box and stop her						[]
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8		•	13, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc		-				
17	Investment income percentage for 2022 (I			•	())	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga	nization did no	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1	/3%, and line
	17 is not more than 33 1/3%, check this b	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported or	ganization
b	33 1/3% support tests - 2021. If the organization	ion did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%,	and
	line 18 is not more than 33 1/3%, check this bo	x and stop here	e. The organizati	on qualifies as a	publicly support	ed organizatior	n 🗌
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instru	ictions 🗍

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **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 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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part 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?
- 6 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a 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).*
- 8 Did the organization make a loan to 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.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 Big Brothers Big Sisters of Beaver County 25-16436	55	P	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes

No

1

2

1

Yes No

Schedu	A (Form 990) 2022 Big Brothers Big Sisters of Beaver Coun	ty	25-1643	665	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(expla</i>	ain in Part	VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Sectio	ns A throu	ıgh E.
Sacti	on A - Adjusted Net Income		(A) Prior Year	(B) Cu	rrent Year
Sect	on A - Adjusted Net Income			(op	otional)
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			
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			
Secti	on B - Minimum Asset Amount		(A) Prior Year		rrent Year otional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curre	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			

 emergency temporary reduction (see instructions).
 6

 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

 7 (see instructions).

Schedule A (Form 990) 2022

Page 6

	e A (Form 990) 2022 Big Brothers Big Sisters			64366	55 Page 7	
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	d)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ea	1				
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
0	and 4c. Broakdown of line 7:					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
<u>e</u>	Excess from 2022			-		
EEA				Scl	hedule A (Form 990) 2022	

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
Big Brothers Big Sisters of Beaver County	25-1643665
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Beaver County Foundation		Person 🗴 Payroll		
	PO Box 569	\$5,000	Noncash		
	Beaver PA 15009		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Rite Aid Foundation		Person 🗵 Payroll 🗌		
	P.O. Box 3165 Harrisburg PA 17105	\$10,070	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Eaton Corporation		Person 🗴 Payroll 🗌		
	One Tuscarawas Road	\$7,640	Noncash		
	Beaver PA 15009		(Complete Part II for noncash contributions.)		

	Beaver PA 15009		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Tri-State Trailers, Inc. 3111 Grand Avenue Pittsburgh PA 15225	\$11,750	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5_	United Way of Beaver County 3582 Brodhead Road	\$33,344	Person x Payroll Noncash	
(a)	Monaca PA 15061 (b)	(c)	(Complete Part II for noncash contributions.) (d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6	Pediatric and Adult Care Vision	\$ 5,820	Person x Payroll Noncash	
	Wexford PA 15090	¥ <u>5,620</u>	(Complete Part II for noncash contributions.)	

Part I

Name of organization

Page **2**

Employer identification number
25-1643665

Big Brothers Big Sisters of Beaver County

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(b) (c) address, and ZIP + 4 Total contributions	
			Type of contribution
7	Jordan Whitehead Household		Person x
	17914 Bramshot Pl.	\$ 5,000	Payroll 🗌 Noncash 🗌
			(Complete Part II for
	Lutz FL 33559		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		¢	Payroll 🗌 Noncash 🗌
		\$	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(2)		(a)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Dereen 🗆
			Person Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll 🗌 Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		¢	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Page **2**

EEA

Schedule B (Form 990) (2022)

Big Brothers Big Sisters of Beaver County

Name of organization

Part I

(Form 990) Complete in		Supplementa	al Financial Statements		OMB No. 1545-0047
		Complete if the orga	2022		
), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		
	ment of the Treasury al Revenue Service		Open to Public Inspection		
	of the organization	Go to www.irs.gov/Forma	90 for instructions and the latest information		entification number
Bia	Brothers Big	Sisters of Beaver County		25-16	543665
			Funds or Other Similar Funds or Acc		
		e if the organization answered "Yes" of			
			(a) Donor advised funds	(b)) Funds and other accounts
1	Total number at e	end of year			·
2	Aggregate value	of contributions to (during year)			
3	Aggregate value	of grants from (during year)			
4	Aggregate value	at end of year			
5	Did the organizat	tion inform all donors and donor advisors in	writing that the assets held in donor advised		
	funds are the org	ganization's property, subject to the organiza	ation's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organizat	tion inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed	
			nor or donor advisor, or for any other purpose		
			<u> </u>		Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Yes" of			
1		nservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		an anti-at land and a
		of land for public use (for example, recreation		-	
	Protection of I		Preservation of a c	certified histo	oric structure
•			final annual an an tribution in the former of a		-
2			fied conservation contribution in the form of a		
а		last day of the tax year.			Held at the End of the Tax Year
a b					
c	•	-	ructure included in (a)		
d		ervation easements included in (c) acquired			
u			· · · · · · · · · · · · · · · · · · ·	. 2d	
3		-	leased, extinguished, or terminated by the or		luring the
	tax year			0	0
4		s where property subject to conservation ea	sement is located		
5	Does the organiz	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and er	nforcement of the conservation easements in	t holds?		🗌 Yes 🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	ation easeme	ents during the year
7	Amount of expen	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements	during the year
-					
8			ove satisfy the requirements of section 170(h)		
•	,				
9		-	tion easements in its revenue and expense st		
			ote to the organization's financial statements	that describe	es the
Pa		counting for conservation easements.	of Art, Historical Treasures, or O	thar Simi	ilar Assots
гd		e if the organization answered "Yes" of			iiai A33513.
1a			58, not to report in its revenue statement and	halance she	pet works
id	0		blic exhibition, education, or research in furth		
			incial statements that describes these items.		
b			58, to report in its revenue statement and bal	ance sheet w	vorks of
	-		c exhibition, education, or research in furthera		

		-			
provide the	following	amounts	relating to	these items:	

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	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:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

Schedul	e D (Form 990) 2022 Big Brothers B					25-1643		Page 2	
Part	III Organizations Maintaining	Collections of	Art, Historio	cal Treasures,	or Oth	er Similar As	ssets (cc	ntinued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following that m	nake sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Lo	oan or exchange pr	ogram				
b	Scholarly research		e 🗌 O	ther					
С	Preservation for future generations								
4	Provide a description of the organization's c	collections and expla	in how they furth	ner the organization	's exemp	ot purpose in Part			
	XIII.		,	0	•				
5	During the year, did the organization solicit of	or receive donations	of art. historical	treasures, or other	similar				
							. 🗌 Yes	No	
Part	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
	Complete if the organization		" on Form 99	0, Part IV, line	9, or re	eported an am	ount on I	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-				Π.,	Π	
	included on Form 990, Part X?					•••••	. 🗌 Yes	No No	
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing table:						
						Am	ount		
С	Beginning balance								
d	Additions during the year				. 1d				
е	Distributions during the year		•••••		. 1e				
f	Ending balance				. 1f				
2a	Did the organization include an amount on F				•				
b	If "Yes," explain the arrangement in Part XII	I. Check here if the	explanation has	been provided on F	Part XIII				
Part									
	Complete if the organization	answered "Yes	<u>on Form 99 on Form 99 </u>	0, Part IV, line	10.				
		(a) Current year	(b) Prior year	r (c) Two years	back	(d) Three years back	(e) Four	years back	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colun	nn (a)) held as:	i				
а	Board designated or quasi-endowment	%		())					
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss		zation that are he	eld and administere	d for the				
•••	organization by:						Γ	Yes No	
	(i) Unrelated organizations						. 3a(i)	100 110	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiz								
4	Describe in Part XIII the intended uses of the					• • • • • • • • •	. 50		
Part			downlent funds.						
Fan			" on Form 00	0 Port IV/ line	110 0	oo Form 000	Dort V li	no 10	
	Complete if the organization								
	Description of property	(a) Cost or oth		Cost or other basis	• •	ccumulated	(d) Book	value	
	Land	(investm		(other)	uep	preciation		<u></u>	
1a				23,900				23,900	
b	Buildings			308,436		111,334	1	97,102	
C	Leasehold improvements			10,450		5,167		5,283	
d	Equipment			21,929		15,106		6,823	
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	nrt X, column (B)	, line 10c.,)			2	33,108	

Schedule D (Form 990) 2022

Part VIII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Methed distance (1) Financial derivatives (c) Methed distance (c) Methed distance (2) Closely-held equity interests (c) (c) (c) (2) Closely-held equity interests (c) (c) (c) (3) (c) (c) (c) (c) (c) (4) (c)	Schedule D (For		Sisters of Beave	r County	25-2	1643665	Page 3
(b) Description of scalar to company (b) Book value (c) (d) Method of valuator. (1) Financial derivatives	Part VII		"Yes" on Form 990.	Part IV. line	11b. See Form	990. Part X.	line 12.
(1) Financial derivatives (1) (2) Other (1) (3) Other (1) (4) (1) (5) (1) (6) (1) (7) (1) (8) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (1) (4) (2) (5) (2) (9) Description at most end of Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (4) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (2) (9) (2) (9) (2) (9) (2) (1) (2) (2) (2) (3) (4) (4) (4) (5)		(a) Description of security or category			(c) Met	hod of valuation:	
(2) Closely-held equity interests (A) (3) Other (A) (4) (A) (8) (A) (8) (A) (9) Other (A) (9) Other (A) (9) Other (A) (1) (A) (2) (B) Decryption of heatment (9) Decryption of heatment (B) Box value (1) (A) (2) (B) Decryption of heatment (9) Decryption of heatment (B) Box value (1) (C) Monot of value of a read dynameter value (1) (C) Monot of value of a read dynameter value (1) (D) Decryption of heatment (1) (D) Decryption of heatment (2) (D) Decryption of heatment (3) (D) Decryption of heatment (1) (D) Decryption of heatment (2) (D) Decryption of heatment (2) (D) Decryption of heat structure (3) (D) Decryption of heat structure (2) (D) Decryption of heat structure (3) (D) Decryption of heat structure (3) (D) Decrypti	(1) Financial of				Cost of end-	or-year market value	
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(D) (E) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (H) (G) (G) (G) (G) (G)	(B)						
(E) (A) (G) (A) (F) (A) (G) (A) (F) (A) (A) (A) (B)	(C)						
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(G) (H) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) (Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Cate or ended year market value (1) (e) Deception of Investment (f) Book value (f) Cate or ended year market value (1) (f) (f) (f) (f) (2) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)							
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Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (#) Description of investment (#) Book value (#) (#) Method of valuation: Cost or end-of-year market value (#) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (7) (8) (9) (2) (3) (4) (5) (6) (6) (7) (6) (6) (7) (7) (7) (7) (8) <td< td=""><td></td><td>n (b) must aqual Form 000, Part X, and (B) line 12</td><td>)</td><td></td><td></td><td></td><td></td></td<>		n (b) must aqual Form 000, Part X, and (B) line 12)				
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[2] [3] [3] [4] [4] [4] [6] [5] [6] [6] [7] [6] [8] [6] [9] [6] [9] [6] [9] [6] [9] [6] [9] [6] [9] [6] [10] [9] [11] Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. [12] [13] [2] [2] [3] [4] [4] [5] [6] [6] [7] [6] [6] [6] [7] [6] [1] Federal income taxes [2] [3] [3] [4] [4] [5] [6] [6] [7] [6] [6] [6] [6] [6] [6] [6] [6]		(a) Description of investment	(b) E	Book value	.,		
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(3) (4) (5) (5) (6) (7) (7) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (7) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) (3) (4) (4) (5) (6) (7) (8)							
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(7)						
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (8) (c) (c) (c))		•••••		
line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c)	Part X						
1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c)			"Yes" on Form 990,	Part IV, line	11e or 11f. See	Form 990, F	Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)							
(2) (3) (4) (5) (6) (7) (8)			(b) Book value				
(3) (4) (5) (6) (7) (8)							
(4) (5) (6) (7) (8)							
(5) (6) (7) (8)							
(6) (7) (8)							
(7) (8)							
(8)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25.) .					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liability for	uncertain tax positions. In Part XIII, provide the text	of the footnote to the orga	anization's financ	ial statements that r	eports the	
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	organization's	liability for uncertain tax positions under FASB ASC	740. Check here if the tex	kt of the footnote	has been provided		

	e D (Form 990) 2022 Big Brothers Big Sisters of Beaver County	25-1643665	Page 4
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total revenue, gains, and other support per audited financial statements	1	330,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	<u>')</u>	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(8,597)
3	Subtract line 2e from line 1	3	339,526
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	339,526
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	340,878
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	340,878
4	Amounts included on Form 990, Part IX, line 25, 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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	340,878
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	Footnote for uncertain tax position under FIN 48 (Part X)		
The I	December 31, 2022 audited financial statements of Big Brothers Big Sister	s of Beaver	County
conta	ain a footnote disclosure regarding uncertain tax positions in accordance	with FIN 48	B. As of
Decen	uber 31, 2022, the organization had no uncertain tax positions.		

Big Brothers Big Sisters of Beaver County 25-1643665 Part I Fundraising Activities. Complete If the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filters are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that appy. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations g Special fundraising events c Phone solicitations g Special fundraising events d In-specin solicitations g Special fundraising events d In-specin solicitations g Special fundraising events respective whether the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 390, Part VII) or entity in cornection with professional fundraising events (Y) Amount paid (or retained by including or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and actress of Individual (ii) Activity (iii) Did fundraiser have curved or ordition of overnained by including officers, trustees, or ordition of overnained by including officers, trustees, or ordition of overnained by including officers, trustees, or ordition of overnained by including or entity (fundraiser) (iv) Amount paid (or retained by including office	SCH	EDULE G					aising or Gami			OMB No. 1545-0047
International Service Go to www.irs.gov/Form#900 for instructions and the latest information. Impact Ion Name of the organization Engloyee Identification number 25-1643665 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 9900, Part IV, line 17. 25-1643665 Form 990-EZ filters are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image: Ion a Mail solicitations e Solicitation of non-government grants Image: Ion b Internat and email solicitations g Special fundraising events Image: Ion c Phone solicitations g Special fundraising events Image: Ion d Inverson solicitations g Special fundraising events Image: Ion d Inverson solicitations g Special fundraiser avent request and whether the organization. Image: Ion f(I) Name and address of individual (ii) Activity (iii) Activity Image: Ion Image: Ion Image: Ion <th>(Forn</th> <th>n 990)</th> <th>Complete if</th> <th>organization ente</th> <th>red more than</th> <th>\$15,000 on F</th> <th>orm 990-EZ, line 6a.</th> <th>or 19</th> <th>or if the</th> <th>2022</th>	(Forn	n 990)	Complete if	organization ente	red more than	\$15,000 on F	orm 990-EZ, line 6a.	or 19	or if the	2022
Name of the organization Employer identification number 25-1643665 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990, EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising services? Yes 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes f(I) Name and actress of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Amount paid to (or retained by) from activity (ii) Activity (iii) Activity (iii) Activity (i) Gross receipts from activity (i) Amount paid or entity fundraiser) 1 Yes No 3			G					on.		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g 3 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b I'Yes, 'list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have custody or control of contributions? (v) Gross receipting to (or retained by) (<u>e te ti ti ti ti ge i</u>					Employer identific	
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization naised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation on on-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Decial fundraising events d In-person solicitations g Solicitation of government grants zo reky employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ives Ives 0 In-person solicitations g Ives Ive	Big									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d In-preson solicitations g 2 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ives b If "Yes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (f) Amount paid (or retained by organization. (i) Name and address of individual or (ii) Activity (fii) Did fundraiser have organization from activity (f) Amount paid (or retained by organization 1 Ves No (f) Amount paid (or retained by organization 1 Ves No (f) Amount paid (or retained by organization 1 Ves No (f) Amount paid (or retained by organization 1 Ves No (f) Amount paid (or retained by organization 1 Ves No (f) Amount paid (or retained by organization 6	Par	t I Fundrai	sing Activities.	Complete if the	he organiz	ation ansv	vered "Yes" on F	Form	990, Part IV	, line 17.
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations f Solicitation of government grants d In-person solicitations f Solicitation of government grants d In-person solicitations f Solicitation of government grants d In-person solicitations g Special fundraising services? IVes d In-person solicitations f (iv) Gross receipts (v) Amount paid to corretained by for entity (fundraiser is to be compensated at least \$5,000 by the organization. (v) Gross receipts (v) Amount paid to corretained by corretained by for entity (fundraiser) (v) fundraiser lead in control of corretained by correlations coll (i) (vi) Amount paid to corretained by for entity (fundraiser) (vi) Amount paid to corretained by correlations coll (i) 1 Ves No (vi) Gross receipts for activity (vi) Amount paid to correlations coll (i) 2 Ves No Indentainer lead (i) (vi) Amount paid to correlations coll (i) (vi) Amount paid to correlation coll (i) 3 Internet and address of individual coll (i) Ves No Internet and address coll (i)										
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Increason solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ives Ives b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser have outfind of control of contr	1		•	ed funds through	any of the fol					
c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: the organization is the top officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: the organization is compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have control of or entity (fundraiser) (ii) Did fundraiser have control of contro					e _		•	-	3	
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (v) Gross receipts of (or retained by) fundraiser listed in coll (or retained by) fundraiser listed in coll (or retained by) organization. (vi) Amount paid to (or retained by) fundraiser listed in coll (or retained by) fundraiser listed in coll (or retained by) organization. 1 Yes No 1 Yes No 2 Image: Second Seco					t L			ts		
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? Image: Ves image					y L		iuraising events			
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <pre></pre>		<u> </u>		oral agreement v	vith any indivi	dual (includir	ng officers, directors,	truste	ees,	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (finit) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) romactivity (vi) Amount paid to (or retained by) romactivity		-		-	-		-			🗌 Yes 🗌 No
Image: constrained by or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid (o (or retained by control of contributions? (v) Amount paid (o (or retained by control of contributions? 1 Yes No Image: control of contr	b	If "Yes," list the 1	0 highest paid individ	luals or entities (f	undraisers) p	ursuant to ag	reements under whi	ch the	e fundraiser is to	be
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Cross receipts from activity ', or retained by fundraiser inset in coll. (i) 1 Yes No Individual control of contributions? (iii) Cross receipts from activity ', or retained by fundraiser inset in coll. (i) 2 Yes No Individual control of control		compensated at l	east \$5,000 by the c	rganization.						
Yes No 1 Yes No 2				(ii) Activity	custody c	or control of		(or retained by) draiser listed in	(vi) Amount paid to (or retained by) organization
2 3 4 5 6 7 8 9 10 Total					Yes	No			col. (i)	
3 4 5 6 7 8 9 10 Total	1									
4 5 6 7 8 9 10 Total	2									
5 Image: Control of the second form 6 Image: Control of the second form 7 Image: Control of the second form 8 Image: Control of the second form 9 Image: Control of the second form 10 Image: Control of the second form 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	3									
6 7 8 9 10 Total	4									
7 10	5									
8 9 10 10 Total	6									
9 10 10 Total	7									
10 10 Total	8									
Total	9									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	Total					<u> </u>				
				n is registered or	licensed to so	blicit contribu	tions or has been no	otified	it is exempt from	
		registration or lice	ensing.							

Big Brothers Big Sisters of Beaver County

25-1643665

Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a)
 Event #1
 (b)
 Event #2
 (c)
 (d)
 Total events (add col. (a) through col. (c))

 (a)
 Event type)
 GFKS/BFKS
 1
 (total number)
 (add col. (a) through col. (c))

			Autumn Aucti GFKS/BFKS 1				
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	67,812	52,090	4,964	124,866	
	2	Less: Contributions					
	3	Gross income (line 1 minus					
		line 2)	67,812	52,090	4,964	124,866	
	4	Cash prizes					
	5	Noncash prizes	23,056	6,901	1,462	31,419	
ses	6	Rent/facility costs		8,510		8,510	
Direct Expenses	7	Food and beverages	5,653	893		6,546	
Direct	8	Entertainment	120			120	
	9	Other direct expenses	2,752	2,286	413	5,451	
	10	Direct expense summary. Add lin Net income summary. Subtract li	0	,	-	52,046	
	11	72,820					
Pa	rt III	t III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than					

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect Ex	4	Rent/facility costs				
ē	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	│	
	7	Direct expense summary. Add lir	nes 2 through 5 in column (c	d)		
	8	Net gaming income summary. Si	ubtract line 7 from line 1, co	lumn (d)		
9	E	Enter the state(s) in which the organi:	zation conducts gaming act	ivities:		
		s the organization licensed to conduct f "No," explain:				Yes No
	-	· · ·				
10a I		Were any of the organization's gamin f "Yes," explain:	ng licenses revoked, suspen	, i i i i i i i i i i i i i i i i i i i		Yes 🗌 No
	-					

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

25-1643665

01. Form 990 governing body review (Part VI, line 11)

Big Brothers Big Sisters of Beaver County

The Finance Committee reports to the Board of Directors each month by providing current

financial information along with a verbal report. All financial information is summarized

in the minutes. The Form 990 is drafted by the Independent Auditor with input by the

Executive Director and Finance Committee and is submitted to the Finance Committee and

Board of Directors for review. The Independent Auditor, as requested, meets with the

Finance Committee along with the Executive Committee to review and discuss the draft of

the Form 990. On behalf of the Finance Committee, the Finance Commitee Chair presents the

Form 990 to the Board of Directors for review and adoption prior to submitting to the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy is reviewed annually at a meeting of the Board of

Directors. All Board members are required to certify annually by their signature that

they have reviewed the policy, that they understand it, and they will comply with it.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Executive Committee reviews salaries comparable to other like-sized agencies in

accordance with budget size and years of service. The Executive Director is asked to

leave the board meeting when the Executive Committee discusses the Executive Director's

compensation with the Board of Directors. The salary deliberation and discussions are

noted and documented by the secretary in the Board of Directors minutes which are

submitted for approval at the next session.

04. Other officer or key employee compensation (Part VI, line 15b

The Executive Committee reviews salaries comparable to other like-sized agencies in

Schedule O (Form 990) 2022	Page 2
Name of the organization Big Brothers Big Sisters of Beaver County	Employer identification number 25-1643665
accordance with budget size and years of service. The salary deliberat:	ion and discussions
are noted and documented by the secretary in the Board of Directors min	ites which are
submitted for approval at the next session.	
05. Governing documents, etc, available to public (Part VI, line 19)	
Big Brothers Big Sisters of Beaver County will make the documents descr:	ibed below
available for public inspection and will provide copies of such returns	and applications
upon written requests to the Executive Director. A reasonable copy fee	may be charged.
The documents available for public inspection are the original Form 102.	3 and the last
three years of the organization's Form 990 filed with the IRS. The Form	n 990 report is
posted on the website and is available upon request to agency participar	nts and supporters.
A copy of the conflict of interest policy will also be made available to	o the public upon
request.	

Form	8868	
(Rev. Jar	nuary 2022)	

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	Big Brothers Big Sisters of Beaver County	25-1643665
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	1475 3rd Avenue	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	New Brighton PA 15066	

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of
Rachel Crisci, 1475 3rd Avenue New Brighton PA 15066

Τe	Felephone No.▶ 724-843-4600 FAX No.▶		
● If	f the organization does not have an office or place of business in the United States, check this box		· · · · · · · •
• If	f this is for a Group Retum, enter the organization's four digit Group Exemption Number (GEN)	. If this is	
for th	he whole group, check this box \ldots \ldots \blacktriangleright \Box . If it is for part of the group, check this box.	► 🗌 and attach	
a list	t with the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>23</u> , to file the extension is for the organization's return for: • X calendar year 20 22 or	exempt organization retum fo	pr
	► tax year beginning, 20, and ending	,20	0
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fin Change in accounting period	al retum	
3a	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	ition: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see	Form 8453-TE and Form 88	79-TE for payment
instru	ructions.		
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2022)

EEA

IRS *e-file* Signature Authorization Form 8879-TE OMB No. 1545-0047 for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning , 2022, and ending , 20 2022 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN 25-1643665 Big Brothers Big Sisters of Beaver County Name and title of officer or person subject to tax Rachel Crisci, Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a. 4a. 5a. 6a. 7a. 8a. 9a. or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1a 1b Form 990-EZ check here . . . 2a 2b Form 1120-POL check here. . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a 4b Form 8868 check here x 5b 5a 0 6a Form 990-T check here . . . 6b \square 7a Form 4720 check here 7b Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 8a 9a Form 5330 check here 9b 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Mark C. Turnley CPA 14750 to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. L As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date 05-08-2023 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 256121 95401 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 08-07-2023 ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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Form 990 check here x **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1a 1b 339,526 Form 990-EZ check here . . . 2a 2b Form 1120-POL check here. . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a 4b Form 8868 check here 5b 5a 6a Form 990-T check here . . . 6b \square 7a Form 4720 check here 7b Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 8a 9a Form 5330 check here 9b 10a Form 8038-CP check here. . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. 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Statement of Program Service Accomplishments	2022
etatement of Fregram bervice Accomplishments	2022

2022 PG01

Name(s) as shown on return

Big Brothers Big Sisters of Beaver County

Your Social Security Number

25-1643665

Statement #4

Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$253937
Grants and allocations included in above expense	\$29304
Program Services Revenue	\$0

Explanation

Big Brothers Big Sisters is a donor volunteer supported organization proven by research to help vulnerable children and youth to beat the odds and succeed through professional supported one-to-one relationships with volunteer Big Brothers, Sisters and Couple mentors. As one of the 235 independent affiliates of Big Brothers Big Sisters of America - we are part of our nation's largest donor supported network of youth mentors with over 100 years of success in helping at-risk children and youth to grow to become caring, confident and competent adults. Big Brothers, Sisters and Couple volunteers provide the assigned children with individual time and attention on a regular basis, sharing activities and fun times together such as playing basketball, studying, getting ice cream or going to the park. Community based mentoring takes place in the community-at-large. Campus based mentoring occurs on college campuses during the school year. School based mentoring takes place in the school setting; school personnel refer children for extra help with academics and social skills. Beyond School Walls(BSW)takes place at identified businesses/work sites where school students (grades 7-12) meet monthly during the school year with business professionals/workplace mentors. Big Brothers Big Sisters also provides related support and activities for volunteer, child and family participants such as by offering planned group enrichment activities, Summer STEAM Camp, trips to the zoo, and annual Christmas party or bowling parties.

Form	990				
Worksheet					

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(This page is not filed with the return. It is for your records only.)	2022	
Name(s) as shown on return		Tax ID Number	
Big Brothers Big Sisters of Beaver County		25-1643665	

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2018	2019	2020	2021	2022	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
Pittsburgh Penguin Foundation	5,000	12,800				17,800	
Shell Oil Company Foundation	10,000	9,600	9,900			29,500	8,320
Beaver County Foundation	5,000	5,000	10,000	7,650	5,000	32,650	11,470
Duquesne Light Charitable	10,000	10,000		20,000		40,000	18,820
Massey Charitable Trust	10,000	10,000	12,500	15,000		47,500	26,320
Grable Foundation	15,000	15,000	20,000	20,000		70,000	48,820
Rite Aid Foundation		5,000	20,000	10,000	10,070	45,070	23,890
Lincoln Learning Solutions	5,000	5,000				10,000	
Eaton Corporation		22,853	10,000	12,000	7,640	52,493	31,313
Calgon Carbon Corporation	5,000	5,000	5,000	5,000	3,000	23,000	1,820
USG Foundation		5,000				5,000	
Huddle Up for Kids Foundation		5,000				5,000	
Community College of Beaver County		15,000				15,000	
Antoline Memorial Foundation			6,445			6,445	
Joe Namath Foundation			10,000		2,500	12,500	
PA Humanities Council			4,500			4,500	
Tri-State Trailers, Inc.			10,000	11,000	11,750	32,750	11,570
Joseph Mancino				5,000		5,000	
United Way of Beaver County				31,344	33,344	64,688	43,508
ConnectWise				12,500		12,500	
Wabtec				12,000		12,000	
Pediatric and Adult Care Vision					5,820	5,820	
Jordan Whitehead Household					5,000	5,000	

Total____

_____225,851

21,180