

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: Matthew 25 Ministries, Inc.
D Employer identification number: 31-1348100
E Telephone number: 513-793-6256
G Gross receipts \$: 370,587,499.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: www.M25M.org
K Form of organization: Corporation
L Year of formation: 1992
M State of legal domicile: OH

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

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.
Signature of officer: Gerald (Butch) Elfers, CFO
Date: 11/13/2023
Preparer: Paula Hume, CPA
Date: 11/13/2023

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: The mission of Matthew 25: Ministries is to provide nutritional food to the hungry, clean water to the thirsty, clothing to the naked, affordable shelter to the homeless, medical care to the ill, and humanitarian supplies to those in need. Additionally, Matthew 25:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 190,568,101. including grants of \$ 182,826,094. ) (Revenue \$ 1,204,180. ) Humanitarian Aid

M25M delivers humanitarian aid & disaster relief supplies to those in need, including clothing, non-perishable food, first aid & medical supplies, school supplies, hygiene products, cleaning supplies, household items, baby products and latex paint. In 2022, M25M shipped 1,229 40' containers, helping over 30 million people in need.

4b (Code: ) (Expenses \$ 108,930,865. including grants of \$ 104,505,453. ) (Revenue \$ 275,600. ) Disaster Relief

Matthew 25: Ministries' focus during disasters is typically on moving large amounts of critically needed aid into the affected area. When our Disaster Response Team deploys, we utilize a fleet of specialty vehicles to distribute initial loads of aid and set up distribution channels through partner organizations for future shipments.

4c (Code: ) (Expenses \$ 2,015,457. including grants of \$ ) (Revenue \$ 249,315. ) Kirkwood

A retreat and conference facility for groups, adult and youth camps, weekend retreats, mission conferences, scouting events, band camps, churches, at-risk youth, etc. In 2021, Kirkwood temporarily suspended overnight stays during the Covid-19 pandemic, and launched a safe, family-friendly outdoor Adventure Park for individuals, families, groups, and non-profit organizations to enjoy together.

4d Other program services (Describe on Schedule O.) (Expenses \$ 166,941. including grants of \$ ) (Revenue \$ 28,025. )

4e Total program service expenses 301,681,364.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Butch Elfers CFO - (513) 793-6256
11060 Kenwood Rd, Cincinnati, OH 45242

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tim Mettey CEO	60.00			X			434,371.	0.	59,685.	
(2) Karen Otto Vice President	50.00			X			243,483.	0.	45,084.	
(3) Rev. Wendell E. Mettey Former President	0.00					X	272,000.	0.	0.	
(4) Gerald Elfers CFO	50.00			X			154,586.	0.	15,502.	
(5) Patty Dilg COO	50.00			X			125,172.	0.	6,407.	
(6) Jim Russell Director	1.00	X					0.	0.	0.	
(7) Michael Staudinger MD Director	1.00	X					0.	0.	0.	
(8) Harry Yeaggy Director	1.00	X					0.	0.	0.	
(9) Eric Niemeyer MD Director	1.00	X					0.	0.	0.	
(10) Jeanette Hanna-Ruiz Director	1.00	X					0.	0.	0.	
(11) Deborah Hayes Director	1.00	X					0.	0.	0.	
(12) Michelle Goret Director	1.00	X					0.	0.	0.	
(13) Donald E. Jones, THD Director	1.00	X					0.	0.	0.	
(14) Martha Orabella, MD Director	1.00	X					0.	0.	0.	
(15) Michael Brandy Jr Chairman	1.00	X		X			0.	0.	0.	
(16) Douglas W Thomson ESQ Secretary	1.00	X		X			0.	0.	0.	
(17) Linda Tracy Gill CPA Treasurer	1.00	X		X			0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ron Messer Director	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							1,229,612.	0.	126,678.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,229,612.	0.	126,678.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	6,595.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	367,830,854.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 351,242,648.				
	<b>h Total.</b> Add lines 1a-1f .....			367,837,449.			
Program Service Revenue	<b>2 a</b> Handling Shipping Fees	Business Code					
		493000	1,160,969.	1,160,969.			
	<b>b</b> Program Revenue	493000	552,941.	552,941.			
	<b>c</b> Other Program Income	493000	42,460.	42,460.			
	<b>d</b> Missions Hotel	721000	750.	750.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,757,120.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		98,798.			98,798.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	843,341.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	818,050.	18,000.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	25,291.	-18,000.			
<b>d</b> Net gain or (loss) .....			7,291.		7,291.		
<b>8 a</b> Gross income from fundraising events (not including \$ 6,595. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		34,157.				
			126,047.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-91,890.		-91,890.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> Other Income	Business Code					
		900099	16,634.			16,634.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			16,634.				
<b>12 Total revenue.</b> See instructions .....			369,625,402.	1,757,120.	0.	30,833.	

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	193,404,110.	193,404,110.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	93,927,437.	93,927,437.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,084,891.	513,545.	431,892.	139,454.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,579,186.	4,016,926.	202,063.	360,197.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,239.	60,981.	8,533.	6,725.
<b>9</b> Other employee benefits .....	1,234,162.	987,157.	138,134.	108,871.
<b>10</b> Payroll taxes .....	438,845.	351,015.	49,118.	38,712.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,629.	19,629.		
<b>c</b> Accounting .....	50,416.	18,345.	19,467.	12,604.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	36,787.		36,787.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	142,924.	72,415.	36,358.	34,151.
<b>14</b> Information technology .....	106,473.	72,098.	15,557.	18,818.
<b>15</b> Royalties .....	172,000.	172,000.		
<b>16</b> Occupancy .....	624,061.	592,858.	24,962.	6,241.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	36,133.	34,327.	1,445.	361.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,518,751.	1,476,196.	31,411.	11,144.
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> Inventory Obsolescence	3,846,266.	3,846,266.		
<b>b</b> Other Program	1,012,499.	1,012,499.		
<b>c</b> Equipment rental & main	484,444.	471,901.	6,682.	5,861.
<b>d</b> Supplies	471,859.	409,891.	31,455.	30,513.
<b>e</b> All other expenses	622,106.	221,768.	25,095.	375,243.
<b>25</b> Total functional expenses. Add lines 1 through 24e	303,889,218.	301,681,364.	1,058,959.	1,148,895.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,175,376.	<b>1</b>	3,710,784.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	382,636.	<b>4</b>	955,373.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	118,312,990.	<b>8</b>	183,023,117.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,908,249.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,299,894.	16,547,829.	<b>10c</b> 17,608,355.
	<b>11</b> Investments - publicly traded securities .....	6,100,718.	<b>11</b>	5,292,629.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	354,126.	<b>15</b>	2,457,476.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	146,873,675.	<b>16</b>	213,047,734.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	668,195.	<b>17</b>	1,594,353.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,063,141.	<b>24</b>	1,604,850.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	634,886.	<b>25</b>	658,181.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,366,222.	<b>26</b>	3,857,384.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	142,100,986.	<b>27</b>	204,194,746.
	<b>28</b> Net assets with donor restrictions .....	2,406,467.	<b>28</b>	4,995,604.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	144,507,453.	<b>32</b>	209,190,350.
<b>33</b> Total liabilities and net assets/fund balances .....	146,873,675.	<b>33</b>	213,047,734.	

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	369,625,402.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	303,889,218.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	65,736,184.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	144,507,453.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,053,287.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	209,190,350.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)

**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 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **Matthew 25 Ministries, Inc.** Employer identification number **31-1348100**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	228,538,389.	231,040,046.	304,871,164.	316,986,721.	367,837,449.	1449273769.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	228,538,389.	231,040,046.	304,871,164.	316,986,721.	367,837,449.	1449273769.
<b>5</b> 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) .....						334,401,043.
<b>6 Public support.</b> Subtract line 5 from line 4.						1114872726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	228,538,389.	231,040,046.	304,871,164.	316,986,721.	367,837,449.	1449273769.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	126,275.	132,186.	110,359.	101,227.	98,798.	568,845.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				37,443.	16,634.	54,077.
<b>11 Total support.</b> Add lines 7 through 10						1449896691.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,281,245.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	76.89 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	78.21 %

**16a 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 organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 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

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Other Income

2021 Amount: \$ 37,443.

2022 Amount: \$ 16,634.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Matthew 25 Ministries, Inc.

Employer identification number

31-1348100

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization  <b>Matthew 25 Ministries, Inc.</b>	Employer identification number  31-1348100
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 13,558,743.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 63,836,761.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 33,009,663.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,925,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 17,336,929.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 8,523,666.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Matthew 25 Ministries, Inc.</b>	Employer identification number  31-1348100
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 9,690,814.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 7,704,540.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Matthew 25 Ministries, Inc.</b>	<b>Employer identification number</b>  31-1348100
--	---

**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
1	Products for Humanitarian Aid _____ _____ _____	\$ 13,558,743.	12/31/22
2	Products for Humanitarian Aid _____ _____ _____	\$ 63,836,761.	12/31/22
3	Products for Humanitarian Aid _____ _____ _____	\$ 33,009,663.	12/31/22
4	Products for Humanitarian Aid _____ _____ _____	\$ 10,925,530.	12/31/22
5	Products for Humanitarian Aid _____ _____ _____	\$ 17,336,929.	12/31/22
6	Products for Humanitarian Aid _____ _____ _____	\$ 8,523,666.	12/31/22



Name of organization  <b>Matthew 25 Ministries, Inc.</b>	<b>Employer identification number</b>  31-1348100
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**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
7	Products for Humanitarian Aid _____ _____ _____	\$ 9,690,814.	12/31/22
8	Products for Humanitarian Aid _____ _____ _____	\$ 7,704,540.	12/31/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>Matthew 25 Ministries, Inc.</b>	Employer identification number  31-1348100
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2022

Open to Public Inspection

Name of the organization: Matthew 25 Ministries, Inc. Employer identification number: 31-1348100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered 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 organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,381,972.		1,381,972.
b Buildings		14,506,445.	2,555,232.	11,951,213.
c Leasehold improvements		5,124,266.	1,893,569.	3,230,697.
d Equipment		3,286,681.	2,580,131.	706,550.
e Other		608,885.	270,962.	337,923.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,608,355.

**Part VII Investments - Other Securities.**

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)		
<b>Total.</b> (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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)	
<b>Total.</b> (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) Accumulated postretirement benefit obligation	560,233.
(3) Lease Liabilities	97,948.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	368,535,328.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,053,287.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,053,287.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	369,588,615.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,787.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	36,787.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	369,625,402.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	303,852,431.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	303,852,431.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,787.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	36,787.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	303,889,218.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization is a not-for profit organization that is exempt from

income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). The

Organization qualifies for deductible contributions as provided in IRC

Section 170(b)(I)(A)(vi) and has not been classified as a private

foundation within the meaning of the IRC Section 509(a).

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization  Matthew 25 Ministries, Inc.	Employer identification number  31-1348100
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Humanitarian Assistance	57,345,104.
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Services	Humanitarian Assistance	5,179,746.
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Services	Humanitarian Assistance	1,505,300.
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives,	0	0	Program Services	Humanitarian Assistance	9,865,613.
Europe (Including Iceland & Greenland)	0	0	Program Services	Humanitarian Assistance	20,031,674.
<b>3 a</b> Subtotal .....	0	0			93,927,437.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			93,927,437.

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

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean - Antigua & Barbuda, Aruba,	Humanitarian Assistance	589,170.		57,345,104.	Products	FMV
		South America - Argentina, Bolivia, Brazil, Chile, Columbia,	Humanitarian Assistance	0.		5,179,746.	Products	FMV
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	Humanitarian Assistance	0.		1,505,300.	Products	FMV
		South Asia - Afghanistan, Bangladesh, Bhutan, India,	Humanitarian Assistance	0.		9,865,613.	Products	FMV
		Europe (Including Iceland & Greenland)	Humanitarian Assistance	914,400.		20,031,674.	Products	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **11**

3 Enter total number of other organizations or entities ..... **8**



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Consistent communications and reporting expectations with grantees and if possible visits to affected areas.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>Matthew 25 Ministries, Inc.</b>	Employer identification number <b>31-1348100</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	
  
- 2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		5K Race and Hunger Drive (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	40,752.		40,752.
	2	Less: Contributions	6,595.		6,595.
	3	Gross income (line 1 minus line 2)	34,157.		34,157.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,818.		7,818.
	7	Food and beverages	1,768.		1,768.
	8	Entertainment	99,475.		99,475.
	9	Other direct expenses	16,986.		16,986.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			126,047.
11	Net income summary. Subtract line 10 from line 3, column (d)			-91,890.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>13a</b>		%
<b>13b</b>		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization Matthew 25 Ministries, Inc. Employer identification number 31-1348100

**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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
180 Disaster Relief 2866 E 89th St Tulsa, OK 74137	47-1356323	501(c)(3)	0.	682,623.	FMV	goods and supplies	Humanitarian Aid
4 Good Community 1900 Us Hwy 41 N Unit 3 Henderson, KY 42420	85-1574845	501(c)(3)	0.	708,604.	FMV	goods and supplies	Humanitarian Aid
A&A Recycling 400 Station Avenue Arlington Heights, OH 45215	20-5925078	Other	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
Adam's Cty Homeless Shelter/The Messianic Refuge - 700 Brush Creek Rd - Manchester, OH 45144	82-5160992	501(c)(3)	0.	34,845.	FMV	goods and supplies	Humanitarian Aid
Advent 725 Whittier St Cincinnati, OH 45229	72-1603185	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
Anita Daniels Foundation 505 West Gray Street 4 Houston, TX 77019	82-2727246	501(c)(3)	0.	994,535.	FMV	goods and supplies	Humanitarian Aid

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 195.

3 Enter total number of other organizations listed in the line 1 table 26.

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

Schedule I (Form 990) 2022



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anna Kroeger 6200 S. Gilmore Rd Fairfield, OH 45014	31-0542366	Other	0.	15,340.	FMV	goods and supplies	Humanitarian Aid
Astoria Place of Cincinnati 3627 Harvey Avenue Cincinnati, OH 45229	82-4524824	501(c)(3)	0.	15,340.	FMV	goods and supplies	Humanitarian Aid
Astoria Place of Silverton 6922 Ohio Avenue Cincinnati, OH 45236	82-4532351	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Bethany House 4769 Reading Rd Cincinnati, OH 45237	31-1101401	501(c)(3)	0.	12,954.	FMV	goods and supplies	Humanitarian Aid
Bethany United Methodist Church 6388 Cincinnati Dayton Rd Liberty Twnshp, OH 45044	36-2167731	501(c)(3)	0.	13,765.	FMV	goods and supplies	Humanitarian Aid
Beth-El Ministries 18240 S. Highway 301 Wimauma, FL 33598	59-3004876	501(c)(3)	0.	2,217,076.	FMV	goods and supplies	Humanitarian Aid
Bethel Mission Outreach Center 206 N Bethel St Roma, TX 78584	27-0023206	501(c)(3)	0.	212,806.	FMV	goods and supplies	Humanitarian Aid
BeyGood 15821 Ventura Blvd Ste 370 Encino, CA 91436	87-3502092	501(c)(3)	0.	321,774.	FMV	goods and supplies	Humanitarian Aid
Blanchester Church of the Nazarene 10451 St Rt 28 Blanchester, OH 45017	31-0885757	501(c)(3)	0.	14,465.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bloc Ministries 911 W. 8th Street Cincinnati, OH 45202	31-1613471	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Bond Machine Company 921 N. Main Street Franklin, OH 45005	31-0805605	Other	0.	15,340.	FMV	goods and supplies	Humanitarian Aid
Bread of Life, Inc. 2019 Crawford St Houston, TX 77003	76-0386510	501(c)(3)	0.	11,954,919.	FMV	goods and supplies	Humanitarian Aid
Breathitt County Hunger Alliance PO Box 697 Jackson, KY 41339	86-3211842	501(c)(3)	0.	3,332,853.	FMV	goods and supplies	Humanitarian Aid
Brighton Center Inc 799 Ann Street Newport, KY 41071	61-0673886	501(c)(3)	0.	55,621.	FMV	goods and supplies	Humanitarian Aid
Cain 4230 Hamilton Ave Cincinnati, OH 45223	31-1341556	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
Cajun Army 17217 N Lake Dr Prairieville, LA 70769	81-3723963	501(c)(3)	0.	326,213.	FMV	goods and supplies	Humanitarian Aid
Caring First Home Healthcare 28441 State Route 1 West Harrison, IN 47060	26-1169674	501(c)(3)	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
Carlisle Boosters/Schools 230 Jamaica Rd Carlisle, OH 45005	31-1636955	Other	0.	23,680.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chester Township Fire Department 5580 State Rt. 380 Wilmington, OH 45177	31-6180144	Other	0.	64,927.	FMV	goods and supplies	Humanitarian Aid
Child Focus 4286 Wuebold Lane Cincinnati, OH 45245	31-9526668	501(c)(3)	0.	33,531.	FMV	goods and supplies	Humanitarian Aid
Chris Poranski 3132 Oxford Middletown Rd Sommerville, OH 45064	23-0849250	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Christ Church - Mason 5165 Western Row Rd Mason, OH 45040	23-7275189	501(c)(3)	0.	28,918.	FMV	goods and supplies	Humanitarian Aid
Christ Tabernacle Apostolic Church/CT Cares - 3401 Hamilton-Mason Rd - Hamilton, OH 45011	31-1324620	501(c)(3)	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
Christian Help Center 2478 E Main St Batavia, OH 45103	41-2232912	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Church that Matters 3 W 41st St Sand Springs, OK 74063	27-1470648	501(c)(3)	0.	134,788.	FMV	goods and supplies	Humanitarian Aid
Cincinnati Fan 7697 Snider Rd Mason, OH 45040	31-1072999	Other	0.	45,769.	FMV	goods and supplies	Humanitarian Aid
Cincinnati Urban Promise 2420 Harrison Ave Cincinnati, OH 45211	80-0472009	501(c)(3)	0.	20,189.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CitiIMPACT PO Box 605 Davidson, NC 28036		501(c)(3)	0.	5,347,942.	FMV	goods and supplies	Humanitarian Aid
CNE Cares 2646 Freedrom Trl. Batavia, OH 45103	85-3624172	501(c)(3)	0.	130,175.	FMV	goods and supplies	Humanitarian Aid
Community Christian Church 3401 Millikin Rd Fairfield Twp, OH 45011	31-6007518	501(c)(3)	0.	16,680.	FMV	goods and supplies	Humanitarian Aid
Community Concepts Inc. 6699 Tri Way Drive Mason, OH 45040	31-1309862	501(c)(3)	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
Community Link/Talbert House 1005 Walnut Street Cincinnati, OH 45202	31-0713350	501(c)(3)	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
Community Resource Center 430 Myatt Dr Madison, TN 37115	62-1308387	501(c)(3)	0.	530,747.	FMV	goods and supplies	Humanitarian Aid
Corinthian Baptist Church 1920 Tennessee Ave Cincinnati, OH 45237	31-0685845	501(c)(3)	0.	19,954.	FMV	goods and supplies	Humanitarian Aid
Crayons to Computers 1350 Tennessee Avenue Cincinnati, OH 45229	31-1507076	501(c)(3)	0.	20,951.	FMV	goods and supplies	Humanitarian Aid
Creative Connections LLC 5558 Cheviot Rd Cincinnati, OH 45247	46-2435596	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dearborn County Clearinghouse for Emergency Aid - 411 George Street - Aurora, IN 47001	31-1158133	501(c)(3)	0.	123,467.	FMV	goods and supplies	Humanitarian Aid
Dr. Sandra Dee 791 Evangeline Forest Park, OH 45240	31-5157043	Other	0.	18,442.	FMV	goods and supplies	Humanitarian Aid
Dream Center Cincinnati 260 Fairbanks Ave Cincinnati, OH 45204	31-6042823	501(c)(3)	0.	16,518.	FMV	goods and supplies	Humanitarian Aid
East Cleveland Library 14101 Euclid Ave E Cleveland, OH 44112	88-3932200	501(c)(3)	0.	68,736.	FMV	goods and supplies	Humanitarian Aid
Elmwood Place 6110 Highland Ave Cincinnati, OH 45216	31-0647859	501(c)(3)	0.	82,311.	FMV	goods and supplies	Humanitarian Aid
Eradicate the Hate 815 E Rosecrans Los Angeles, LA 90056	82-2054059	501(c)(3)	0.	670,012.	FMV	goods and supplies	Humanitarian Aid
Eternal Life Apostolic Church of God - 1389 Central Ave - Middletown, OH 45044	26-0035769	501(c)(3)	0.	35,789.	FMV	goods and supplies	Humanitarian Aid
Everything But the House 4650 Wilmer Avenue Cincinnati, OH 45226	84-2767756	Other	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
Fairfiled City Schools 4641 Back Lance Fairfield, OH 45014	31-6000798	Other	0.	13,578.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Faith Evangelical Free Church 5910 Price Rd Milford, OH 45150	31-1045355	501(c)(3)	0.	15,340.	FMV	goods and supplies	Humanitarian Aid
Faith United Church of Christ 6886 Salem Rd Cincinnati, OH 45230	13-1957221	501(c)(3)	0.	31,201.	FMV	goods and supplies	Humanitarian Aid
Feed Our Flock 1158 St Rt 131 Milford, OH 45150	83-1006588	501(c)(3)	0.	14,683.	FMV	goods and supplies	Humanitarian Aid
FEMA/Volunteer FL 10016-10030 Bavaria Rd Fort Myers, FL 33913	01-0973168	501(c)(3)	0.	528,108.	FMV	goods and supplies	Humanitarian Aid
First Baptist Church of Auburn 4241 Hamilton Scipio Rd Hamilton, OH 45013	31-0906501	501(c)(3)	0.	59,649.	FMV	goods and supplies	Humanitarian Aid
First Baptist Church of Glen Este 1034 Old State Route 74 Batavia, OH 45103	31-1362853	501(c)(3)	0.	20,951.	FMV	goods and supplies	Humanitarian Aid
From the Heart Church Ministries of Cincinnati - 715 Flenning Rd - Cincinnati, OH 45231	31-1664832	501(c)(3)	0.	66,730.	FMV	goods and supplies	Humanitarian Aid
G3 Community Church PO Box 1261 Lebanon, OH 45036	31-6060297	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Gadsden County Strong 339 E Jefferson St Quincy, FL 32351	84-3140991	501(c)(3)	0.	490,610.	FMV	goods and supplies	Humanitarian Aid

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Gaines United Methodist Church 5707 Madison rd Cincinnati, OH 45227	31-0842449	501(c)(3)	0.	31,201.	FMV	goods and supplies	Humanitarian Aid
Gamble Montessori Elementary School - 2700 Felicity Place - Cincinnati, OH 45211	31-6000758	Other	0.	47,360.	FMV	goods and supplies	Humanitarian Aid
Giving the Basics 3597 W 222nd St Bucyrus, KS 66013	45-3069975	501(c)(3)	0.	4,732,635.	FMV	goods and supplies	Humanitarian Aid
Global Empowerment Mission 1850 NW 84th Ave Suite 100 Doral, FL 33126	45-3782061	501(c)(3)	0.	152,543.	FMV	goods and supplies	Humanitarian Aid
Good News 1063 W North Bend Rd Cincinnati, OH 45224	23-7253568	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Good Shepherd Center 811 Martin St Wilmington, NC 28401	56-1566178	501(c)(3)	0.	150,536.	FMV	goods and supplies	Humanitarian Aid
Goodwill Industries 10600 Springfield Pike Cincinnati, OH 45215	53-0196517	501(c)(3)	0.	73,593,735.	FMV	goods and supplies	Humanitarian Aid
Goshen Methodist Church 6710 Goshen Rd Goshen, OH 45122	35-1511229	501(c)(3)	0.	41,649.	FMV	goods and supplies	Humanitarian Aid
Grace Evangelical Church 1410 Hubbard Rd Galloway, OH 43119	31-1617667	501(c)(3)	0.	4,913,065.	FMV	goods and supplies	Humanitarian Aid

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Greater Miami Valley YMCA 102 S. 2nd Street Hamilton, OH 45011	31-0536719	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Greater Vision Ministries 18149 US Hwy S2 Metamora, IN 47030	80-0296631	501(c)(3)	0.	21,106.	FMV	goods and supplies	Humanitarian Aid
Greene County Fish Pantry 774 Cincinnati Ave Xenia, OH 45385	31-0709089	501(c)(3)	0.	10,476.	FMV	goods and supplies	Humanitarian Aid
Grundy Baptist Church 1283 Edgewater Dr Grundy, VA 24614	54-1240205	501(c)(3)	0.	32,625.	FMV	goods and supplies	Humanitarian Aid
Hamilton County Public Health 250 William Howard Taft Rd Cincinnati, OH 45219	31-6000063	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Hamilton Township Police Department - 7780 South State Route 48 - Maineville, OH 45039	31-0978081	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Hands of Empowerment Resource Center - 1115 Hicks Blvd Suite 5 - Fairfield, OH 45214	26-4350201	501(c)(3)	0.	61,484.	FMV	goods and supplies	Humanitarian Aid
Hands of Love/Harbor Light Worship Center - 130 Washington St - Stanton, KY 40380	47-3607748	501(c)(3)	0.	4,330,410.	FMV	goods and supplies	Humanitarian Aid
Harris Distributing Company 1217 Ellis St Cincinnati, OH 45223	31-0741641	Other	0.	219,119.	FMV	goods and supplies	Humanitarian Aid

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Hatching Hope 374 Shady Acres Road Alabaster, AL 35007	81-1349875	501(c)(3)	0.	1,017,402.	FMV	goods and supplies	Humanitarian Aid
Hispanic Star 348 W 57th St New York, NY 10013	82-2548437	501(c)(3)	0.	1,685,590.	FMV	goods and supplies	Humanitarian Aid
Hitachi Astemo 960 Cherry St Blanchester, OH 45107	31-1252372	Other	0.	47,360.	FMV	goods and supplies	Humanitarian Aid
House of Deliverance 333 S Second St Hamilton, OH 45011	56-2426964	501(c)(3)	0.	73,234.	FMV	goods and supplies	Humanitarian Aid
House of Prayer Church 2214 University Blvd S Jacksonville, FL 32216	27-1198387	501(c)(3)	0.	471,034.	FMV	goods and supplies	Humanitarian Aid
I Serve 365 13010 FM 1745 N Chester, TX 75936	82-3209351	501(c)(3)	0.	2,382,611.	FMV	goods and supplies	Humanitarian Aid
Impacting Tomorrow 995 Liala Ave Milford, OH 45150	85-2451703	501(c)(3)	0.	62,402.	FMV	goods and supplies	Humanitarian Aid
Independence Elementary School 7480 Princeton Rd Liberty Twp, OH 45044	31-1409788	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Interfaith Hospitality 990 Nassau Street Cincinnati, OH 45006	31-1335474	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid

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J.F. Dulles Elementary School 6481 Bridgetown Rd Cincinnati, OH 45248	31-6000742	Other	0.	52,378.	FMV	goods and supplies	Humanitarian Aid
Jesus Alliance 1050 Joel Blvd Fort Myers, FL 33936	47-1612692	501(c)(3)	0.	205,340.	FMV	goods and supplies	Humanitarian Aid
Journey Community Church 6997 Hamilton Ave Cincinnati, OH 45231	13-1957221	501(c)(3)	0.	70,661.	FMV	goods and supplies	Humanitarian Aid
Junk King 11430 Gondola Street Cincinnati, OH 45241	42-2410296	Other	0.	56,587.	FMV	goods and supplies	Humanitarian Aid
Justice for Migrant Women 1907 W State St Fremont, OH 43420	94-3040607	501(c)(3)	0.	275,613.	FMV	goods and supplies	Humanitarian Aid
Ken Anderson Alliance 6940 Plainfield Rd Cincinnati, OH 45236	47-4308747	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Keystone Church of Kettering 1600 Brownleigh Rd Kettering, OH 45429	20-2691380	501(c)(3)	0.	102,889.	FMV	goods and supplies	Humanitarian Aid
Kids First Sports Center 7900 E. Kemper Rd Cincinnati, OH 45249	31-0856138	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Kidz Watch in Montgomery 9727 Montgomery Rd Cincinnati, OH 45242	26-3971936	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid

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Kinder Garden School 8374 Princeton-Glendale Rd West Chester, OH 45069	41-2215121	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Kingdom Warriors 2902 Traverse Creek Dr Milford, OH 45150	38-4016881	501(c)(3)	0.	72,209.	FMV	goods and supplies	Humanitarian Aid
Kings & Queens Within Us 35104 Euclid Ave Suite 316 Willoughby, OH 44094	86-3313900	501(c)(3)	0.	25,816.	FMV	goods and supplies	Humanitarian Aid
KumZ International Medical Foundation - 3991 Hamilton Middletown Rd, Suite 1 - Hamilton, OH 45011	87-3682931	501(c)(3)	0.	412,224.	FMV	goods and supplies	Humanitarian Aid
La Soupe 915 E McMillan Cincinnati, OH 45206	47-4452384	501(c)(3)	0.	64,237.	FMV	goods and supplies	Humanitarian Aid
Landmark Baptist Temple Worship Center - 1600 Glendale Milford Rd - Cincinnati, OH 45215	31-0594656	501(c)(3)	0.	40,532.	FMV	goods and supplies	Humanitarian Aid
Lawley Orthodontics 748 St RT. 28 Suite C Milford, OH 45150	81-3632896	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Learning Babies n' Tots 3320 Tylersville Rd Hamilton, OH 45011	85-3006434	501(c)(3)	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
Learning Garden Academy 680 W. Sharon Rd Cincinnati, OH 45240	45-4135984	501(c)(3)	0.	25,816.	FMV	goods and supplies	Humanitarian Aid

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Lebanon Electric Supply 602 E. Main Street Lebanon, OH 45036	31-0716605	Other	0.	16,680.	FMV	goods and supplies	Humanitarian Aid
Liberty Campbell 967 Highway 7 South Jeremiah, KY 41826	92-2826656	501(c)(3)	0.	392,045.	FMV	goods and supplies	Humanitarian Aid
Liberty Nursing Center of Colerain 8440 Livingston Rd Cincinnati, OH 45247	27-3957191	501(c)(3)	0.	84,881.	FMV	goods and supplies	Humanitarian Aid
Life Change Church/Kings Way 701 Chamber Drive Milford, OH 45150	31-1495750	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Little Sisters of the Poor 476 Riddle Rd Cincinnati, OH 45220	31-0621920	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
Living Life like its Golden 2727 Sunott Rd #2607 Houston, TX 77082	85-2185734	501(c)(3)	0.	1,217,550.	FMV	goods and supplies	Humanitarian Aid
Louis'e Legacy Animal Rescue 4725 Boomer Rd Cincinnati, OH 45247	27-0805279	501(c)(3)	0.	10,094.	FMV	goods and supplies	Humanitarian Aid
Mallard Cove Senior Living 1410 Mallard Cove Drive Sharonville, OH 45246	26-2137917	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Mariemont City Schools 7559 Wooster Pike Cincinnati, OH 45227	31-6000866	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid

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Marr/Cook Elementary 6696 Goshen Rd Goshen, OH 45122	31-6000815	501(c)(3)	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
Master Provisions 7725 Foundation Dr Florence, KY 41042	61-1262540	501(c)(3)	0.	64,946.	FMV	goods and supplies	Humanitarian Aid
Mayfield Fairgrounds 1004 Housman St Mayfield, KY 42066	61-0902173	Other	0.	898,752.	FMV	goods and supplies	Humanitarian Aid
Miamisburg Auto Service 319 Mound Avenue Miamisburg, OH 45342	82-1398858	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Midwest Manor & Missions 3603 Washington Ave Cincinnati, OH 45229	85-2514914	501(c)(3)	0.	25,695.	FMV	goods and supplies	Humanitarian Aid
Mildred Sherrill 5708 Highland Ave. Cinti., OH 45236	01-0764837	Other	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
Miller City Schools 200 N Main St. Miller City, OH 45864	20-0972933	Other	0.	538,310.	FMV	goods and supplies	Humanitarian Aid
Monroe Church of God 100 East Avenue Monroe, OH 45050	31-1227848	501(c)(3)	0.	44,258.	FMV	goods and supplies	Humanitarian Aid
Montessori Open House 2386 Kemper Lane Cincinnati, OH 45206	54-0856050	501(c)(3)	15,000.	0.			Education

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Mr Godwrench Ministry 43 Happy Ln Jackson, KY 41339	32-0392403	501(c)(3)	0.	33,289.	FMV	goods and supplies	Humanitarian Aid
Mt. Healthy Alliance 7717 Harrison Ave Mt Healthy, OH 45231	26-0247231	501(c)(3)	0.	38,542.	FMV	goods and supplies	Humanitarian Aid
Muddy Mutts 6080 Branch-Hill Guinea Rd Milford, OH 45150	27-1120396	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
New Jerusalem Baptist Church 26 N. Bend Rd Cincinnati, OH 45216	31-0798404	501(c)(3)	0.	12,954.	FMV	goods and supplies	Humanitarian Aid
New Life Furniture 11335 Reed Hartman Hwy Cincinnati, OH 45241	26-2703774	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
New Life Mission 133 1st St. Independence, LA 70443	30-0110483	501(c)(3)	0.	1,376,792.	FMV	goods and supplies	Humanitarian Aid
New Miami High School 600 Seven Mile Ave Hamilton, OH 45011	31-6000900	Other	0.	61,733.	FMV	goods and supplies	Humanitarian Aid
Newborn 2 Teen 1232 State Route 28 Milford, OH 45150	80-0845107	501(c)(3)	0.	10,476.	FMV	goods and supplies	Humanitarian Aid
Nondual Living Inc 5517 Arnsby Pl Cincinnati, OH 45227	81-3322150	501(c)(3)	0.	24,777.	FMV	goods and supplies	Humanitarian Aid

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Normandy Elementary 401 Normandy Ridge Rd Dayton, OH 45459	45-4371039	Other	0.	28,294.	FMV	goods and supplies	Humanitarian Aid
North College Hill Schools 1624 West Galbraith Rd Cincinnati, OH 45239	31-6000906	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
North Dearborn 2517 North Dearborn Rd W Harrison, IN 47060	36-4598281	501(c)(3)	0.	120,677.	FMV	goods and supplies	Humanitarian Aid
Northeast Cincinnati Peds 8185 Corporate Way Mason, OH 45040	31-1328942	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Northern Hills 9470 Winton Rd Cincinnati, OH 45231	23-7429743	501(c)(3)	0.	47,451.	FMV	goods and supplies	Humanitarian Aid
Notre Dame Urban Education Center 14 E. 8th Street Covington, KY 41011	27-0205323	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Oak Ridge 10056 Taylor Mill Rd Covington, KY 41015	61-1037582	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Oak Ridge Baptist Church 6056 Taylor Mill Rd Covington, KY 41015	61-1371582	501(c)(3)	0.	134,897.	FMV	goods and supplies	Humanitarian Aid
Ohio Living Llanfair 1701 Llanfair Avenue Cincinnati, OH 45224	34-4429863	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid

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Olivet Food Pantry/Olivet Baptist Church - 6838 Montgomery Rd - Cincinnati, OH 45236	31-1104792	501(c)(3)	0.	30,672.	FMV	goods and supplies	Humanitarian Aid
Open Arms Food Pantry & Resource Center - 3651 S LA Brea Ave - Los Angeles, CA 90016	83-1054330	501(c)(3)	0.	1,109,473.	FMV	goods and supplies	Humanitarian Aid
Operation Give Back 10891 Millington Ct Blue Ash, OH 45242	90-0155844	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Our Lady of Victory 810 Neeb Rd Cincinnati, OH 45233	31-0538537	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Partnership with Native Americans 500 E Peyton St Sherman, TX 75090	58-1888256	501(c)(3)	0.	7,553,916.	FMV	goods and supplies	Humanitarian Aid
Paws of Clinton County PO Box 10 Clarksville, OH 45113	84-4005152	Other	0.	9,179.	FMV	goods and supplies	Humanitarian Aid
Pay It Forward Humboldt 450 County Club Dr Willow Creek, CA 95573	47-5247321	501(c)(3)	0.	55,910.	FMV	goods and supplies	Humanitarian Aid
Paycor 4811 Montgomery Rd Cincinnati, OH 45212	31-6000758	Other	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Payton's Lemonade Stand 7075 Vail Court Cincinnati, OH 45247	86-1939617	501(c)(3)	25,000.	46,667.		goods and supplies	Humanitarian Aid

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Penske for KY 4300 Petersburg Rd Louisville, KY 40218	95-3153638	Other	0.	11,285.	FMV	goods and supplies	Humanitarian Aid
Pin Ministries 450 Independence Station Rd. Independence, KY 45051	61-1116814	501(c)(3)	0.	29,365.	FMV	goods and supplies	Humanitarian Aid
Pleasant Green Missionary BC 5301 Olive Rd Trotwood, OH 45426	31-1196085	501(c)(3)	0.	213,612.	FMV	goods and supplies	Humanitarian Aid
Potawatoni Nation 41200 Hardesty Rd Shawnee, OK 74801	73-0945447	501(c)(3)	0.	373,043.	FMV	goods and supplies	Humanitarian Aid
Prodigy Preschool 6407 Branch Hill-Guinea Pike Loveland, OH 45140	45-3195075	Other	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
Queen City Kitchen 2631 Gilbert Ave Cincinnati, OH 45206	31-0879210	501(c)(3)	0.	28,448.	FMV	goods and supplies	Humanitarian Aid
Queheel NC Fire Dept 108 E Rockingham Rd Maxton, NC 28364	56-2123938	Other	0.	177,468.	FMV	goods and supplies	Humanitarian Aid
Rapid Fire Pizza 200 Chamber Drive Suite 150 Milford, OH 45150	46-2996423	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Recovery Center of Cincinnati 2340 Auburn Avenue Cincinnati, OH 45219	27-1647555	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid

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Remington Place Apartments 1440 W. Kemper Rd Cincinnati, OH 45240	81-0768433	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Restoration Christian Church 5830 OH 128 Cleveland, OH 45002	81-4931896	501(c)(3)	0.	57,835.	FMV	goods and supplies	Humanitarian Aid
Restoration Park 55 Victorys Safety Lane Medway, OH 45341	31-0707724	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
River Clermont Church 655 N Kissimmee Ave Ocoee, FL 34761	83-1083950	501(c)(3)	0.	631,902.	FMV	goods and supplies	Humanitarian Aid
Rose Garden Center for Hope and Healing - 2040 Madison Avenue - Covington, KY 41014	27-2425177	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
RPI 1950 Radcliff Dr Cincinnati, OH 45204	31-0994477	Other	0.	23,056.	FMV	goods and supplies	Humanitarian Aid
Safe Future Foundation 1850 Emerson St Jacksonville, FL 32207	83-2012254	501(c)(3)	0.	186,271.	FMV	goods and supplies	Humanitarian Aid
Saint Antoninus School 5425 Julmar Drive Cincinnati, OH 45238	31-0536696	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Salvation Army 2250 Park Avenue Norwood, OH 45212	31-0543313	501(c)(3)	0.	7,716.	FMV	goods and supplies	Humanitarian Aid

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Sems Food Pantry 2020 Beechmont Ave Cincinnati, OH 45230	23-7018162	501(c)(3)	0.	71,578.	FMV	goods and supplies	Humanitarian Aid
Senneca Holdings DBA Chase Industries, Inc - 10021 Commerce Park Drive - Cincinnati, OH 45246	27-4380596	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Serving You Ministries Caf 502 Oak St Cincinnati, OH 45216	86-1725808	501(c)(3)	0.	46,801.	FMV	goods and supplies	Humanitarian Aid
SETX Civilian Task Force 223 South 17th St Nederland, TX 77627	82-2744221	501(c)(3)	0.	1,811,270.	FMV	goods and supplies	Humanitarian Aid
Sharing His Harvest 9122 Mason Dr. Denham Springs, LA 70726	82-4437970	501(c)(3)	0.	572,553.	FMV	goods and supplies	Humanitarian Aid
Shiloh Baptist Church 710 S Fred Shuttlesworth Cir Cincinnati, OH 45229	31-1058721	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Shiloh's Food and Clothing Pantry 725 Whittier St Cincinnati, OH 45229	72-1603185	501(c)(3)	0.	90,849.	FMV	goods and supplies	Humanitarian Aid
Shreveport Volunteer Network 3554 Fountainbleau Rd Keithville, LA 71047	85-1455415	501(c)(3)	0.	1,590,832.	FMV	goods and supplies	Humanitarian Aid
Solutions 953 S. South Street Wilmington, OH 45177	31-1138311	501(c)(3)	0.	65,099.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOS Local 3200 Dalworth St Arlington, TX 76011	87-0657642	501(c)(3)	0.	709,944.	FMV	goods and supplies	Humanitarian Aid
Southeast Christian Church/LifeBridge Ministry - 920 Blankenbaker Pkwy - Louisville, KY 40243	61-0850307	501(c)(3)	0.	366,518.	FMV	goods and supplies	Humanitarian Aid
Spokes of Hope 1111 SC-9 Longs, SC 29568	83-2836137	501(c)(3)	0.	33,711,242.	FMV	goods and supplies	Humanitarian Aid
St. Luke Lutheran Church 4800 Alexandria Pike Cold Spring, KY 41076	61-1046764	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
St. Paul 6997 Hamilton Ave Cincinnati, OH 45231	31-6001407	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
St. Teresa Little Flower Church 5560 Kirby Avenue Cincinnati, OH 45239	31-0537510	501(c)(3)	0.	15,340.	FMV	goods and supplies	Humanitarian Aid
Sunday Luncheon of Love PO Box 436 Independence, KY 41051	20-3900502	501(c)(3)	0.	176,896.	FMV	goods and supplies	Humanitarian Aid
Sycamore Bridges 5959 Hagewa Drive Cincinnati, OH 45242	81-2833176	501(c)(3)	10,000.	0.			Humanitarian Aid
Sycamore Twsp Fire Dept 8450 Kenwood Rd Blue Ash, OH 45242	31-6000606	Other	0.	23,680.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Symmes Township 9323 Union Cemetery Rd Loveland, OH 45140	31-6000607	Other	0.	47,360.	FMV	goods and supplies	Humanitarian Aid
Tabitha's Closet 373 East Foster-Maineville Rd Maineville, OH 45039	47-3145733	501(c)(3)	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Tammy Kennedy (TK Enterprises) 10505 St. Clair Cleveland, OH 44108	01-0621494	Other	0.	889,816.	FMV	goods and supplies	Humanitarian Aid
Tender Mercies 27 W. 12th Street Cincinnati, OH 45202	31-1137270	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
The Care Center of Loveland 11020 S. Lebanon Rd. Loveland, OH 45140	83-2028234	501(c)(3)	0.	18,442.	FMV	goods and supplies	Humanitarian Aid
The Collective 45 W Prospect Ave #1845 Cleveland, OH 44115	34-6519769	501(c)(3)	0.	1,276,829.	FMV	goods and supplies	Humanitarian Aid
The F D Lawrence Electric Company 3450 Beekman St Cincinnati, OH 45223	31-0351680	Other	0.	16,680.	FMV	goods and supplies	Humanitarian Aid
The Freedom Tour PO Box 2430 Eagle Lake, FL 33839	81-4516415	501(c)(3)	0.	661,940.	FMV	goods and supplies	Humanitarian Aid
The Uniform Store Inc. 6767 Dublin Center Drive Dublin, OH 43017	36-4740230	Other	0.	15,340.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Village Food Pantry 617 Riverside Dr New Miami, OH 45011	82-1862921	501(c)(3)	0.	86,723.	FMV	goods and supplies	Humanitarian Aid
The Warehouse 2637 Dr Martin Luther King Jr Blvd Fort Myers, FL 33916	85-3456218	501(c)(3)	0.	1,281,341.	FMV	goods and supplies	Humanitarian Aid
Tikkun Farm 7941 Elizabeth Dt Cincinnati, OH 45231	47-3870788	501(c)(3)	0.	73,414.	FMV	goods and supplies	Humanitarian Aid
Touching Moments 2222 Olive Rd Trotwood, OH 45426	27-1110074	501(c)(3)	0.	182,952.	FMV	goods and supplies	Humanitarian Aid
Traditions at Carmargo 7650 Camargo Rd Madeira, OH 45243	37-1860791	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Transformation Life Enterprises 32 Triangle Park Dr Cincinnati, OH 45246	46-5265459	501(c)(3)	0.	36,439.	FMV	goods and supplies	Humanitarian Aid
U-Can NonProvit Pet Care Clinic 2830 Colerain Ave Cincinnati, OH 45225	30-0024366	501(c)(3)	0.	45,704.	FMV	goods and supplies	Humanitarian Aid
United Christian Church 8359 Burns Avenue Cincinnati, OH 45216	31-6180334	501(c)(3)	0.	29,446.	FMV	goods and supplies	Humanitarian Aid
Urban League of Greater Cincinnati 3458 Reading Rd Cincinnati, OH 45229	31-0565428	501(c)(3)	0.	28,918.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urbancrest Baptist Church 2634 Drake Rd Lebanon , OH 45036	31-0929512	501(c)(3)	0.	8,340.	FMV	goods and supplies	Humanitarian Aid
Village @ Roll Hill Community Center - 3691 President Dr - Cincinnati, OH 45225	26-0489068	501(c)(3)	0.	43,130.	FMV	goods and supplies	Humanitarian Aid
Village at Roll Hill 3710 President Dr Cincinnati, OH 45225	36-4598281	501(c)(3)	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Village of Camden 56 West Central Avenue Camden, OH 45311	31-6009361	Other	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
Village of St. Bernard 5230 Vine Street Cincinnati, OH 45217	31-6000135	Other	0.	44,631.	FMV	goods and supplies	Humanitarian Aid
Walker Funeral Home 2625 Gilbert Avenue Cincinnati, OH 45206	27-3532486	Other	0.	25,192.	FMV	goods and supplies	Humanitarian Aid
West Chester Police Department 9577 Beckett Rd West Chester, OH 45069	31-6010106	Other	0.	20,578.	FMV	goods and supplies	Humanitarian Aid
Wilmington City Schools 341 S Nelson Wilmington, OH 45177	31-6001014	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid
Wilmington Homeless Shelter 36 Gallop St Wilmington, OH 45177	31-1224053	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woodland Country Manor 4166 Somerville Rd Somerville, OH 45064	31-1339655	501(c)(3)	0.	23,680.	FMV	goods and supplies	Humanitarian Aid
Xavier University 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)(3)	0.	16,680.	FMV	goods and supplies	Humanitarian Aid
YMCA of Greater Cincinnati 5000 YMCA Drive Cincinnati, OH 45242	31-1537178	501(c)(3)	0.	94,719.	FMV	goods and supplies	Humanitarian Aid
Your Dollar Store 960 Kennedys Landing, Suite 3 Cincinnati, OH 45245	45-3327451	Other	0.	5,238.	FMV	goods and supplies	Humanitarian Aid



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grantees are thoroughly vetted prior to providing support. Grantees are

required to keep financial records of the donation and of the allocation of

these funds and will provide a Grant Evaluation Report at the end of the

grant cycle.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>Matthew 25 Ministries, Inc.</b>	Employer identification number <b>31-1348100</b>
--	---

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Tim Mettey CEO	(i)	365,000.	69,371.	0.	21,900.	37,785.	494,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Karen Otto Vice President	(i)	195,000.	48,483.	0.	11,700.	33,384.	288,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Rev. Wendell E. Mettey Former President	(i)	272,000.	0.	0.	0.	0.	272,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Gerald Elfers CFO	(i)	134,000.	20,586.	0.	2,886.	12,616.	170,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1b:

Payments which need to be grossed up each year include Auto reimbursement,

vacation reimbursement, childcare reimbursement, student loan

reimbursements, & reimbursement for insurance. These benefits have been

effective for years at Matthew 25: Ministries and have been communicated to

the chairman of the board and the treasurer.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,  
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open To Public  
Inspection

Name of the organization: **Matthew 25 Ministries, Inc.**  
Employer identification number: **31-1348100**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Rev. Wendell Mettey	Founder and former	172,000.	License fee		X
Rev. Wendell Mettey	Founder and former	100,000.	Medical Rei		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(d) Description of Transaction: Medical Reimbursement

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Matthew 25 Ministries, Inc.**  
Employer identification number: **31-1348100**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		110,126,085.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	38	296,287.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5306720	3,267,533.	FMV
20 Drugs and medical supplies	X	2560790	25,796,220.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Personal )	X	19,962,626	145,927,295.	FMV
26 Other ( Other )	X	34,842,180	34,903,848.	FMV
27 Other ( Linens )	X	5527997	30,925,379.	FMV
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Matthew 25 Ministries, Inc.

Employer identification number

31-1348100

Form 990, Part III, Line 1, Description of Organization Mission:

Ministries is committed to educating the public on the conditions and  
needs of the "poorest of the poor" and by providing resources for  
action.

Form 990, Part III, Line 4d, Other Program Services:

Other Program Services

Expenses \$ 166,941. including grants of \$ 0. Revenue \$ 28,025.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Treasurer and Officers of the Organization  
before it is filed

Form 990, Part VI, Section B, Line 12c:

Potential conflicts of interest are resolved by the president and chairman  
of the board.

Form 990, Part VI, Section B, Line 15:

Review of Independent NGO compensation surveys.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Form 990, Part VI, Section C, Line 18:

Form 1023 is available at the corporate office. Form 990 is available at

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization Matthew 25 Ministries, Inc.	Employer identification number 31-1348100
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the corporate office, on the organizations website or upon request.

Form 990, Part VI, Section C, Line 19:

All documents are available upon request. Form 990 and the audited financial statements are available on the organizations website.

Form 990, Part XII, Line 2C:

No changes in process from the prior year.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <p align="center">Matthew 25 Ministries, Inc.</p>	Employer identification number <p align="center">31-1348100</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
M25M Haiti LLC - 81-1946290 11060 Kenwood Rd Cincinnati, OH 45242	Lodging for short term missionaries	Ohio	0.	0.	Matthew 25 Ministries, Inc.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Horizontal lines for supplemental information input.








# Tax Returns from Barnes Dennig

Final Audit Report

November 13, 2023

Created:	November 13, 2023
By:	Barnes, Dennig & Co., Ltd.(jgeers@barnesdennig.com)
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## "Tax Returns from Barnes Dennig" History

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