*** PUBLIC DISCLOSURE COPY ***

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Capacity Special Control of Con	\overline{A}	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	•		
METHACTON EDUCATION FOUNDATION 26-4751225				_			
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Number and street (or P.D. box if mail is not delivered to Street address) Room/Sulfs C10 - 489 - 500	F	Name		- 26-47512	25		
10.01 KRIEBEL MILL ROAD 6.10 - 489 - 5000 Gross-receives 410 , 759 .	F	Initial					
City or town, state or province, country, and ziP or foreign postal code EAGLEVILLE, PA 19403 FNAME AS C ABOVE FNAME AS C ABOVE I Tax-exempt status: XX 5010(3)3	F	Final					
SAGLEVILLE PA 19403 Famous and address of principal officers:SHANNON PEFFER Famous and the best of my knowledge and belief, it is true, correct, and complete. Person address and substances. Shankon of principal princip	_	termin-					
Same and address of principal officer: SHANNON PEFFER SAME AS C ABOVE Tax-exempt status: Xi 501(c)3 501(c)4 (insert no.) 4947(a)(1) or 527 (No.) 1 Tax-exempt status: Xi 501(c)3 501(c)4 (insert no.) 4947(a)(1) or 527 (No.) 1 Tax-exempt status: Xi 501(c)3 501(c)4 (insert no.) 4947(a)(1) or 527 (No.) 1 Tax-exempt status: Xi 501(c)3 501(c)4 (insert no.) 4947(a)(1) or 527 (No.) 1 Tax-exempt status: Xi 501(c)3 501(c)4 (insert no.) 4947(a)(1) or 527 (No.)	Г	Amend					
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Taxexempt status: \$\[\] \] \[\] \] \[morange morage morage morage morage morage morage morage mor	L			ı	······ — —		
Website: WWW .METHACTONFOUNDATION.ORG High Group exemption number Vear of torganization: Z009 M State of legal domicia: PAPATI Summary	<u>-</u>						
Form of organization: X Corporation Trust Association Other L Year of formation: 20 0 9 M State of legal domisicile: PA	_						
Part Summary							
Briefly describe the organization's mission or most significant activities: TO SUPPORT QUALITY EDUCATION PROGRAMS FOR METHACTON SCHOOL DISTRICT Check this box				rear of formation: 2003[]	M State of legal domicile; PA		
PROGRAMS FOR METHACTON SCHOOL DISTRICT Check this box	Р			ים עשד דעון שם	NTC 3 M T O NT		
Notified in umber of individuals employed in calendar year 2022 (Part V, line 2a)	Ö	: 1		RT QUALITY EL	OCATION		
Notified in umber of individuals employed in calendar year 2022 (Part V, line 2a)	Jan	:					
Notified in umber of individuals employed in calendar year 2022 (Part V, line 2a)	jerr	2	- · · · · · · · · · · · · · · · · · · ·	I			
Notified in umber of individuals employed in calendar year 2022 (Part V, line 2a)	9	3					
Total number of volunteers (estimate if necessary) 6 75	∞ಶ	; " '		·····	ļ		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O	ies	5			_		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O	Ξ	6					
Second Part	Act	7 a					
8 Contributions and grants (Part VIII, line 1h) 380 , 399 387 , 208		b	Net unrelated business taxable income from Form 990-T, Part I, line 11				
9							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ē	8 9	Contributions and grants (Part VIII, line 1h)				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	en	9		• •			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ş	10		• •	* -		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 123,505. 260,285. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 30,944. 80,534. 16 Aroffessional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 31,762. 17 Other expenses (Part IX, column (D), line 25) 31,762. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 179,894. 372,594. 19 Revenue less expenses. Subtract line 18 from line 12 199,394. 15,082. 20 Total assets (Part X, line 16) 641,140. 656,222. 21 Total liabilities (Part X, line 26) 641,140. 656,222. 22 Part II Signature Block 5 Date Date Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature CARL HOGAN 05/13/24 Seltemployed P01368906 Prim's address 1835 Market Street, Sultrest,	_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 .		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
To Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Signature Block 28 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 29 Signature of officer 20 Signature of officer 20 Signature of officer 20 Date 21 Signature of officer 22 Shannon PEFFER, PRESIDENT Type or print name and title 23 Print/Type preparer's name 24 CARL HOGAN 25 A445. 31,776. 31,775. 31,775. 31,775. 31,775. 31,776. 31,775. 31,776. 31,776. 31,775. 31,775. 31,776. 31,775. 31,776. 31,775. 31,776. 31,776. 31,775. 31,775. 31,776. 31		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	123,505.	260,285.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		14	Benefits paid to or for members (Part IX, column (A), line 4)		· ·		
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Total expenses (Part IX, column (A), lines 11a-11d, 117-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name CARL HOGAN Preparer's signature CARL HOGAN Prim's name BBD, LLP Firm's name BBD, LLP Firm's name BBD, LLP Firm's saddress 1835 MARKET STREET, SUITE 300 Phone no.215-567-7770	ŠUŠ	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
Total expenses (Part IX, column (A), lines 11a-11d, 117-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name CARL HOGAN Preparer's signature CARL HOGAN Prim's name BBD, LLP Firm's name BBD, LLP Firm's name BBD, LLP Firm's saddress 1835 MARKET STREET, SUITE 300 Phone no.215-567-7770	ğ	b .	Total fundraising expenses (Part IX, column (D), line 25) 31,762.				
19 Revenue less expenses. Subtract line 18 from line 12 199,394. 15,082.	Ш	i 17 (
19 Revenue less expenses. Subtract line 18 from line 12 199,394. 15,082.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	179,894.	372,594.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN CARL HOGAN Pirm's name BBD, LLP Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215–567–7770		19	Revenue less expenses. Subtract line 18 from line 12	199,394.	15,082.		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN CARL HOGAN Pirm's name BBD, LLP Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215–567–7770	sets	를 20 -	Total assets (Part X, line 16)	641,140.	656,222.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN CARL HOGAN Pirm's name BBD, LLP Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215–567–7770	ASS	21 ·	Total liabilities (Part X, line 26)	0.	0.		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN CARL HOGAN Pirm's name BBD, LLP Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215–567–7770	Se	22	Net assets or fund balances. Subtract line 21 from line 20	641,140.	656,222.		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign All Here SHANNON PEFFER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN 05/13/24 Self-employed P01368906 Preparer Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215-567-7770	P	art II	Signature Block				
Sign Signature of officer Date	Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	ny knowledge and belief, it is		
SHANNON PEFFER PRESIDENT	tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
SHANNON PEFFER PRESIDENT							
Type or print name and title Print/Type preparer's name Preparer's signature CARL HOGAN CARL HOGAN Preparer Firm's name BBD, LLP Firm's address 1835 MARKET STREET, SUITE 300 PHILADELPHIA, PA 19103 Phone no. 215-567-7770	Sig	gn	Signature of officer	Date			
Print/Type preparer's name	He	ere					
Paid CARL HOGAN CARL HOGAN 05/13/24 self-employed P01368906 Preparer Use Only Pirm's address 1835 MARKET STREET, SUITE 300 Phone no. 215-567-7770			Type or print name and title				
Preparer Firm's name BBD, LLP Firm's EIN 23-2896692 Use Only Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215-567-7770				O O O			
Preparer Firm's name BBD, LLP Firm's EIN 23-2896692 Use Only Firm's address 1835 MARKET STREET, SUITE 300 Phone no. 215-567-7770	Pa	id	CARL HOGAN CARL HOGAN	05/13/24 self-emplo	yed P01368906		
PHILADELPHIA, PA 19103 Phone no. 215-567-7770	Pre	eparer	<u> </u>	Firm's EIN 2	3-2896692		
May the IRS discuss this return with the preparer shown above? See instructions			PHILADELPHIA, PA 19103	Phone no. 21			
	Ma	ay the IF	S discuss this return with the preparer shown above? See instructions		X Yes No		

Га	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 METHACTON EDUCATION FOUNDATION'S PURPOSE IS TO INSPIRE EXCELLENCE
	AND INNOVATION IN THE METHACTON SCHOOL DISTRICT THROUGH PROVIDING
	SUPPLEMENTAL FUNDING FOR INNOVATIVE EDUCATIONAL PROGRAMS AND
	INITIATIVES TO ENRICH STUDENT LEARNING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	FUNDING INNOVATIVE TEACHER GRANTS AND SUPPORT OF OTHER UNIQUE
	EDUCATIONAL OPPORTUNITIES. PRIMARY FOCUS AREAS INCLUDE, BUT ARE NOT
	LIMITED TO: STEM (SCIENCE, TECHNOLOGY, ENGINEERING & MATH), PROGRAMS
	THAT BENEFIT ECONOMICALLY DISADVANTAGED STUDENTS, CAREER READINESS AND
	STUDENT WELLNESS.
	BIODEMI WEEDWEDD:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Locality grains of V
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 281,813.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D,			x
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	170		
	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		Х
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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on the transportation of the transportation of the transportation and the manufacture of the transportation of t			

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Part IV	Checklist of Required Schedules (continued)
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00	Did the constriction was sit seems them \$5 000 of sweets on other assistance to surface demonstrictional size.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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 of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Silver in Contradict Contradict and Copposition of Floridate and Floridate V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		. 55	
b		Ō		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

METHACTON EDUCATION FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 return	2a 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X				
b	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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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 contribut	ions 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 \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ exc$	vices 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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•							
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h	, , , , , , , , , , , , , , , , , , , ,								
8	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?								
	9 Sponsoring organizations maintaining donor advised funds.								
a			9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114							
~	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.							
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.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	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	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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 on line 1a, above, who are independent 1b 20			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic analytic and an analytic analytic and an analytic analytic analytic and an analytic analytic and an analytic		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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				
12a		12a	Х	
b		12b	X	
	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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iJa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	מטו		
	75.3			
17 12	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	le onle) avail	ahlo
18		jo uriiy	, avall	aDIE
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
10		ام الم	aoia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and test amounts available to the public during the toy year.	iu tinai	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JOSEPH BUSILLO - 610-489-5000			
	1001 KRIEBEL MILL ROAD, EAGLEVILLE, PA 19403			
	TOOL KKILDED MILD KOAD, EAGLEVILLE, FA 19403			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		nout	(D)	(E)	(F)
Name and title	Average hours per	(do not che		Position heck more than one ss person is both an			one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or d	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trusi	nal tru		loyee	e e e		1099-NEC)		and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DONNA PIERGALLINI	40.00									
EXECUTIVE DIRECTOR				Х				36,611.	0.	0.
(2) SHANNON PEFFER	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DR. THOMAS RUTH	3.00								_	
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JOSEPH BUSILLO	3.00									
TREASURER	2 00	Х		Х				0.	0.	0.
(5) MARIJANE BARBONE	3.00									0
SECRETARY	2 00	Х		Х				0.	0.	0.
(6) GARY GALLAGHER	3.00	,,						0	0	0
MEMBER	2 00	Х						0.	0.	0.
(7) DR. WINIFRED HAYES	3.00	,,						_	0	0
MEMBER	1 00	Х						0.	0.	0.
(8) JIM BEAM	1.00	Х						0.	0.	0.
MEMBER	1.00	^						0.	0.	0.
(9) BETSY TECCO	1.00	Х						0.	0.	0.
MEMBER (10) DR. JUDY HORROCKS	2.00	^						0.	0.	0.
MEMBER	2.00	Х						0.	0.	0.
(11) MICHELLE KIRSCHNER	1.00	^						0.	· ·	<u> </u>
MEMBER	1.00	х						0.	0.	0.
(12) BETH ANN BITTNER MAZZA	1.00									
MEMBER		х						0.	0.	0.
(13) BRYAN HOFFMAN	1.00									
MEMBER		Х						0.	0.	0.
(14) MATT ALZAMORA	1.00									
MEMBER		Х						0.	0.	0.
(15) JAMES ARONOW	1.00									
MEMBER		Х						0.	0.	0.
(16) JEFFREY RIEDER	1.00									
MEMBER		Х						0.	0.	0.
(17) AMY SMITH	1.00									
MEMBER		Х						0.	0.	0.

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(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		from organ and	ensation the nization related in ization ization	n d
(18) STEPHANIE SAWYER	1.00												^
MEMBER	1.00	Х				-	_	0.		0.			0.
(19) CHRISTINE STEERE MEMBER	1.00	X						0.		0.			0.
(20) SEMIRA PERDUE	1.00	 					H			-			
MEMBER		Х						0.		0.			0.
(21) LAWRENCE REICH	1.00												
MEMBER		Х						0.		0.			0.
							_						
		4											
							┢			\dashv			
		1											
							H			\neg			
		1											
1b Subtotal								36,611.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								36,611.					0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed at	bove	e) w	ho i	received more than \$100	0,000 of reportabl	е			0
compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former officer		-	•		•	-			•				X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si										}	3		
and related organizations greater than \$15	•		-						-	- 1	4		Х
5 Did any person listed on line 1a receive or										·····			
rendered to the organization? If "Yes," con	-				-			-			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.				
(A) Name and business	address	NIC	INC	F.				(B) Description of s	services	C	(C) ompens		
		-11	J141										
											,		
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li 0	ste	d above) who received m	nore than				

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
-			Check if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Révenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					
an	'		Federated campaigns 1a Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts				53,460.				
ifts			•	33,400.				
nila			Related organizations 1d Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
uti		'		333,748.				
d i			similar amounts not included above 1f	333,740.				
on Ind		_	Noncash contributions included in lines 1a-1f		387,208.			
0 8		n	Total. Add lines 1a-1f	Business Code	307,200.			
•	_			Business Code				
/ice	2	а						
ser ue		b						
m S		С						
gra Re		d						
Program Service Revenue		e	All II					
_			All other program service revenue					
	_	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties(i) Real	(ii) Personal				
		_		(ii) i ersonai				
	О		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	′	а		(ii) Otrici				
		L	assets other than inventory Less: Cost or other basis					
<u>o</u>		D						
her Revenue		_	and sales expenses 7b Gain or (loss) 7c					
ev.								
F F	_		Net gain or (loss)	T				
Oth	8	а	50°460`					
			contributions reported on line 1c). See Part IV, line 18	23,551.				
		L	Part IV, line 18 8a Less: direct expenses 8b					
				•	468.			468.
	0		Gross income from gaming activities. See		400.			400.
	9	а	Part IV, line 19					
		h	Less: direct expenses 9b	1				
				•				
	10		Gross sales of inventory, less returns	<u> </u>				
	10	а	and allowances 10					
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	•				
_			THE MOOTHE OF GOSSI HOTH SAIRS OF HIVEHOLY	Business Code				
snc	11	2		Buomedo Gode				
Miscellaneous Revenue		a b						
ella		C						
isc Re			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		387,676.	0.	0.	468.
					,			

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	САРСПЗСЗ
•	and demostic governments. See Dort IV, line 21	260,285.	260,285.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
2					
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,	74 011	14 060	44 007	14 060
	trustees, and key employees	74,811.	14,962.	44,887.	14,962.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,723.	1,145.	3,433.	1,145.
11	Fees for services (nonemployees):				
а					
b	Legal				
	Accounting				
	Lobbying				
e					
f	Investment management fees				
a a					
9	column (A), amount, list line 11g expenses on Sch 0.)	2,000.		2,000.	
40	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	2,000.		2,000	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	305.		305.	
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.)				
а	CONTRACTED SERVICES	14,894.		7,094.	7,800.
b	BANK FEES	6,733.			6,733.
С	SUPPLIES	6,543.	5,421.		1,122.
d	DUES	1,300.		1,300.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	372,594.	281,813.	59,019.	31,762.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	0 12-13-22				Form 990 (2022)

		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		641,140.	1	632,944.
	2	Savings and temporary cash investments			2	23,278.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
ĸ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	Ī			
		basis. Complete Part VI of Schedule D 10a	l 1			
	b	Less: accumulated depreciation 10b			10c	
	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		641,140.	16	656,222.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
S	22	Loans and other payables to any current or former off	icer, director,			
Liabilities		trustee, key employee, creator or founder, substantial	contributor, or 35%			
iabi		controlled entity or family member of any of these per-	sons		22	
_	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	1). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
10		Organizations that follow FASB ASC 958, check he	re X			
čě		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		439,372.	27	467,127.
B	28	Net assets with donor restrictions	<u></u>	201,768.	28	189,095.
ŭ,		Organizations that do not follow FASB ASC 958, ch	eck here			
Ē		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income	or other funds		31	
Se	32	Total net assets or fund balances		641,140.	32	656,222.
	33	Total liabilities and net assets/fund balances		641,140.	33	656,222.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 2 3 4 5 6		1 2 3 4 5 6	38 37 1	7,6 2,5 5,0 1,1	94. 82.
7 8 9	Other changes in net assets or fund balances (explain on Schedule O)	7 8 9			0.
10 Pai	rt XII Financial Statements and Reporting	10		6,2	22.
	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: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Company (1997).	D		Tes	NO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
h	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		X
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2.0		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
	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?		3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

METHACTON EDUCATION FOUNDATION

Employer identification number 26-4751225

Pa	rt I	Reason for Public		(All organizations must c		nis part.) S	See instructions.	0 1731223			
		nization is not a private found			•						
1	ligai	A church, convention of ch	•		•	•					
		•	•)(ט)טייו ווי	·)(A)(i).				
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5				llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in			
		section 170(b)(1)(A)(iv). (C	•								
6		A federal, state, or local government									
7	X	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	Ш	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or			
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting			
		organization. You must o			, ,						
b	, [Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	avina			
		control or management of									
		organization(s). You mus			u p 0.00		ormanaga ana aar	5 0 1 1 2 2			
c	. [☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with			
_		its supported organizatio									
c	. [Type III non-functionally		•				ization(s)			
		that is not functionally int					• • • • •	* *			
		requirement (see instruct	-	* .	•		•				
e		Check this box if the orga	•	=							
		functionally integrated, or					2 1)po 1, 1)po 11, 1)po 111				
f	Ent	er the number of supported of	* *	many integrated eappere	ing organi.						
ç		vide the following information		ed organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions)							
Tot	al										

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

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

Sed	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	. ,	` '	. ,	` ,	, ,	,,		
	membership fees received. (Do not								
	include any "unusual grants.")	277,985.	323,293.	507,277.	380,399.	387,208.	1876162.		
2	Tax revenues levied for the organ-								
	ization'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	277,985.	323,293.	507,277.	380,399.	387,208.	1876162.		
	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)						304,644.		
6	Public support. Subtract line 5 from line 4.						1571518.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	277,985.	(b) 2019 323, 293.	(c) 2020 507, 277.	380,399.	(e) 2022 387, 208.	1876162.		
	Gross income from interest,	-	-	-	-	-			
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
_	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	2,858.	35,997.	15,021.	20,229.	23,551.	97,656.		
11	Total support. Add lines 7 through 10	,	, , ,	,	,	, , ,	1973818.		
	Gross receipts from related activities,	etc (see instruction	nns)			12			
	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section 5				
	organization, check this box and stor	•	ot, occorra, triira,	rourin, or marrax	your do a doorlorr c	70 1(0)(0)			
Sed	ction C. Computation of Publ		rcentage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	79.62 %		
	Public support percentage from 2021					15	77.12 %		
						nore, check this bo	ox and		
	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2021. If the o								
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances tes	-			-				
	more, and if the organization meets the	_					. = / =		
	organization meets the facts-and-circle								
18	Private foundation. If the organization								
	realitation in the organizatio	sia not oncon a	22.7 3.7 10 10, 10	<u>., .00, 174, 01 171</u>	, 5110011 tillo box a		(Form 990) 2022		

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed better the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar 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 loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					 	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundation. Il the organizatio	II GIG HOL OHEUN A	. 201 UII UI I 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

232023 12-09-22

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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (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 governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise 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.

232025 12-09-22

Schedule A (Form 990) 2022	METHACTON	EDUCATION	FOUNDATION	26-4751225	Page 6
Part V Type III Non-Functi	onally Integrate	d 509(a)(3) Sup	oorting Organizations	}	

_			··· - · · · ·	(B) Current Yea
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sect	ion C - Distributable Amount			Current 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		
7	Check here if the current year is the organization's first as a non-functiona	-	d Type III supporting are	onization (coo

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions				Current Year					
1	Amounts paid to supported organizations to accomplish exe		1							
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	าร	3							
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	е							
	(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) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022					
1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2022									
a	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: \$									
a	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									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2018									
<u>b</u>	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
е	Excess from 2022									

Schedule A (Form 990) 2022

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.)

SCHEI	DULE	Α,	PART	II,	LINE	10,	EXPLANA	TION	FOR	OTHER	INCOME:
FUNDI	RAISI	ING	REVE	NUE							
2018	AMOU	JNT :	\$	2,8	58.						
2019	AMOU	JNT :	\$	35,	997.						
2020	AMOU	JNT:	\$	15,	021.						
2021	JOMA	JNT :	\$	20,	229.						
2022	AMOU	JNT:	\$	23,	551.						

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

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

METHACTON EDUCATION FOUNDATION

26-4751225

Employer identification number

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 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							
	ion is covered by the General Rule or a Special Rule . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under al)(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 uring 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; 0-EZ, line 1. Complete Parts I and II.							
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering on (b) instead of the contributor name and address), II, and III.							
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV,	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , 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 filing requirements of Schedule B (Form 990).							

223451 11-15-22

Name of organization Employer identification number

METHACTON EDUCATION FOUNDATION

26-4751225

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$62,791.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	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
4	- Training data coop and En 1 1	\$31,000.	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		\$\$ <u>46,000.</u>	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
6		\$84,945.	Person X Payroll

Name of organization

Employer identification number

METHACTON EDUCATION FOUNDATION

26-4751225

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

METHACTON EDUCATION FOUNDATION

26-4751225

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization Employer identification number

	CTON EDUCATION FOUNDATI		26-4751225
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	t 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations r the year. (Enter this info. once.) \$
(a) No. from Part I	rom (b) Purpose of gift (c) Use		(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

METHACTON EDUCATION FOUNDATION

Employer identification number 26-4751225

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at 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 organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morching conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tı	reasures, o	or Other	Similar A	Assets(cc	ntinued,)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following tha	at make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	I 🗌 Lo	an or exc	change progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	/ further t	the organizati	ion's exem	pt purpose i	in Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Ye	s 🗆	☐ No
Par	t IV Escrow and Custodial Arran								, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntributio	ns or other as	ssets not in	cluded			
	on Form 990, Part X?							L Ye	s L	No
b	If "Yes," explain the arrangement in Part XIII									
								Amo	ount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or c	ustodial acco	ount liability	/?	L Ye	s L	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								<u> L</u>	
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Pric	r year	(c) Two year	rs back (d) Three years	back (e)	our year	s 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 curr	rent year end baland	ce (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	ered for the)			
	organization by:								Yes	No
	(i) Unrelated organizations							3a	(i)	
	(ii) Related organizations							3a	(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sch	edule R?	?			3	b	
4	Describe in Part XIII the intended uses of the		owment fur	nds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, I	ine 11a.	See Form 990	D, Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) E	Book valı	ue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, column	(B), line	10c.)					0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 METHACTON E	DUCATION FOUN	IDATION 26-4751225 Page 3
Part VII Investments - Other Securities.		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Accete		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(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	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 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... X

Schedule D (Form 990) 2022

2	6 –	1	7 に	1つ	2 5	Page 4
4	U -	± /	J		4 -	' Pade⁴

Complete if the organization answered "Yes" on Form 990, Part IV, lin 1 Total revenue, gains, and other support per audited financial statements			1	410,759.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				·
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	410,759.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b	-23,083.		
c Add lines 4a and 4b			4c	-23,083.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		- -	5	387,676.
Part XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Return	1.
Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	395,677.
Total expenses and losses per audited financial statements			•	333,077.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
a Donated services and use of facilities				
b Prior year adjustments	-			
c Other losses d Other (Describe in Part XIII.)		23,083.		
e Add lines 2a through 2d			2e	23,083.
3 Subtract line 2e from line 1			3	372,594.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				0.2,002.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	372,594.
Part XIII Supplemental Information.	,			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			4; Part X,	line 2; Part XI,
PART X, LINE 2:				
MEF HAS ADOPTED AN ACCOUNTING STANDARD RE	GARDING U	NCERTAIN T	AX PO	OSITIONS.
THE STANDARD PRESCRIBES A MINIMUM THRESHO	LD THAT A	TAX POSIT	ION I	rs .
REQUIRED TO MEET IN ORDER TO BE RECOGNIZE	D IN THE	FINANCIAL	STATI	EMENTS.
MEF BELIEVES THAT IT HAD NO UNCERTAIN TAX	POSITION	S AS DEFIN	ED I	N THE
STANDARD.				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES				-23,083.
				.,
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES				23,083.
232054 09-01-22			Schedul	e D (Form 990) 2022

Schedule D	(Form 990) 2022	METHACTON	EDUCATION	FOUNDATION	26-4751225 Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (continued)			J
		(
_					

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization METHACT	ON EDUCATION FOUND	ATI	ON			Employer ide 26-4751	ntification number 225
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV, I	line 17	. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is e	xempt from re	egistration

232081 10-27-22

Schedule G (Form 990) 2022

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

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

		of fundraising event contributions and gr	oss income on Form 990		<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ADEX AMADDA	DODGEDALI	1	(add col. (a) through
				DODGEBALL	(4.54.5)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	64,401.	12,610.		77,011.
	2	Less: Contributions	50,310.	3,150.		53,460.
	3	Gross income (line 1 minus line 2)	14,091.	9,460.		23,551.
	4	Cash prizes				
Se	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	10,918.			10,918.
	8	Entertainment				
	9	Other direct expenses		5,140.	1,210.	12,166.
	10					23,084.
		Net income summary. Subtract line 10 from I				467.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
υle			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						, , , , , , , ,
Ä	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	∟ No	∟ No	└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
		Net continue in a continue of the continue of	7. for any the state of the sta			
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (a)			
9	Ent	ter the state(s) in which the organization condi	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				. —
		· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming licenses re			•	Yes No
b	If "	Yes," explain:				
	_					

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Sch	edule G (Form 990) 2022	METHACTON	EDUCATION	FOUNDATION	26-4	7512	25 Page 3
11	Does the organization conduct ga	ming activities with r	onmembers?			Y	es No
12	Is the organization a grantor, beneto administer charitable gaming?	•			•		es No
13	Indicate the percentage of gaming						C3 110
	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of th						
	Name						
	Address						
15a	Does the organization have a con	tract with a third part	y from whom the org	ganization receives gaming re	evenue?	Y	es No
b	If "Yes," enter the amount of gam	ing revenue received	by the organization	\$	and the amount		
	of gaming revenue retained by the		, ,				
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Francisco					
	Director/officer	Employee	іпаере	ndent contractor			
17	Mandatory distributions:						
а	Is the organization required under	state law to make ch	naritable distribution	s from the gaming proceeds	to		
						Y	es L No
k	Enter the amount of distributions	•		to other exempt organization	ns or spent in the		
Pa	organization's own exempt activit IT IV Supplemental Infor			red by Part I, line 2b, columns	s (iii) and (v): and Par	t III line	es 9 9h 10h
				nformation. See instructions.	o (iii) ai ia (v), ai ia i ai	,	50 0, 00, 100,

Schedule (G (Form 990)	METHACTON	EDUCATION	FOUNDATION	26-4751225	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				-
		,				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 26-4751225 METHACTON EDUCATION FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant noncash or assistance FMV, appraisal, assistance other) TO HELP SUPPORT THE METHACTON SCHOOL DISTRICT EDUCATIONAL AND COMMUNITY 1001 KRIBEL HILL ROAD PROGRAMS AT METHACTON SCHOOL DISTRICT EAGLEVILLE, PA 19403 23-6050689 GOV'T 260,285 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		0.0.1111.1	(1)	1.00	
Part IV Supplemental Information. Provide the information	on required in Part I, iin	e 2; Part III, columi	n (b); and any other a	aditional information.	
ART I, LINE 2:					
RANT IS SUBMITTED AND REVIEWED	BY THE BOA	RD TO DETE	ERMINE IF T	HE GRANT IS	
SSUED OR REJECTED. GRANTEES AR	E REQUIRED '	TO SUBMIT	A REPORT T	O THE	
RGANIZATION DETAILING THE USE	OF THE GRAN'	т.			
	<u> </u>	<u>- · · </u>			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

METHACTON EDUCATION FOUNDATION

Employer identification number 26-4751225

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 IS SENT TO THE TREASURER WHO FORWARDS TO THE FINANCIAL COMMITTEE AND PRESIDENT FOR REVIEW AND APPROVAL. THE 990 IS SIGNED BY THE PRESIDENT UPON APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. AN INTERESTED PARTY SHALL COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS. COMPLETED DISCLOSURE STATEMENTS WILL BE REVIEWED BY THE GOVERNANCE AND EXECUTIVE COMMITTEE'S FOR POTENTIAL CONFLICTS AND RESOLUTION.

AN INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST

SHALL NOT PARTICIPATE OR BE PRESENT DURING THE DELIBERATIONS AND DECISION

MAKING OF THE FOUNDATION WITH RESPECT TO THE TRANSACTION IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE AT METHACTON EDUCATION FOUNDATION LOCATION UPON

WRITTEN REQUEST.

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

Schedule O (Form 990) 2022