** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



Α	For the	2023 calendar year, or tax year beginning and e	ending						
B	Check if applicable	C Name of organization		D Employer identif	ication number				
	Addres	Matthew 25 Ministries, Inc.							
	Name change		31-1348100)					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numb	er					
	Final return/	11060 Kenwood Road	513-793-625	6					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	298,117,396.				
	Ameno	Cincinnaci, on 45242		H(a) Is this a group	return				
	Applic tion	a- F Name and address of principal officer: Gerald (Butch) Elfers		for subordinate	s? Yes 🗴 No				
	pendin	same as C above		H(b) Are all subordinates	included? Yes No				
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach	a list. See instructions				
	Websit			H(c) Group exempti	on number				
		organization: X Corporation Trust Association Other	L Year	of formation: 1992	M State of legal domicile: OH				
Pa	art I	Summary							
đ	1	Briefly describe the organization's mission or most significant activities: M25M de	elivers h	umanitarian aid					
uc L		and disaster relief supplies to those in need.							
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	1				
ove ove	3								
		Number of independent voting members of the governing body (Part VI, line 1b) $\ $							
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)							
, İİ	6	Total number of volunteers (estimate if necessary)	6						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11							
			Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)	tributions and grants (Part VIII, line 1h) 367,837						
enu	9	Program service revenue (Part VIII, line 2g)		1,757,120	· · ·				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,089	· · · · · · · · · · · · · · · · · · ·				
а.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		369,625,402					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		287,331,547					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	·					
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		7,413,323	· · ·				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.				
a d x	b	Total fundraising expenses (Part IX, column (D), line 25) 1,132,1							
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,144,348	, ,				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	303,889,218,						
		Revenue less expenses. Subtract line 18 from line 12		65,736,184	· · ·				
s or			Be	ginning of Current Year	End of Year				
Assets	1 20	Total assets (Part X, line 16)		213,047,734					
it As	21	Total liabilities (Part X, line 26)		3,857,384	, ,				
Inet		Net assets or fund balances. Subtract line 21 from line 20		209,190,350	. 145,338,154.				
		Signature Block							
llnc	lar nana	Itias of parium. I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the best of m	w knowladge and balief it is				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge /2024

	Gerald Elfers			10/00/2024		
Sign	Signature of officer			Date		
Here	Gerald (Butch) Elfers, CFO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature Paula Hume Paula L. Hume, CPA	Date	Check	PTIN	
Paid	Paula Hume	Paula Hume I alla L. MUME, CFA	10/01/24	self-employed	P00537516	
Preparer	Firm's name Barnes, Dennig & Co., LTD			Firm's EIN 31-	1119890	
Use Only	Firm's address 150 East Fourth Street					
	Cincinnati, OH 45202			Phone no. (513)2	41-8313	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23			Form 990	(2023)

Form	1990 (2023) Matthew 25 Ministries, Inc.	31-1348100	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		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?	Ye	s 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? \dots	Ye	s 🛛 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 m	easured by expenses	S.
	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		.\$1,4	35,232.)
	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 2023, M25M shipped		
	1,616 40' containers, helping over 40 million people in need. 1,015 of		
	those containers were for Humanitarian Aid.		
4b	(Code:) (Expenses \$132,938,187. including grants of \$127,336,834.) (Revenue	\$1,0	13,400.)
	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. In 2023,		
	601 containers of aid were sent to disaster relief partners.		
	1 622 204		16 001 \
4c	(Code:) (Expenses \$1,633,294. including grants of \$) (Revenue Kirkwood	\$	10,001.)
	KIIKWOOd		
	A retreat and conference facility for groups, adult and youth camps,		
	weekend retreats, mission conferences, scouting events, band camps,		
	churches, at-risk youth, etc.		
44	Other program convices (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.) (Expenses \$ 233,983. including grants of \$) (Revenue \$	14,435.)	
4e		,,	
-+0	Total program service expenses 359,318,379.	Form	990 (2023)
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Form 990 (2023) Matthew 25 Ministr Part IV Checklist of Required Schedules Matthew 25 Ministries, Inc. Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u></u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
L	Schedule D, Parts XI and XII	12a		<u></u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ITU		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 Form 990 (2023)
 Matthew 25 Ministries, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		<u> </u>
- 1	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				 ,
	Check if Schedule O contains a response or note to any line in this Part V		N.	
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 34		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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		(2023) Matthew 25 Ministries, Inc.		31-134810	0	P	age 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed	for the calendar year ending with or within the year covered by this return	2a	259			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax returr	າs?		2b	Х	
3a	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?			3a		x
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a					
	finan	ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		x
b		es," enter the name of the foreign country					
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAF	<u>}).</u>			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
		es" to line 5a or 5b, did the organization file Form 8886-T?			5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the					
		contributions that were not tax deductible as charitable contributions?			6a		x
h	-	es," did the organization include with every solicitation an express statement that such contribution			u		
D		e not tax deductible?	•		6b		
7		anizations that may receive deductible contributions under section 170(c).			00		
	-	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution	vices provided to	o the navor?	7a		x
a ⊾					7a 7b		
b					70		<u> </u>
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	-		7.		x
		e Form 8282?			7c		
		es," indicate the number of Forms 8282 filed during the year	7d		_		v
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	NT / 7	
g		e organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/A	
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		1098-C?	7h	N/A	
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		37 / 3	-		
	-	soring organization have excess business holdings at any time during the year?		N/A	8		
9	-	nsoring organizations maintaining donor advised funds.		/-			
а		the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b				N/A	9b		<u> </u>
10		tion 501(c)(7) organizations. Enter:					
а		tion fees and capital contributions included on Part VIII, line 12N/A	10a				
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		tion 501(c)(12) organizations. Enter:					
а	Gros	ss income from members or shareholdersN/A	11a				
b		ss income from other sources. (Do not net amounts due or paid to other sources against					
		unts due or received from them.)	11b				
12a	Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	lf "Ye	es," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.					
b	Ente	r the amount of reserves the organization is required to maintain by the states in which the					
	orga	nization is licensed to issue qualified health plans	13b				
С	Ente	r the amount of reserves on hand	13c				
14a	Did t	the organization receive any payments for indoor tanning services during the tax year?			14a		x
b	lf "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
		ess parachute payment(s) during the year?			15		x
		es," see the instructions and file Form 4720, Schedule N.					
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		x
		es," complete Form 4720, Schedule O.					
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		1
		es," complete Form 6069.					
332005	5 12-21				Form	990	(2023)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		v	
10	Enter the number of voting members of the governing body at the end of the tax year 1	4	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing	-		
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 1	4		
ь 2	Enter the number of voting members included on line 1a, above, who are independent 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		x
7a				
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis dealor b requests mornation about ponoiss not required by the memorial rovenue deal)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availal	ble
	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	id financ	cial	
	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 6 12:21-23 See Schedule O for full list of states		990	

Form 990 (2		31-1348100	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated						
	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.								

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)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					Reportable	Estimated		
	hours per					s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Tim Mettey	60.00	_	_		-		-			
CEO				x				437,203.	0.	49,757.
(2) Rev. Wendell E. Mettey	0.00									
Former President							Х	272,000.	0.	0.
(3) Gerald Elfers	50.00									
CFO				х				180,816.	0.	13,194.
(4) Patty Dilg	50.00									
<u> </u>				х				134,214.	0.	7,138.
(5) Barbie Ventura	50.00									
CAO				x				114,264.	0.	24,855.
(6) Jim Russell	1.00									
Director		Х						0.	0.	0.
(7) Michael Staudinger MD	1.00									
Director		х						0.	0.	0.
(8) Harry Yeaggy	1.00									
Director		Х						0.	0.	0.
(9) Eric Niemeyer MD	1.00									
Director		Х						0.	0.	0.
(10) Jeanette Hanna-Ruiz	1.00									
Director		Х						0.	0.	0.
(11) Deborah Hayes	1.00									
Director		Х						0.	0.	0.
(12) Michelle Goret	1.00									
Director		Х						0.	0.	0.
(13) Donald E. Jones, THD	1.00									
Director		Х						0.	0.	0.
(14) Martha Orabella, MD	1.00									
Director		Х						0.	0.	0.
(15) Michael Brandy Jr	1.00									
Chairman		Х		х				0.	0.	0.
(16) Douglas W Thomson ESQ	1.00									
Secretary		Х		х			L	0.	0.	0.
(17) Linda Gill CPA	1.00									
Treasurer		Х		Х				0.	0.	0.
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Form 990 (2023)

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	990 (2023) Matthew 25 M	,								31-1348	100	F	age 8
Par	Jection A. Onicers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unles cer an	ss per	ition more son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	o a	mpens from th rganiza nd rela ganizat	ne tion ted
(18)	Ron Messer	1.00		_	0	×							
Dire			Х						0.	(0.
(19) Dire	Karen Otto	1.00	x						0.				0
DILE			•						0.				0.
	Subtotal								1,138,497.			94	,944.
	Total from continuation sheets to Part VI								0.	0			0.
	Total (add lines 1b and 1c)								1,138,497.		••	94	944.
2	Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wn	o re	ceived more than \$100,	UUU of reportable		Yes	5 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ	• •	•	3	X	
4	For any individual listed on line 1a, is the su	im of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		x	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4		
Soc	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fe	or sı	ich r	bers	on .				5		X
1	Complete this table for your five highest co	•	•							•	sation	from	
	the organization. Report compensation for the organization (A) (A) Name and business		no:		<u>ig w</u>	ith c	or wi		the organization's tax y (B) Description of s			(C) ensatio	
								\square					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	0	ot lin	nitec	tot	thos (ted	above) who received mo	ore than		000	

Form **990** (2023)

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		Check if Schedule O c					(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud
2	1 a	Federated campaigns		1a						
5		Membership dues								
	с	Fundraising events				14,678.				
		Related organizations								
		Government grants (contri				1,300,847.				
	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	abov	e 1f		292,845,996.				
5	g	Noncash contributions included in I	lines 1	a-1f 1g \$		278,888,003.				
5	h	Total. Add lines 1a-1f					294,161,521.			
						Business Code				
	2 a	Handling Shipping F	ees			493000	1,389,769.	1,389,769.		
	b	Program Revenue				493000	1,348,578.	1,348,578.		
5	с	Other Program Income		493000	41,421.	41,421.				
	d	Missions Hotel				721000	180.	180.		
	е									
	f	All other program service	rever	nue						
		Total. Add lines 2a-2f				2,779,948.				
	3	Investment income (including dividends, interest, and								
	other similar amounts)						166,650.			166,6
.	4	Income from investment o	of tax	-exempt bo	nd p	roceeds				
;	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)	·····							
·	7 a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a	780,0	74.					
	b	Less: cost or other basis								
		and sales expenses	7b	697,7		45.				
		Gain or (loss)	7c	82,3		-45.				
	d	Net gain or (loss)			· <u>· · · · · · ·</u>		82,305.			82,3
	8 a	Gross income from fundraisir								
		including \$	14,	678. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	36,131.				
	b	Less: direct expenses			8b	93,228.				
	с	Net income or (loss) from t	fund	raising even	ts		-57,097.			-57,0
1	9 a	Gross income from gaming								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
	с	Net income or (loss) from g	gami	ng activities						
1	0 a	Gross sales of inventory, le	ess r	eturns						
		and allowances 10a								
	b	Less: cost of goods sold 10b								
	с	Net income or (loss) from s	sales	s of inventor	у					
						Business Code				
, 1	1 a	Insurance Proceeds				900099	137,409.			137,40
	b	Other Income				900099	40,458.			40,4
1	с	Rebate				900099	15,205.			15,20
1	d	All other revenue								
	е	Total. Add lines 11a-11d		<u></u>			193,072.			
	2	Total revenue. See instructio	-				297,326,399.	2,779,948.	0.	384,93

Matthew 25 Ministries, Inc.

Form 990 (2023)

Part VIII Statement of Revenue

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Matthew 25 Ministries, Inc.

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

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Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 222,302,357 222,302,357 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,289,522, 2,289,522. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 117,798,984 117,798,984. Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 961,441. 571,185. 293,058 97,198. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,069,736. Other salaries and wages 4,246,616. 482,991. 340,129. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 95,264 80,924. 7,975 6,365. 802,049 659,356, 85,614 57,079. Other employee benefits 9 438,006 351,371. 54,977 31,658. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 127,700. 39,375, 56,400 31,925. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 35,541. 35,541 f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 29,646. 131,365. 66,481. 35,238 13 Office expenses _____ 180,709 128,268, 28,437 24,004. Information technology 14 172,000 86,000. 86,000. Royalties 15 680,117. 646,109. 27,205 6,803. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 24,049 22,847, 962 240. 20 Interest Payments to affiliates 21 1,962,950, 1,916,342, 35,222 11,386. 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) Inventory Obsolescence 5,706,597. 5,706,597. а 1,047,121 1,047,121. Other Program b 723,000. 666,459. 34,168. 22,373. Supplies С 7,156. Equipment rental & main 448,170 432,816. 8,198. d 679,239 259,649, 39,436 380,154. All other expenses е 361,675,917 359,318,379 1,225,422 1,132,116. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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09161001 758989 MMA001

10 2023.04030 MATTHEW 25 MINISTRIES, IN MMA001_1

Form 990 (2023)

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204,194,746.

209,190,350.

213,047,734.

4,995,604.

27

28

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	······································					
	controlled entity or family member of any of thes			5		
6	Loans and other receivables from other disquality	s (as defined				
	under section 4958(f)(1)), and persons described	d in section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			183,023,117.	8	118,269,726.
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	27,312,589.			
b	Less: accumulated depreciation	10b	9,212,836.	17,608,355.	10c	18,099,753.
11	Investments - publicly traded securities			5,292,629.	11	5,370,319.
12	Investments - other securities. See Part IV, line 1	11			12	
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		2,457,476.	15	8,641,636.	
16	Total assets. Add lines 1 through 15 (must equa		213,047,734.	16	154,264,316.	
17	Accounts payable and accrued expenses			1,594,353.	17	2,274,601.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV of So	chedule D		21	
22	Loans and other payables to any current or form	ner officer, c	lirector,			
	trustee, key employee, creator or founder, subst	tantial contr	ibutor, or 35%			
	controlled entity or family member of any of thes	se persons			22	
23	Secured mortgages and notes payable to unrela	arties		23		
24	Unsecured notes and loans payable to unrelated	es	1,604,850.	24	6,076,925.	
25	Other liabilities (including federal income tax, pa	elated third				
	parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X			
	of Schedule D			658,181.		574,636.
26	Total liabilities. Add lines 17 through 25			3,857,384.	26	8,926,162.

X

Part X Balance Sheet

Matthew 25 Ministries, Inc.

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

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

31-1348100

(A) Beginning of year

3,710,784.

955,373.

1

2 3

4

(B) End of year

1,158,101.

2,724,781.

141,171,941.

145,338,154.

154,264,316.

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4,166,213.

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1

2

3

4 5

27

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32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Liabilities

Net Assets or Fund Balances

Assets

Form	1990 (2023) Matthew 25 Ministries, Inc.	31-134810	00	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	297,	326,	399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	361,	675,	917.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,	349,	518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	209,	190,	350.
5	Net unrealized gains (losses) on investments	5		497,	322.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	145,	338,	154.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2023	

Open to Public

Inspection

	organization

Nam	e of t	the organization	<u> </u>					Employer	identification number
			ew 25 Ministries	1					31-1348100
Par	tl	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.	
The c	organ	ization is not a private found	lation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0		c		, ,			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	x	An organization that norma	-					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	•		on a gore			ie general j	
8		A community trust describe		(1)(A)(vi), (Complete Par	ни)				
9		An agricultural research or			-	ed in coniu	inction with a	land-grant	college
•		or university or a non-land-	-			-		-	-
		university:	grant conego er agne			lame, eny	, and state of	the conege	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d aross receipts from
		activities related to its exen	•					-	•
		income and unrelated busi							-
		See section 509(a)(2). (Co				loop acqui		gamzation	
11		An organization organized		ively to test for public sat	fetv See	section 50)9(a)(4).		
12		An organization organized		•	•			rry out the	purposes of one or
		more publicly supported or	•		•				
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
-		the supported organization		-	•	-		•••••	
		organization. You must o							
b		Type II. A supporting org	-		ion with its	s sunnorte	d organizatio	n(s) by hay	vina
		control or management of	-				-		-
		organization(s). You mus						90 m 0 0 0 0	
с		Type III functionally inte	-		in connect	tion with, a	and functiona	llv integrate	ed with.
•		its supported organizatio							
d		Type III non-functionally						rted organiz	zation(s)
		that is not functionally inf		•••				-	
		requirement (see instruct	0	0 1			•		
е		Check this box if the orga	-	-				II. Type III	
-		functionally integrated, o					·) ·, ·)	, .,	
f	Ente	er the number of supported of	<i>,</i>		.9 9				
g		vide the following information	• • • • • • • • • • • • • • • • • • • •	ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Part II

31-1348100 Page **2**

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	231,040,046.	304,871,164.	316,986,721.	367,837,449.	294,161,521.	1514896901.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	231,040,046.	304,871,164.	316,986,721.	367,837,449.	294,161,521.	1514896901.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						304,140,954.
6	Public support. Subtract line 5 from line 4.						1210755947.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	231,040,046.	304,871,164.	316,986,721.	367,837,449.	294,161,521.	1514896901.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	132,186.	110,359.	101,227.	98,798.	166,650.	609,220.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			37,443.	16,634.	193,072.	247,149.
11	Total support. Add lines 7 through 10				,		1515753270.
12		etc. (see instruction	ns)			12	11,061,193.
	First 5 years. If the Form 990 is for th	•	,				, ,
	organization, check this box and sto	-		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	79.88 %
	Public support percentage from 2022		-	()/		15	76.89 %
	33 1/3% support test - 2023. If the o					ore. check this bo	
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual					,,	
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets the	-					, , , , , , , , , , , , , , , , , ,
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
				.,,			(Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do n	ot					
include any "unusual grants.") \dots						
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus iness under section 513	-					
4 Tax revenues levied for the organ						
ization's benefit and either paid to or expended on its behalf	0					
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a 3 received from disgualified perso						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line Section B. Total Support						
Calendar year (or fiscal year beginning in) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6		(b) 2020	(0) 2021	(d) 2022	(e) 2023	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from busines	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 10t whether or not the business is regularly carried on						
12 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and						
14 First 5 years. If the Form 990 is	•					·
check this box and stop here						
Section C. Computation of P	••					
15 Public support percentage for 20		•	column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of In					<u> </u>	
17 Investment income percentage for			line 13, column (f))		17	%
18 Investment income percentage fr					18	%
19a 33 1/3% support tests - 2023.						ine 17 is not
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2022.						
line 18 is not more than 33 1/3%						
20 Private foundation. If the organi	zation did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
332023 12-21-23		15	5		Sched	lule A (Form 990) 2023

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1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

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	(Form 990) 2023	Matthew	
Part IV	Supporting Organ	izations (co	ontinued

Matthew	25	Ministries,	Inc
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Yes

1

2

No

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

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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	(Form 990) 2023
Dort V	Type III Non-

	All other Type III non-functionally integrated supporting organizations mu		Sections A through E.	I
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

09161001 758989 MMA001

2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

Current Year

1

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

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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:

2021 Amount: \$	37,443.	 			
2022 Amount: \$	16,634.	 			
2023 Amount: \$	193,072.				
332028 12-21-23		 20		Schedule A (Fo	orm 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

31-1348100

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Matthew 25 Ministries, Inc.

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

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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

	3 (Form 990) (2023)		1	Page 2
Name of or	rganization		Emplo	yer identification number
Matthew	25 Ministries, Inc.		31	1-1348100
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$29,442	<u>,680.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$24,097	,093.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)		(d)
3	Name, address, and ZIP + 4	Total contributio \$ 6,628		Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$14,354	, 4 79.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$7,683	,681.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6_		\$7,040,	,634.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

22 2023.04030 MATTHEW 25 MINISTRIES, IN MMA001_1

Name of c	organization		Employ	yer identification number
Matthew	25 Ministries, Inc.		31	1-1348100
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	Products for Humanitarian Aid			
		\$29,442	,680.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
2	Products for Humanitarian Aid			
		\$24,097	,093.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
3	Products for Humanitarian Aid			
		\$6,628	,736.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
4	Products for Humanitarian Aid			
		\$14,354	,479.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
5	Products for Humanitarian Aid			
		\$7,683,	,681.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	Products for Humanitarian Aid			
		\$7,040	634.	12/31/23

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

ame of or	rganization		Employer identification number
atthew	25 Ministries, Inc.		31-1348100
Part III		ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	Section of Spanizations Section Sectio
(a) No.	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
		(a) Transfer of sift	
		(e) Transfer of gift	
L	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Durpage of gift	(a) Llos of sift	(d) Description of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gift	
F	Transferee's name, address, a		Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		e) Transfer of gift	
Ļ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) use of gift	
			[
Г		(e) Transfer of gift	
	.		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

24

2023.04030 MATTHEW 25 MINISTRIES, IN MMA001_1

	1	Quanta and a second	- Financial O			OMB No. 1	1545-0047
	HEDULE D		al Financial S				<u></u>
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Ye), 11a, 11b, 11c, 11d, 11			20	Z 3
	ment of the Treasury I Revenue Service	م Go to www.irs.gov/Form99	Attach to Form 990. O for instructions and t	he latest information.		Open to Inspect	o Public tion
	e of the organizatio				Emple	oyer identificatio	
		Matthew 25 Ministries, Inc.				31-134810	
Par		tions Maintaining Donor Advise		Similar Funds or Ac	count	S. Complete if t	he
	organization	n answered "Yes" on Form 990, Part IV, lin		a al forma la	(L.) (T		
			(a) Donor advis	ed funds	b) Funds	s and other acco	unts
1		d of year					
2		contributions to (during year)					
3 4		end of year					
5		n inform all donors and donor advisors in		eld in donor advised fund	ls		
-	-	n's property, subject to the organization's	-			Yes	No
6		n inform all grantees, donors, and donor a					
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose conferr	ing		
		ate benefit?				Yes	No
Par		ation Easements. Complete if the org			line 7.		
1		ervation easements held by the organization		-			
		of land for public use (for example, recrea	tion or education)	Preservation of a histo	-	-	a
		natural habitat		Preservation of a certi	fied histo	oric structure	
0		of open space	find announction contrib	ution in the form of a co		n accoment on t	ha laat
2	day of the tax year.	through 2d if the organization held a quali	ned conservation contrib	bution in the form of a col		leid at the End of t	
а		nservation easements			2a		
b					2b		
c	•	vation easements on a certified historic structure			2c		
		vation easements included on line 2c acqu					
	on a historic struct	ure listed in the National Register	• • • •		2d		
3		vation easements modified, transferred, rel			zation du	uring the tax	
	year						
4		where property subject to conservation eas					
5		ion have a written policy regarding the per		tion, handling of			
•	,	procement of the conservation easements it					No No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservatio	n easem	ents during the y	/ear
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and o	forcing conconvation on	omonte	during the year	
'	Amount of expense	es incurred in monitoring, inspecting, nanc	and en	norcing conservation eas	sements	during the year	
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirement	s of section 170(h)(4)(B)(i))		
-		(4)(B)(ii)?	, ,			Yes	No
9		e how the organization reports conservation					
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's	s financial statements tha	at descri	bes the	
		ounting for conservation easements.				-	
Par		tions Maintaining Collections of		easures, or Other S	imilar	Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	U U	elected, as permitted under FASB ASC 95	· ·				
		asures, or other similar assets held for put			ice of pu	blic	
		Part XIII the text of the footnote to its finar				aulus of	
D	-	elected, as permitted under FASB ASC 95					
		ures, or other similar assets held for public ng amounts relating to these items.	EXTINUTION, EQUCATION, C				
	-	ded on Form 990, Part VIII, line 1			\$		212,500.
							212,500.
2	.,	received or held works of art, historical tre					
	-	ints required to be reported under FASB A		- · ·			
а	Revenue included	on Form 990, Part VIII, line 1	-		\$		
b	Assets included in	Form 990, Part X					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		S	chedule D (Forn	n 990) 2023

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2023.04030 MATTHEW 25 MINISTRIES, IN MMA001_1

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organization accussion, and other records, check any of the following that make significant use of its continued). a Debice chilotion d Loan or exchange program b Scholarly research 0 Other Other c Provide acciption 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's collections and explain how they further the organization's description of the organization's collection? Yes X No Part Lie Corow and Custoclial Arrangements Complete if the organization's collection? Yes X No b If yes," explain the arrangement in Part XIII and complete the following table: Yes Amount Is c Bigning balance Is Amount Is Amount Is Is <th>Sche</th> <th></th> <th>Ministries, Inc</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>31-134</th> <th></th> <th>Pa</th> <th>age 2</th>	Sche		Ministries, Inc						31-134		Pa	age 2
collection lame (check all that apply). a Delta exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othe	r Simila	r Assets	(contin	nued)	
a Public exhibition d Can or exchange program b Schlarky research e Other	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the t	following that	make s	ignificant	use of its			
b Scholary research e Other		collection items (check all that apply).										
c Preservation for future generations 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 's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection?	а	Public exhibition	c	1 🗌 Lo	oan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization alloit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part X, line 9. reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2 Both organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2 Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is a list erganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is a list management in Part XIII. Check here if the explanation has been provided in Part XIII Begrinning of year balance Ia Begrinning of year balance Ia Controbutions Is a contrasting s, gains, and besses Ia Controbutions Is a contrasting s, gains, and besses Ia Controbutions Is a Contrastive expenses Ia Controbutions Is a Contrastive expenses Ia	b	Scholarly research	e	• 🗌 0	ther							
S 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 is collection? Part M Escrow and Outstodial 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. Is the organization an agent, fustsee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP. Is the organization an agent, fustsee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP. Is the organization and experiment in Part XIII and complete the following table: Arodiunt C Beginning balance Is a different in Part XIII. Check here If the explanation has been provided in Part XIII Part V Endowment FundS Complete If the organization answered 'Yes' on Form 990, Part X, line 10. If 'Yes,' explain the arragement in Part XIII. Check here If the explanation has been provided in Part XIII Part V Endowment FundS Complete If the organization answered 'Yes' or Form 990, Part X, line 10. If 'Yes,' explain the arragement in Part XIII. Check here If the explanation has been provided in Part XIII Part V Endowment FundS Complete If the organization answered 'Yes' or Form 990, Part X, line 10. If a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Four years back (d) Four years back (d) Four years back (d) Four years back (d) Four years back (d) Four year balance Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Four years back (d) Four year balance Net investment earnings, gains, and losses (d) Grants or colariships Permanent eardowment _56 Term endowment funds not in the possession of the organization that are	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part X, line 9. The ported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and the year Is difficult or the year is the organization and the year Is difficult or the year is the organization and the year Is difficult or the year is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if Yees' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: the organization include an amount on Form 990, Part X, line 21. Image: the organization of the organization answered 'Yes' on Form 980, Part X, line 10. Part V Endowment Fund's Complete if the organization answered 'Yes' on Form 980, Part X, line 10. Image: the organization of the organization answered 'Yes' on Form 980, Part X, line 10. Is Beard designated or quasis and lossese Image: the organization or the organization a	4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII.		
Part W 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 is part Arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodial account tability? Image: Complete intermediary for escrew or custodiary for form 990, Part IV, line 10.	5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical trea	sures, or othe	er similaı	assets		_		_
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? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 2 Did thoring the year 1d 1a Did thoring the year 1d 2 Did thoring any explanation include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a a 1a Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: a a 1b Administrative expenses (b) Control well account (a) held as: a a 1b											X	No
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 1d 1d d Additions during the year 1d 1d 2 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 in Part XIII Part V Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back 1a Beginning of year balance (e) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (e) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (e) Current year (f) Prior year (f) Three years back (e) Four years back 1a Beginning of year balance (f) Orter year balance (f) Prior year (f) Three years back (f) Three years back 2 Provide t	Par			ete if the o	rganizatior	n answered "`	Yes" on	Form 990	, Part IV, li	ne 9, or		
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 1d d Additions during the year 1d 2 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 in Part XIII Part V Indowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Interview if (e) Four years back if (e) Four years back if (c) Three years back if (e) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Four years back if (c) Three years back if (c) Three year	1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for co	ontributior	ns or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes		No
c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: State	b											
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Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (c) Two years back <t< td=""><td>2a</td><td>Did the organization include an amount on Fe</td><td>orm 990, Part X, line</td><td>21, for es</td><td>crow or cu</td><td>ustodial acco</td><td>unt liabi</td><td>lity?</td><td>L</td><td>Yes</td><td></td><td>No</td></t<>	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	ustodial acco	unt liabi	lity?	L	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance												
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions d Administrative expenses Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of ganizations? Image: Contributions Image: Contributions Image: Con	Par	TV Endowment Funds Complete if								-		
b Contributions			(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three	years back	(e) Fou	years	back
c Net investment earnings, gains, and losses	1a											
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	С											
and programs												
f Administrative expenses	е	Other expenditures for facilities										
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% mthe 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: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related 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) basis (investment) basis (other) depreciation 1, 381, 972. 1 Land 1, 381, 972. b Buildings 14, 525, 283. 3, 240, 082. 11, 285, 201. c Leaschold improvements 6, 201, 666. 2, 652, 389. 3, 549, 277. d Equipment 4, 367, 004. 2, 963, 970. 1, 403, 034. e Other 836	f											
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:	g											
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:	2		•	e (line 1g,	column (a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (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? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment (b) Cost or other (c) Accumulated Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 14,381,972. 1,381,972. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.	a			%								
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iii) Related organization? (iii) Related 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 (i) Asia1,972. (i) Asia1,972. (i) Asia1,972. (i) As	b											
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? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Fart 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,381,972. 1,381,972. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.	с											
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(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land 1,381,972. 1,381,972. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.		0								20(1)	103	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 1a Land 1,381,972. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.												
4 Describe in Part XII 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 Buildings 1,381,972. c Leasehold improvements 1,381,972. c Leasehold improvements 6,201,666. 2,652,389. d Equipment 4,367,004. 2,963,970. e Other 836,664. 356,395.	h											
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. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.	1									30		
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,	Par		<u>u</u>		105.							
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. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.). Part IV.	line 11a. S	See Form 990	. Part X.	line 10.				
1a Land 1,381,972. 1,381,972. b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.									ed	(d) Boo	k valu	e
b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.			basis (investr	ment)	basis	(other)				· ·		
b Buildings 14,525,283. 3,240,082. 11,285,201. c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.	1a	Land			1	,381,972.				1	381,	972.
c Leasehold improvements 6,201,666. 2,652,389. 3,549,277. d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.								3,240,	082.	11	285,	201.
d Equipment 4,367,004. 2,963,970. 1,403,034. e Other 836,664. 356,395. 480,269.					6	,201,666.		2,652,	389.	3	549,	277.
e Other					4	,367,004.		2,963,	970.	1	403,	034.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c. column (B))						836,664.		356,	395.		480,	269.
	Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, line 10c	c, column	<i>(B)</i>)				18	099,	753.

Schedule D (Form 990) 2023

31-1348100 Page **3**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 en	d-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	on Form 000 Part IV line	11d Cas Farma 000 David V line 15	
		11d. See Form 990, Part X, line 15.	
(a	Description	Tid. See Form 990, Part X, line 15.	(b) Book value
(a (1) Construction in Progress		TTO. See Form 990, Part X, line TS.	8,538,2
(a) (1) Construction in Progress (2) Right of Use Assets		TTO. See Form 990, Part X, line TS.	8,538,2
(a (1) Construction in Progress		TTd. See Form 990, Part X, line TS.	8,538,2
(a) (1) Construction in Progress (2) Right of Use Assets		TTd. See Form 990, Part X, line TS.	8,538,2
(a (1) Construction in Progress (2) Right of Use Assets (3)		TTd. See Form 990, Part X, line TS.	8,538,2
(a (1) Construction in Progress (2) Right of Use Assets (3) (4)		TTd. See Form 990, Part X, line TS.	8,538,2
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5)		TIG. See Form 990, Part X, line 15.	8,538,2
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6)		TIG. See Form 990, Part X, line 15.	8,538,2
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7)		TIG. See Form 990, Part X, line 15.	8,538,2
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 900,) Description		8,538,2 103,3
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, compared to the second seco) Description		8,538,2 103,3
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed Part X Other Liabilities Complete if the organization answered "Yes") Description		8,538,2 103,3
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, composition of line of) Description		8,538,2 103,3
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed (Column (b) must equal Form 990, Part X, line 15, compose) Description		8,538,2 103,3
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, composed Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability) Description		8,538,2 103,3 (b) Book value
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes) Description		8,538,2 103,3 (b) Book value
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) Accumulated postretirement benefit of) Description		8,538,2 103,3 (b) Book value
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, composed (9) Total. (Column (b) must equal Form 990, Part X, line 15, composed (1) Foderal income taxes (2) Accumulated postretirement benefit of (3) Lease Liabilities (4)) Description		8,538,2 103,3 (b) Book value
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accumulated postretirement benefit of (3) Lease Liabilities (4) (5)) Description		8,538,2 103,3 (b) Book value
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Accumulated postretirement benefit of (3) Lease Liabilities (4) (5) (6)) Description		8,538,2 103,3 (b) Book value
(a) (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" Complete if the organization answered "Yes" (1) Federal income taxes (2) Accumulated postretirement benefit of (3) Lease Liabilities (4) (5) (6) (7)) Description		8,538,2 103,3
(a (1) Construction in Progress (2) Right of Use Assets (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" Complete if the organization answered "Yes" (1) Federal income taxes (2) Accumulated postretirement benefit of (3) Lease Liabilities (4) (5) (6)) Description		8,538,2 103,3 (b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 Matthew 25 Ministries, Inc.	31-134	B100 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	297,788,180.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 497, 322.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	497,322.
3	Subtract line 2e from line 1	3	297,290,858.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	35,541.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	297,326,399.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	361,640,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	361,640,376.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	35,541.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	361,675,917.
Pa	rt 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).

332054 09-28-23

LHA 332071 11-29-23

29 2023.04030 MATTHEW 25 MINISTRIES, IN MMA001_1

Central America and					
the Caribbean -					
Antigua & Barbuda,					
Aruba, Bahamas,	0	0	Program Services	Humanitarian Assistance	57,568,503.
South America -					
Argentina, Bolivia,					
Brazil, Chile,					
Columbia, Ecuador,	0	0	Program Services	Humanitarian Assistance	6,335,820.
Middle East and					
North Africa -					
Algeria, Bahrain,					
Djibouti, Egypt,	0	0	Program Services	Humanitarian Assistance	5,816,704.
South Asia -					
Afghanistan,					
Bangladesh, Bhutan,					
India, Maldives,	0	0	Program Services	Humanitarian Assistance	760,466.
Europe (Including					
Iceland & Greenland)	0	0	Program Services	Humanitarian Assistance	1,555,167.
North America	0	0	Program Services	Humanitarian Assistance	289,466.
Russia and					
Neighboring States	0	0	Program Services	Humanitarian Assistance	45,472,858.
3 a Subtotal	0	0			117,798,984.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			117,798,984.
For Paperwork Reduction Ac	t Notice, see th	e Instructions f	or Form 990.	Schedule F	(Form 990) 2023

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2
- United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (a) Region

employees, agents, and

independent

contractors

in the region

Matthew 25 Ministries, Inc.

31-1348100 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,
- - X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(by type) (such as, fundraising, pro-

gram services, investments, grants to

recipients located in the region)

Department of the Treasury

offices

in the region

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

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

is a program service,

describe specific type

of service(s) in the region

No

(f) Total

expenditures

for and

investments

in the region

SCHEDULE	F
(Form 990)	•

Internal Revenue Service Name of the organization 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			Electronic			
		- Antigua &	Humanitarian		Fund/Wire			
		Barbuda, Aruba,	Assistance	582,555.	Transfer	56,985,948.	Products	FMV
		South America -						
		Argentina,						
		Bolivia, Brazil,	Humanitarian					
		Chile, Columbia,	Assistance	0.		6,335,820.	Products	FMV
		Middle East and						
		North Africa -			Electronic			
		Algeria, Bahrain,	Humanitarian		Fund/Wire			
		Djibouti, Egypt,	Assistance	8,232.	Transfer	5,808,472.	Products	FMV
		South Asia -						
		Afghanistan,			Electronic			
		Bangladesh,	Humanitarian		Fund/Wire			
		Bhutan, India,	Assistance	5,000.	Transfer	755,466.	Products	FMV
			Humanitarian Assistance	0.		1,555,167.	Products	FMV
		North America	Humanitarian Assistance	0.		289,466.	Products	FMV
		Russia and Neighboring States	Humanitarian Assistance		Electronic Fund/Wire Transfer	45,165,340.	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

3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2023

Page 2

Schedule F (Form 990) 2023

31-1348100

Page 3

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.

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

Schedule F (Form 990) 2023

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 the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X 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 the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

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.

09161001 758989 MMA001

(Form 990) 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. Department of the Treasury Internal Revenue Service Department of the Service Department of the Service Department of the Service Department of thepartment of the Service Service Department of the S	SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization Matthew 25 Ministries, Inc. Employer identification number 31–1348100 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events 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. (iv) Gross receipts (v) Amount paid to (or retained by)	(Form 990)								2023	
Name of the organization Employer identification number 31-1348100 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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. Yes No (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by)										
Matthew 25 Ministries, Inc. 31-1348100 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g g Special fundraising events d 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. (iv) Gross receipts (v) Amount paid to (or retained by) (i) Name and address of individual (ii) Activity (iii) Activity (iv) Gross receipts (v) Amount paid to (or retained by)			o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information	1	Employer id	•	
required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (ii) Activity (iii) Activity Impendent on the fundraiser	Name of the organization		Ministries, Inc.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No 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. (ii) Name and address of individual (iii) Activity (iv) Gross receipts (v) Amount paid to (or retained by) (i) Name and address of individual (iii) Activity (iv) Gross receipts (v) Amount paid to (or retained by)	Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, lii	ne 17	. Form 990-E	Z filers are not	
 a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d 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? 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 (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (or retained by) (v) Amount paid to (or retained by) 										
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. No (i) Name and address of individual (ii) Activity (iii) Did fundraiser is for both to (or retained by) (v) Amount paid to (or retained by) (i) Name and address of individual (iii) Activity (iv) Gross receipts (v) Amount paid to (or retained by)	 a Mail solicitat b Internet and c Phone solici d In-person so 	a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser of individual (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by)	•		• •	•	•		.000, (s 🗌 No	
(i) Name and address of individual (ii) Activity buy evidence (iv) Gross receipts to (or retained by) to (or retained by)				ant to	agreei	ments under which th	e fun	draiser is to b	e	
or entity (fundraiser)			(ii) Activity		ustody itrol of	(iv) Gross receipts from activity	to (or retained by) fundraiser		to (or retained by)	
Yes No			-		No	-				
Total	Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.		ich the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified i	it is e	xempt from re	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II 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	
		5K Race and Hunger		None	(d) Total events
		Drive		none	(add col. (a) through
		(event type)	(event type)	(total number)	– col. (c))
nue					
Revenue	1 Gross receipts				50,809.
<u>ш</u>	2 Less: Contributions				14,678.
	3 Gross income (line 1 minus line 2)				36,131.
	4 Cash prizes				
Direct Expenses	5 Noncash prizes				
	6 Rent/facility costs	9,899.			9,899.
	7 Food and beverages	1,673.			1,673.
	8 Entertainment	2,316.			2,316.
	9 Other direct expenses				79,340.
	10 Direct expense summary. Add lines 4 t				93,228.
	11 Net income summary. Subtract line 10	-57,097.			

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.

nue		(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				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
lirect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through				
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduc				
	Is the organization licensed to conduct gaming act If "No," explain:				
	Were any of the organization's gaming licenses rev If "Yes," explain:				Yes No
33208	2 09-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023

Schedule	G (Form 990) 2023	Matthew 25 Ministries	s, Inc.	31-13481	0 0	Page 3
			ers?		Yes	No
			a member of a partnership or other entity formed			
				🗀	Yes	└── No
	ate the percentage of gaming			13a	1	%
						%
			ganization's gaming/special events books and records:		1	
Name	e					
مراما م						
Addre	ess					
15a Does	the organization have a con	tract with a third party from wh	hom the organization receives gaming revenue?		Yes	No No
b If "Ye	s," enter the amount of gam	ing revenue received by the or	rganization \$ and the amou	unt		
		e third party \$				
c If "Ye	s," enter name and address	of the third party:				
Name						
Addre	285					
/ laan						
16 Gami	ng manager information:					
Name						
Gami	ng manager compensation	\$				
Gam	ng manager compensation	Ψ				
Desc	ription of services provided					
	Director/officer	Employee	Independent contractor			
			Independent contractor			
17 Mano	latory distributions:					
a Is the	organization required under	state law to make charitable of	distributions from the gaming proceeds to			
					Yes	No No
		•	distributed to other exempt organizations or spent in t	:he		
Part IV	nization's own exempt activit Supplemental Infor		ations required by Part I, line 2b, columns (iii) and (v); a	nd Part III lii	1es 9 (9h 10h
			additional information. See instructions.	ia i art iii, iii	100 0, 1	55, 105,
				Cabadula C	(Г онис	000) 0000
332083 09-13	-23		36	Schedule G	rorm	əəu) 2023

Part IV	Supplemental Information	n (continued)		
				Schodulo C (Earm 000)
332084 04-01-	23		37	Schedule G (Form 990)

SCHEDULE I (Form 990)		Go	Frants and Other of the organization of the or	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			jj	Attach to Forn				Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization	Matthew 25 Mir	nistries, Inc.						Employer identification number 31-1348100
Part I General Inform	mation on Grants a	nd Assistance						
							stance, and the selecti	
								X Yes No
2 Describe in Part IV th								
·		-	zations and Domestic be duplicated if additi			anization answered "	Yes" on Form 990, Parl	IV, line 21, for any
1 (a) Name and addres or govern	ss of organization	(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							Goods &	
Tulsa, OK 74137		47-1356323	501(c)3	0.	552,105.	FMV	Supplies	Humanitarian Aid
Goodwill Industries 10600 Springfield Pi Cincinnati, OH 45215	ike	53-0196517	501(c)3	0.	52,061,794.	FMV	Goods & Supplies	Humanitarian Aid
Spokes of Hope 1111 SC-9 Longs, SC 29568		83-2836137	501(c)3	0.	29,380,981.	FMV	Goods & Supplies	Humanitarian Aid
Goodwill Industries 909 E. Broadway Louisville, KY 40204		61-0475284	501(c)3	0.	16,283,225.	FMV	Goods & Supplies	Humanitarian Aid
CitiIMPACT PO Box 605 Davidson, NC 28036		31-5863428	501(c)3	0.	9,695,557.	FMV	Goods & Supplies	Humanitarian Aid
Bread of Life, Inc. 2019 Crawford St Houston , TX 77003		76-0386510	501(c)3	0.	7,514,678.	FMV	Goods & Supplies	Humanitarian Aid
2 Enter total number o	f section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table	•	•	•	257.
3 Enter total number o	f other organizations	listed in the line 1	I table					0.

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

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
St Vincent de Paul							
1125 Bank St						Goods &	
Cincinnati, OH 45214	86-0096789	501(c)3	٥.	6,692,271.	FMV	Supplies	Humanitarian Aid
Partnership with Native Americans							
500 E Peyton St						Goods &	
Sherman, TX 75090	58-1888256	501(c)3	٥.	6,087,972.	FMV	Supplies	Humanitarian Aid
Breathitt County Hunger Alliance							
PO Box 697						Goods &	
Jackson, KY 41339	86-3211842	501(c)3	0.	4,834,365.	FMV	Supplies	Humanitarian Aid
Hands of Love							
130 Washington St						Goods &	
Stanton, KY 40380	47-3607748	501(c)3	٥.	4,073,619.	FMV	Supplies	Humanitarian Aid
Grace Ministries							
215 Crozier St.						Goods &	
Henderson, NC 27536	82-0990237	501(c)3	٥.	4,037,653.	FMV	Supplies	Humanitarian Aid
People Care International							
102 W Mason St						Goods &	
Franklinton, NC 27525	84-2526606	501(c)3	0.	3,156,019.	FMV	Supplies	Humanitarian Aid
Giving the Basics							
3597 W 222nd St						Goods &	
Bucyrus, KS 66013	45-3069975	501(c)3	0.	2,794,607.	FMV	Supplies	Humanitarian Aid
City Help Inc of Phoenix							
3020 W Thomas Rd						Goods &	
Phoenix, AZ 85017	86-1001113	501(c)3	٥.	2,550,056.	FMV	Supplies	Humanitarian Aid
Knott County Area Technology							
Center - 1996 KY 160 - Hindman, KY						Goods &	
41822	31-1526571	Govt	0.	2,332,836.	FMV	Supplies	Humanitarian Aid

(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
Emma Quire Missions Center							
67 Lone Oak Industrial Rd.						Goods &	
Ricetown, KY 41364	81-2761613	501(c)3	0.	1,938,791.	FMV	Supplies	Humanitarian Aid
Anita Daniels Foundation							
505 West Gray Street 4						Goods &	
Houston , TX 77019	82-2727246	501(c)3	0.	1,829,647.	FMV	Supplies	Humanitarian Aid
Payton's Lemonade Stand							
7075 Vail Ct						Goods &	
Cincinnati, OH 45247	86-1939617	501(c)3	0.	1,680,342.	FMV	Supplies	Humanitarian Aid
The Freedom Tour							
PO Box 2430						Goods &	
Eagle Lake, FL 33839	81-4516415	501(c)3	0.	1,656,933.	FMV	Supplies	Humanitarian Aid
TC Ministry							
6001 Triangle Dr						Goods &	
Raleigh, NC 27617	99-1199667	501(c)3	0.	1,526,781.	FMV	Supplies	Humanitarian Aid
Kingdom Glory Worship Assembly							
640 S. Shelfer St.						Goods &	
Quincy, FL 32351	46-5515485	501(c)3	0.	1,303,658.	FMV	Supplies	Humanitarian Aid
Senior Solutions							
13731 Proctor Ave						Goods &	
City of Industry, CA 91746	84-5180841	501(c)3	0.	1,283,781.	FMV	Supplies	Humanitarian Aid
mL - 17							
The Warehouse							
2637 Dr Martin Luther King Jr Blvd	05 2456010	F01/a)2		1 220 200		Goods &	Tumonikovi 313
Fort Myers, FL 33916	85-3456218	DUT(C)3	0.	1,238,369.	F.WI∧	Supplies	Humanitarian Aid
Project C.U.R.E.							
200 Daruma Parkway						Goods &	
Dayton, OH 45417	31-0804358	501(c)3	0.	1,163,597.	FMV	Supplies	Humanitarian Aid

(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
Neighborhood Improvements - Better							
Living - 600 Eugenia Street -	00 5154600	504 () 2		1 1 6 2 9 6 2		Goods &	
Tallahassee, FL 32310	20-5174609	501(c)3	0.	1,163,062.	₽MV	Supplies	Humanitarian Aid
True Deliverance							
1010 Ridge Rd						Goods &	
Roxboro, NC 27573	82-3068392	501(c)3	0.	1,127,654.	FMV	Supplies	Humanitarian Aid
Smile Faith Appalachia							
9599 KY-805						Goods &	
Jenkins, KY 41537	80-0453938	501(c)3	0.	1,081,488.	FMV	Supplies	Humanitarian Aid
,							
Pleasant Green Missionary BC							
5301 Olive Rd						Goods &	
Trotwood , OH 45426	31-1196085	501(c)3	0.	1,078,351.	FMV	Supplies	Humanitarian Aid
Beth-El Ministries							
18240 S. Highway 301						Goods &	
Wimauma, FL 33598	59-3004876	501(c)3	0.	1,073,708.	FMV	Supplies	Humanitarian Aid
,				, , , .			
Ministries United for Christ							
1258 Cole Farm Rd.						Goods &	
Warrenton, NC 27589	32-0280060	501(c)3	0.	1,054,652.	FMV	Supplies	Humanitarian Aid
Totally Local VC							
2151 Alessandro Drive						Goods &	
Ventura, CA 93001	81-2646767	501(c)3	0.	1,030,742.	FMV	Supplies	Humanitarian Aid
,			1				
Heavenly Community Development							
1034 South 1st Street						Goods &	
Brookhaven, MS 39601	35-2371416	501(c)3	0.	1,019,986.	FMV	Supplies	Humanitarian Aid
Goods Bank NEO							
7550 Bittern Ave						Goods &	
Cleveland, OH 44103	87-2227026	501(a)3	0.	1,003,344.	E-M17	Supplies	Humanitarian Aid

Schedule I (Form 990)	Matthew 25	Ministries,	Inc.
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31-1348100 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	.,	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MedWish							
1625 E. 31st Street						Goods &	
Cleveland, OH 44114	34-1903712	501(c)3	0.	961,903.	FMV	Supplies	Humanitarian Aid
I Serve 365							
13010 FM 1745 N						Goods &	
Chester, TX 75936	82-3209351	501(c)3	0.	843,703.	FMV	Supplies	Humanitarian Aid
Open Arms Food Pantry & Resource							
Center - 3651 S LA Brea Ave - Los						Goods &	
Angeles, CA 90016	83-1054330	501(c)3	0.	843,487.	FMV	Supplies	Humanitarian Aid
Salvation Army, Champaign							
2212 N Market St						Goods &	
Champaign, IL 61822	22-2406433	501(c)3	0.	830,407.	FMV	Supplies	Humanitarian Aid
				,			
Deborah's Place Inc.							
2525 N. Shadeland Door #8						Goods &	
Indianapolis, IN 46219	83-3405471	501(c)3	0.	794,644.	FMV	Supplies	Humanitarian Aid
House of Deliverance							
333 South 2nd St						Goods &	
Hamilton, OH 45011	56-2426964	501(c)3	0.	785,187.	FMV	Supplies	Humanitarian Aid
Shiloh Baptist Church							
1210 S. Eugene St						Goods &	
Greensboro, NC 27406	85-4137631	501(c)3	0.	761,850.	FMV	Supplies	Humanitarian Aid
SETX Civilian Task Force							
223 South 17th St						Goods &	
Nederland , TX 77627	82-2744221	501(c)3	0.	761,736.	FMV	Supplies	Humanitarian Aid
Diapers 2 Degrees							
631 E. Florida Street						Goods &	
Greensboro, NC 27406	92-3798904	501(c)3	0.	751,021.	FMV	Supplies	Humanitarian Aid

(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
Jnited Ways Helpful Harvest							
20 Scott Ave						Goods &	
Morgantown, WV 26508	55-0462065	501(c)3	0.	682,753.	FMV	Supplies	Humanitarian Aid
Otoe-Missouria Tribe of Indians							
3151 Hwy 177						Goods &	
Red Rock, OK 74651	73-1586703	501(c)3	0.	682,638.	FMV	Supplies	Humanitarian Aid
House of Prayer Church							
2214 University Blvd S						Goods &	
Jacksonville, FL 32216	27-1198387	501(c)3	0.	639,087.	FMV	Supplies	Humanitarian Aid
Motion Picture Television							
Foundation - 23388 Mulholland Dr -						Goods &	
Woodland Hills, CA 91364	95-1652916	501(c)3	0.	636,975.	FMV	Supplies	Humanitarian Aid
Global Samaritan Resources							
2074 N 1st St						Goods &	
Abilene, TX 79603	83-0459639	501(c)3	0.	624,480.	FMV	Supplies	Humanitarian Aid
Brown New Calvary Baptist Church							
200 Doak St.						Goods &	
Thomasville, NC 27360	56-1049760	501(c)3	0.	615,803.	FMV	Supplies	Humanitarian Aid
Amrak Solutions							
14 NE 1st St						Goods &	
Miami, FL 33132	20-1536620	501(c)3	0.	614,060.	FMV	Supplies	Humanitarian Aid
Freedom Faith Missionary Baptist							
Church - 6540 N Main St - Dayton,						Goods &	
DH 45415	03-0407527	501(c)3	0.	600,539.	FMV	Supplies	Humanitarian Aid
4 Good Community							
1900 Us Hwy 41 N Unit 3						Goods &	
Henderson, KY 42420	85-1574845	501(c)3	0.	597,223.	FMV	Supplies	Humanitarian Aid

(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 Door Evangelistic							
1325 E Main St.						Goods &	
Albemarle, NC 28001	85-4337183	501(c)3	0.	584,757.	FMV	Supplies	Humanitarian Aid
Port Arthur Memorial High School							
801 8th Street						Goods &	
Port Arthur, TX 77642	74-6001903	501(c)3	0.	563,743.	FMV	Supplies	Humanitarian Aid
Osceola County Council on Aging							
700 Generation Point						Goods &	
Kissimmee, FL 34744	59-1595398	Govt	0.	546,519.	FMV	Supplies	Humanitarian Aid
Village Exchange Center							
5080 Paris St.	81-5174986	$F(1/2)^{2}$				Goods &	Tumpniton lid
Denver, CO 80239	01-51/4986	501(C)5	0.	546,055.	FMV	Supplies	Humanitarian Aid
Kingdom First Enterprises							
2442 Dr. Martin Luther King, Jr. Bl						Goods &	
Fort Myers, FL 33901	32-0551594	501(c)3	0.	538,313.	FMV	Supplies	Humanitarian Aid
Bethel Mission Outreach Center							
206 N Bethel St						Goods &	
Roma, TX 78584	27-0023206	501(c)3	0.	535,775.	FMV	Supplies	Humanitarian Aid
SEWA International							
690 E Los Angeles Ave, Suite D						Goods &	
Simi Valley, CA 93065	20-0638718	501(c)3	0.	526,471.	FMV	Supplies	Humanitarian Aid
	10 0000/10	501(0)5		520,171.			
Eradicate the Hate							
815 E Rosecrans						Goods &	
Los Angeles, LA 90056	82-2054059	501(c)3	0.	497,860.	FMV	Supplies	Humanitarian Aid
Sharing His Harvest							
9122 Mason Dr.						Goods &	
Denham Springs, LA 70726	82-4437970	501(c)3	0.	491,982.	FMV	Supplies	Humanitarian Aid

(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
City Serve of the Triad							
5114 Harvey Rd						Goods &	
Jamestown, NC 27282	85-3539016	501(c)3	0.	487,365.	FMV	Supplies	Humanitarian Aid
Shreveport Volunteer Network							
3554 Fountainbleau Rd						Goods &	
Keithville , LA 71047	85-1455415	501(c)3	0.	448,685.	FMV	Supplies	Humanitarian Aid
EstablishHER							
717 Mahlon St.						Goods &	
DeRidder, LA 70634	88-3052335	501(c)3	0.	447,198.	FMV	Supplies	Humanitarian Aid
Nehemiah Project							
333 Pee Dee Ave						Goods &	
Albemarle, NC 28001	84-1869757	501(c)3	0.	440,232.	FMV	Supplies	Humanitarian Aid
DeCoach Rehabilitation Center							
913 S Patterson Blvd	81-3006429	E01/a)2	0.	430 462	T2147.7	Goods &	Humanitarian Aid
Dayton, OH 45402	81-3000423	501(075	0.	439,462.	FMV	Supplies	
HLX+							
4930 E. 10th Ct.						Goods &	
Hialeah, FL 33013	92-0482304	501(c)3	0.	437,950.	FMV	Supplies	Humanitarian Aid
,							
Life Center of Ghana							
11406 Reading Rd						Goods &	
Cincinnati, OH 45241	70-7011840	501(c)3	0.	430,266.	FMV	Supplies	Humanitarian Aid
Elk Grove Township							
600 Landmeier Road						Goods &	
Elk Grove Village, IL 60007	36-4872084	501(c)3	0.	430,055.	FMV	Supplies	Humanitarian Aid
County Line Church of God of							
Prophecy – 3321 Fairystone park						Goods &	
hwy - Bassett, VA 24055	81-2490142	501(c)3	0.	421,197.	FMV	Supplies	Humanitarian Aid

(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
Beyond Before Community							
Development Corpo - 885 West							
Northbend Rd - Cincinnati, OH						Goods &	
45240	84-2008589	501(c)3	0.	412,771.	FMV	Supplies	Humanitarian Aid
El Paso County							
9541 Plaza Cir						Goods &	
El Paso, TX 79927	23-7311239	Govt	0.	404,543.	FMV	Supplies	Humanitarian Aid
Liberty Campbell							
967 Highway 7						Goods &	
South Jeremiah, KY 41826	92-2826656	501(c)3	0.	389,634.	FMV	Supplies	Humanitarian Aid
,							
Living Free Ministries							
1003 W Main St						Goods &	
Haw River, NC 27258	26-3337535	501(c)3	0.	385,500.	FMV	Supplies	Humanitarian Aid
Touching Moments							
2222 Olive Rd						Goods &	
Trotwood , OH 45426	27-1110074	501(c)3	0.	373,978.	FMV	Supplies	Humanitarian Aid
,				,			
The Brightside Project							
1746 W. State St.						Goods &	
Salem, OH 44460	81-3794909	501(c)3	0.	366,972.	FMV	Supplies	Humanitarian Aid
Hand in Hand Assist							
237 Berkley Ave						Goods &	
Lansdowne, PA 19050	85-0751553	501(c)3	0.	365,638.	FMV	Supplies	Humanitarian Aid
,				, .			
Person High School							
1010 Ridge Rd						Goods &	
Roxboro, NC 27573	56-6001095	Govt	0.	351,310.	FMV	Supplies	Humanitarian Aid
Justice for Migrant Women							
1907 W State St						Goods &	
Fremont, OH 43420	94-3040607	501/a)3	0.	345,059.	זאריז	Supplies	Humanitarian Aid

(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
Blackjack Baptist Church							
178 Reservoir Road,						Goods &	
Vinnsboro, SC 29180	58-2451982	501(c)3	0.	324,141.	FMV	Supplies	Humanitarian Aid
Restoration Park Church							
55 Restoration Park Dr						Goods &	
Medway, OH 45341	31-0707724	501(c)3	0.	320,699.	FMV	Supplies	Humanitarian Aid
The Every Woman Project							
4821 W 67th						Goods &	
Bedford Park , IL 60638	87-2027167	501(c)3	0.	309,513.	FMV	Supplies	Humanitarian Aid
Construct Depth of the of CDEONG							
Immanuel Baptist Church/CREOKS							
Sehavioral Health Services - 1900	72 1100774	F01(-)2		202 202		Goods &	
N MaCarthur St - Shawnee, OK 74804	73-1108774	501(C)3	0.	303,203.	F.WA	Supplies	Humanitarian Aid
New Life Mission							
133 1st St.						Goods &	
Independence, LA 70443	30-0110483	501(c)3	0.	299,728.	FMV	Supplies	Humanitarian Aid
Goshen Community Church							
5710 Goshen Rd						Goods &	
Goshen, OH 45122	92-1414316	501(c)3	0.	290,211.	FMV	Supplies	Humanitarian Aid
The Less Fortunate Still Matter							
Foundation - 130 Ponderosa Cir -						Goods &	
Aidway, FL 32343	47-5641162	501(c)3	0.	282,584.	EMV	Supplies	Humanitarian Aid
iiuway, FU 52545	4/-2041102	501(0/5	0.	202,304.	T. 14 A	ραδδττεε	
Schnauzer Savers							
300 Corporate Dr.						Goods &	
Goldsboro, NC 27530	45-3782462	501(c)3	0.	278,041.	FMV	Supplies	Humanitarian Aid
Enough Ministries							
20 Auditorium Hill						Goods &	
Barre, VT 05641	46-5361382	501(a)3	0.	277,933.		Supplies	Humanitarian Aid

organization or governmentInterpretation <th>uation of Grants and Other Assistance to Domestic Org</th> <th>ganizations and Domestic Gover</th> <th>rnments (Schedule I (Form 990), Pa</th> <th>rt II.)</th> <th>[</th>	uation of Grants and Other Assistance to Domestic Org	ganizations and Domestic Gover	rnments (Schedule I (Form 990), Pa	rt II.)	[
745 S State St 36-3942587 501(c)3 0. 277,116. PMV Boods 6 nnovative Charities of NW FL 94 SR 71 S 35-2476682 501(c)3 0. 277,116. PMV Boods 6 arianna, PL 32448 35-2476682 501(c)3 0. 276,800. PMV Supplies Humanitarian mpacting Tomorrow 5 501(c)3 0. 273,235. PMV Supplies Humanitarian atching Hope 74 S shady Acres Road 85-2451703 501(c)3 0. 273,235. PMV Supplies Humanitarian atching Hope 74 S shady Acres Road 81-1349875 501(c)3 0. 258,251. PMV Supplies Humanitarian romise Health 19 Bloomington Rd 14-1880824 501(c)3 0. 253,579. PMV Supplies Humanitarian alvation Army, Decatur 29 501(c)3 0. 253,579. PMV Supplies Humanitarian in High Keep Pressing 22-2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian in High Keep Pressing 22-2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian in High Keep Pressing			noncash valuation assistance (book, FMV,		(h) Purpose of grant or assistance
745 S State St 36-3942587 501(c)3 0. 277,116. PHV Boods 6 Innovative Charities of NW PL 35-2476682 501(c)3 0. 276,800. PHV Boods 6 Sarianna, PL 32448 35-2476682 501(c)3 0. 276,800. PHV Supplies Humanitarian mpacting Tomorrow 35-2476682 501(c)3 0. 273,235. PHV Supplies Humanitarian mpacting Tomorrow 85-2451703 501(c)3 0. 273,235. PHV Supplies Humanitarian Atching Mope 85-2451703 501(c)3 0. 273,235. PHV Supplies Humanitarian Atching Mope 85-2451703 501(c)3 0. 273,235. PHV Supplies Humanitarian Atching Mope 81-1349875 501(c)3 0. 258,251. PHV Supplies Humanitarian Atching Mope 14-1880824 501(c)3 0. 253,579. PHV Supplies Humanitarian Atable 14-1880824 501(c)3 0. 253,579. PHV Supplies Humanitarian Atable 22-2406433 501(c)3 0. 253,579. PHV Supplies Humanitarian </td <td>le C.O.G.I.C.</td> <td></td> <td></td> <td></td> <td></td>	le C.O.G.I.C.				
Innovative Charities of NW FL Join Join 1945 SR 71 S 35-2476682 501(c)3 0. 276,800. PMV Supplies Humanitarian Impacting Tomorrow 35-2476682 501(c)3 0. 276,800. PMV Supplies Humanitarian Impacting Tomorrow 35-2451703 501(c)3 0. 273,235. PMV Supplies Humanitarian Iatching Hope 34.16rd, 0H 45150 85-2451703 501(c)3 0. 273,235. PMV Supplies Humanitarian Iatching Hope 314.15404 Acress Road 81-1349875 501(c)3 0. 258,251. PMV Supplies Humanitarian Salvation Army, Decatur 220 Main st Boods 4 Bumanitarian Boods 4 Salvation Army, Decatur 222-2406433 501(c)3 0. 236,734. PMV Supplies Humanitarian Salvation Army, Decatur 222-2406433 501(c)3 0. 236,734. PMV Supplies Humanitarian Salvation Army, Decatur 222-2406433 501(c)3 0. 231,261. PMV Supplies Humanitarian Salvation Army, Decatur 223.255 87-184344				Goods &	
1994 SR 71 S Mariana, FL 3244835-2476682501(c)30.276,800. FMVBoods & SuppliesHumanitarianImpacting Tomorrow 995 Liala Ave 4tilord, OH 4515085-2451703501(c)30.273,235. FMVSuppliesHumanitarianHatching Hope 374 Shady Aeres Road Alabaster, AL 3500781-1349875501(c)30.258,251. FMVSuppliesHumanitarianPromise Health 	0619 36-3942587 501(c)3	0.	277,116.FMV	Supplies	Humanitarian Aid
1994 SR 71 S Mariana, FL 3244835-2476682501(c)30.276,800.PMVBoods & SuppliesHumanitarianImpacting Tomorrow 995 Liala Ave Milford, OH 4515085-2451703501(c)30.273,235.PMVSuppliesHumanitarianHatching Hope 374 Shady Averse Road Alabaster, AL 3500781-1349875501(c)30.258,251.PMVSuppliesHumanitarianPromise Health 819 Bloomington Rd Champaign, TL 6182081-1349875501(c)30.253,579.PMVSuppliesHumanitarianSalvation Army, Decatur 229 Wain St Decatur, JL 6252322-2406433501(c)30.236,734.PMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261.PMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757456-1414700501(c)30.228,948.PMVSuppliesHumanitarianHungry Hearts14-18070501(c)30.228,948.PMVSuppliesHumanitarian	arities of NW FL				
Impacting Tomorrow Boods & Jacking Hope 85-2451703 501(c)3 0. 273,235. FMV Soods & Jatching Hope 374 Shady Acres Road 81-1349875 501(c)3 0. 258,251. FMV Supplies Humanitarian Jatching Hope 374 Shady Acres Road 81-1349875 501(c)3 0. 258,251. FMV Supplies Humanitarian Promise Health 819 Bloomington Rd 501(c)3 0. 253,579. FMV Supplies Humanitarian Salvation Army, Decatur 229 W Main St Soods 2 Supplies Humanitarian Salvation Army, Decatur 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Salvation Army, Decatur 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Salvation Army, Decatur 22-2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian Salvation Army, Decatur 22-2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian Salvation Army, Decatur 22-2406433 501(c)3 0. 231,261. FMV <t< td=""><td></td><td></td><td></td><td>Goods &</td><td></td></t<>				Goods &	
Milford, OH 45150 85-2451703 501(c)3 0. 273,235. PMV Supplies Humanitarian . Hatching Hope 374 Shady Acres Road Alabaster, AL 35007 81-1349875 501(c)3 0. 258,251. PMV Supplies Humanitarian . Promise Health 819 Bloomington Rd Champaign, IL 61820 14-1880824 501(c)3 0. 253,579. FMV Supplies Humanitarian . Salvation Army, Decatur 229 W Main St Decatur , IL 62523 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian . Aim High Keep Pressing 2292 Ross Mill Road Henderson, NC 27536 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian . Lawson Chapel Baptist Church 2004awsonChapelChurchRoad Roxboro, NC 27574 50-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian . Humanitarian .	32448 35-2476682 501(c)3	0.	276,800.FMV		Humanitarian Aid
995 Liala Ave Milford, OH 45150 85-2451703 501(c)3 0. 273,235. FMV Supplies Rumanitarian Hatching Hope 374 Shady Acres Road Alabaster, AL 35007 81-1349875 501(c)3 0. 258,251. FMV Supplies Rumanitarian Promise Health 819 Bloomington Rd Champaign, IL 61820 14-1860824 501(c)3 0. 253,579. FMV Supplies Rumanitarian Salvation Army, Decatur 229 W Main St Decatur , IL 62523 22-2406433 501(c)3 0. 236,734. FMV Supplies Rumanitarian Aim High Keep Pressing 2292 Ross Mill Road Henderson, NC 27536 87-1843445 501(c)3 0. 231,261. FMV Supplies Rumanitarian Lawson Chapel Baptist Church 2004 Associated Solicits	orrow				
Milford, OH 4515085-2451703501(c)30.273,235. PMVSuppliesHumanitarianHatching Hope 374 Shady Acres Road81-1349875501(c)30.258,251. PMVGoods & SuppliesHumanitarianAlabaster, AL 3500781-1349875501(c)30.258,251. PMVSuppliesHumanitarianPromise Health 819 Bloomington Rd Champaign, IL 6182014-1880824501(c)30.253,579. FMVSuppliesHumanitarianSalvation Army, Decatur 229 W Main St Decatur, IL 6252322-2406433501(c)30.236,734. FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261. FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757456-1414700501(c)30.228,948. FMVSuppliesHumanitarianHungry Hearts14501(c)30.228,948. FMVSuppliesHumanitarian				Goods &	
Hatching Hope Goods & 374 Shady Acres Road 81-1349875 501(c)3 0. 258,251. FMV Goods & Alabaster, AL 35007 81-1349875 501(c)3 0. 258,251. FMV Supplies Humanitarian Promise Health 819 Bloomington Rd Goods & Supplies Humanitarian Salvation Army, Decatur 229 W Main St Goods & Supplies Humanitarian Aim High Keep Pressing 229.2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Aim High Keep Pressing 229.2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian Lawson Chapel Baptist Church 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian Lawson Chapel ChurchRoad 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian		0	273 235 FMV		Humanitarian Aid
374 Shady Acres Road Alabaster, AL 3500781-1349875501(c)30.258,251. FMVBuppliesHumanitarianPromise Health 819 Bloomington Rd Champaign, IL 6182014-1880824501(c)30.253,579. FMVSuppliesHumanitarianSalvation Army, Decatur 229 W Main St Decatur , IL 6252322-2406433501(c)30.236,734. FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753622-2406433501(c)30.231,261. FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757456-1414700501(c)30.228,948. FMVSuppliesHumanitarian			2,5,255,110	54PP1105	
Alabaster, AL 3500781-1349875501(c)30.258,251. FMVSuppliesHumanitarianPromise Health 819 Bloomington Rd Champaign, IL 6182014-1880824501(c)30.253,579. FMVSuppliesHumanitarianSalvation Army, Decatur 229 W Main St Decatur , IL 6252322-2406433501(c)30.236,734. FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261. FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 27574So1(c)30.228,948. FMVSuppliesHumanitarian					
Promise Health 819 Bloomington Rd14-1880824501(c)30.253,579. FMVSuppliesHumanitarianSalvation Army, Decatur 229 W Main St Decatur , IL 6252322-2406433501(c)30.236,734. FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261. FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757487-1414700501(c)30.228,948. FMVSuppliesHumanitarian	es Road			Goods &	
819 Bloomington Rd 14-1880824 501(c)3 0. 253,579. FMV Goods & Supplies Humanitarian Salvation Army, Decatur 229 W Main St 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Aim High Keep Pressing 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Aim High Keep Pressing 22-2406433 501(c)3 0. 231,261. FMV Supplies Humanitarian Lawson Chapel Baptist Church 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian 200LawsonChapel Baptist Church 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts	35007 81-1349875 501(c)3	0.	258,251.FMV	Supplies	Humanitarian Aid
819 Bloomington Rd 14-1880824 501(c)3 0. 253,579. FMV Goods & Supplies Humanitarian Salvation Army, Decatur 229 W Main St 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Aim High Keep Pressing 2292 Ross Mill Road 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian Lawson Chapel Baptist Church 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts 14-18700 501(c)3 0. 228,948. FMV Supplies Humanitarian	h				
Champaign, IL 6182014-1880824501(c)30.253,579. FMVSuppliesHumanitarianSalvation Army, Decatur 229 W Main St Decatur , IL 6252322-2406433501(c)30.236,734. FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261. FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757487-1414700501(c)30.228,948. FMVSuppliesHumanitarian				Goods &	
Salvation Army, Decatur 229 W Main St Decatur , IL 62523 22-2406433 501(c)3 0. 236,734. FMV Supplies Humanitarian Aim High Keep Pressing 2292 Ross Mill Road Henderson, NC 27536 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian Lawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 27574 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Humanitarian		0.	253,579, FMV		Humanitarian Aid
229 W Main StGoods &Decatur, IL 6252322-2406433 501(c)30. 236,734. FMVSuppliesAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445 501(c)30. 231,261. FMVSuppliesLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757487-1414700 501(c)30. 228,948. FMVSuppliesHumanitarian Hungry Hearts56-1414700 501(c)30. 228,948. FMVSuppliesHumanitarian			, , , , , , , , , , , , , , , , , , , ,		
Decatur, IL 6252322-2406433501(c)30.236,734.FMVSuppliesHumanitarianAim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445501(c)30.231,261.FMVSuppliesHumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757487-1414700501(c)30.228,948.FMVSuppliesHumanitarian	y, Decatur				
Aim High Keep Pressing 2292 Ross Mill Road Henderson, NC 2753687-1843445 501(c)30. 231,261. FMVGoods & SuppliesHumanitarian HumanitarianLawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 2757456-1414700 501(c)30. 228,948. FMVSuppliesHumanitarian Humanitarian				Goods &	
2292 Ross Mill Road 87-1843445 501(c)3 0. 231,261. FMV Goods & Humanitarian Lawson Chapel Baptist Church 87-1843445 501(c)3 0. 231,261. FMV Supplies Humanitarian 200LawsonChapelChurchRoad 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts .	62523 22-2406433 501(c)3	0.	236,734.FMV	Supplies	Humanitarian Aid
2292 Ross Mill Road 87-1843445 501(c)3 0. 231,261. FMV Goods & Humanitarian Lawson Chapel Baptist Church 201LawsonChapelChurchRoad 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts Hungry Hearts Image: State St	Pressing				
Lawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 27574 56-1414700 501(c)3 0. 228,948.FMV Supplies Humanitarian Hungry Hearts				Goods &	
200LawsonChapelChurchRoad 56-1414700 501(c)3 0. 228,948. FMV Goods & Humanitarian Hungry Hearts <	27536 87-1843445 501(c)3	0.	231,261.FMV	Supplies	Humanitarian Aid
200LawsonChapelChurchRoad 56-1414700 501(c)3 0. 228,948. FMV Goods & Humanitarian Roxboro, NC 27574 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts Hungry Hearts Hungry Hearts Hungry Hearts Humanitarian Humanitarian					
Roxboro, NC 27574 56-1414700 501(c)3 0. 228,948. FMV Supplies Humanitarian Hungry Hearts .	Baptist Church				
Hungry Hearts				Goods &	
	7574 56-1414700 501(c)3	0.	228,948.FMV	Supplies	Humanitarian Aid
				Goods &	
		0.	225,139.FMV		Humanitarian Aid

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
Eastern Illinois Foodbank							
2405 North Shore Drive						Goods &	
Urbana, IL 61802	37-1130252	501(c)3	0.	223,906.	FMV	Supplies	Humanitarian Aid
Raven Ministries							
3401 Eighth St						Goods &	
Harvey, LA 70058	57-0803071	501(c)3	0.	220,753.	FMV	Supplies	Humanitarian Aid
Project H.O.O.D.							
6620 S. King Dr.						Goods &	
Chicago, IL 60637	45-3964886	501(c)3	0.	217,171.	FMV	Supplies	Humanitarian Aid
				,			
Diaper Bank of Greater Cleveland							
15500 S. Waterloo Road						Goods &	
Cleveland, OH 44110	84-1957545	501(c)3	0.	216,651.	FMV	Supplies	Humanitarian Aid
Sonlight Food Center							
497 Oak St						Goods &	
Selma, AL 36701	20-4309408	501(c)3	0.	213,759.	FMV	Supplies	Humanitarian Aid
Master Provisions							
7725 Foundation Dr						Goods &	
Florence, KY 41042	61-1262540	501(c)3	0.	213,358.	FMV	Supplies	Humanitarian Aid
				, ,			
Christ is Faith							
1967 Tower Rd						Goods &	
Corbin, KY 40701	81-2410762	501(c)3	0.	210,466.	FMV	Supplies	Humanitarian Aid
The Salvation Army							
1250 W 119th St.						Goods &	
Chicago, IL 60643	22-2406433	501(c)3	0.	197,732.	FMV	Supplies	Humanitarian Aid
Anointed Salvation Ministry							
4690 S Boston Hwy						Goods &	
Ringgold, VA 24586	93-3294077	501(c)3	0.	189,908.	FMV	Supplies	Humanitarian Aid
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(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
Andarko Tribal Communities							
1919 Delaware Street						Goods &	
Lawrence, KS 66046	48-1175467	501(c)3	0.	189,192.	FMV	Supplies	Humanitarian Aid
St John AME Church							
3001 Tryon Rd						Goods &	
Raleigh, NC 27603	56-1426795	501(c)3	0.	178,223.	FMV	Supplies	Humanitarian Aid
Cane							
38 College Dr						Goods &	
Whitesburg, KY 41858	81-1583005	501(c)3	٥.	177,561.	FMV	Supplies	Humanitarian Aid
Mingley Conton							
Winslow Center 231 Cedar Brook Rd						Goods &	
Sicklerville, NJ 08081	88-1753018	501(a)3	0.	170,712.	דאריז <i>.</i>	Supplies	Humanitarian Aid
	00-1755010	501(0/5	0.	170,712.	F HV	Suppires	
Highly Favored Foundation							
3991 Hamilton Middletown Rd						Goods &	
West Chester, OH 45011	85-2437250	501(c)3	0.	168,396.	FMV	Supplies	Humanitarian Aid
Oak Ridge Baptist Church							
6056 Taylor Mill Road						Goods &	
Covington , KY 41015	61-1371582	501(c)3	0.	165,984.	FMV	Supplies	Humanitarian Aid
	22 20,2002				•		
Champaign-Urbana Public Health							
District - 201 W. Kenyon Rd						Goods &	
Champaign, IL 61820	37-6006910	501(c)3	0.	162,114.	FMV	Supplies	Humanitarian Aid
NBCOTLG and the Positive Force							
(Ennis Tait Ministries) - 3494						Goods &	
Reading Rd - Cincinnati, OH 45229	82-4346823	501(c)3	0.	159,869.	FMV	Supplies	Humanitarian Aid
			1				
Second Harvest Heartland							
7101 Winnetka Ave						Goods &	
Brooklyn Park, MN 55428	23-7417654	501(c)3	0.	157,470.	FMV	Supplies	Humanitarian Aid

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
Mayfield Graves LTRG							
1365 Luisa Ln						Goods &	
Mayfield, KY 42066	88-2562759	501(c)3	٥.	155,474.	FMV	Supplies	Humanitarian Aid
Center for Health Progress							
PO Box 18877						Goods &	
Denver, CO 80218	43-2007393	501(c)3	٥.	152,095.	FMV	Supplies	Humanitarian Aid
Maui Food Bank							
760 Kolu Street						Goods &	
Wailuku, HI 96793	99-0315110	501(c)3	0.	150,888.	FMV	Supplies	Humanitarian Aid
First Baptist Church of Auburn							
4241 Hamilton-Scipio Road						Goods &	
Cincinnati, OH 45013	31-0906501	501(c)3	0.	148,109.	FMV	Supplies	Humanitarian Aid
,,							
Race Track Chaplaincy of Ohio							
1223 Treehaven Ln.						Goods &	
Columbus, OH 43204	23-7181877	501(c)3	0.	141,720.	FMV	Supplies	Humanitarian Aid
Adventist Community Service							
12501 Old Columbia Pike						Goods &	
Silver Spring, MD 20904-6600	20-3519054	501(c)3	٥.	136,668.	FMV	Supplies	Humanitarian Aid
Tikkun Farm							
7941 Elizabeth Street						Goods &	
Cincinnati, OH 45211	47-3870788	501(c)3	0.	128,957.	FMV	Supplies	Humanitarian Aid
,				,			
Austin Disaster Relief Network							
1122 E 51ST ST						Goods &	
Austin, TX 78723-3008	26-4789907	501(c)3	0.	127,191.	FMV	Supplies	Humanitarian Aid
Shiloh 7th Day Adventist Church							
725 Whittier St						Goods &	
Cincinnati, OH 45229	72-1603185	501(c)3	0.	126,403.	FMV	Supplies	Humanitarian Aid

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	rt II.) T	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 non-cash assistance	(h) Purpose of grant or assistance
Northeast Community Fund							
839 N MLK Jr Dr						Goods &	
Decatur , IL 62521	37-0912488	501(c)3	0.	117,991.	FMV	Supplies	Humanitarian Aid
Catie's Closet							
28 Loon Hill Rd						Goods &	
Dracut, MA 01826	27-2531953	501(c)3	0.	113,385.	FMV	Supplies	Humanitarian Aid
Landmark baptist Temple Worship							
Center - 1600 Glendale Milford Rd		F01/-\2		110 042		Goods &	Tumundhandan Ada
- Cincinnati , OH 45215	31-0594656	501(C)3	0.	112,843.	FMV	Supplies	Humanitarian Aid
Bridging Hunger							
528 W. G St.						Goods &	
Jenks, OK 74037	73-1610281	501(c)3	0.	111,821.	FMV	Supplies	Humanitarian Aid
,				, ,			
Caring Partners International							
601 Shotwell Dr.						Goods &	
Franklin, OH 45005	37-1028228	501(c)3	0.	111,398.	FMV	Supplies	Humanitarian Aid
· · · ·							
YAIPAK Outreach							
1881 BRADBURY RD						Goods &	
Adams, TN 37010	81-2233547	501(c)3	0.	108,986.	FMV	Supplies	Humanitarian Aid
Hulin PCH 906 Sandtown Road						Goods &	
	81-0715147	501(a)3	0.	107,887.			Humanitarian Aid
Washington, GA 30673	01-0/1314/	501(0)5	U.	107,007.	L HA	Supplies	numanituarian Alu
The Village Food Pantry							
617 Riverside Drive						Goods &	
Hamilton , OH 45011	82-1862921	501(c)3	0.	100,867.	FMV	Supplies	Humanitarian Aid
,							
From the Heart Church Ministries							
of Cincinnati - 715 Flenning Road						Goods &	
- Cincinnati, OH 45231	31-1664832	501(c)3	0.	99,590.	FMV	Supplies	Humanitarian Aid

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Houston Toolbank							
1215 Gazin St.,						Goods &	
Houston , TX 77020	46-1152387	501(c)3	0.	89,833.	FMV	Supplies	Humanitarian Aid
Sem Food Pantry							
2020 Beechmont Avenue						Goods &	
Cincinnati, OH 45230	23-7018162	501(c)3	0.	88,099.	FMV	Supplies	Humanitarian Aid
Gadsden LTRG c/o New Life							
339 E Jefferson St						Goods &	
Quincy , FL 32351	84-3140991	501(c)3	0.	86,657.	FMV	Supplies	Humanitarian Aid
Sunday Luncheon with Love							
- PO Box 436						Goods &	
Independence , KY 41051	20-3900502	501(c)3	0.	85,546.	FMV	Supplies	Humanitarian Aid
Pin Ministries							
450 Independence Station Road						Goods &	
Independence , KY 41051	61-1116814	501(c)3	0.	76,608.	FMV	Supplies	Humanitarian Aid
Contact Ministries							
215 Fayette St,						Goods &	
Pekin, IL 61554	37-1072627	501(c)3	0.	74,280.	FMV	Supplies	Humanitarian Aid
Dayton Food Bank							
56 Armor Pl.						Goods &	
Dayton, OH 45417	86-1082880	501(c)3	0.	69,684.	FMV	Supplies	Humanitarian Aid
•							
The Kings & Queens Within Us							
35104 Euclid Ave Ste 310						Goods &	
Willoughby, OH 44094	86-3313900	501(c)3	0.	69,514.	FMV	Supplies	Humanitarian Aid
Cincinnati Urban Promise							
2420 Harrison Ave						Goods &	
Cincinnati, OH 45211	80-0472009	501(c)3	0.	62,563.	FMV	Supplies	Humanitarian Aid

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LaSoupe Inc							
915 E McMillan St						Goods &	
Cincinnati, OH 45206	47-4452384	501(c)3	0.	62,563.	FMV	Supplies	Humanitarian Aid
Elevation Community Church							
107 Eagle-Martin Dr.						Goods &	
Blanchester, OH 45107	26-0215273	501(c)3	٥.	60,988.	FMV	Supplies	Humanitarian Aid
Midwest Manor & Missions							
3603 Washington Ave						Goods &	
Cincinnati, OH 45229	85-2514914	501(c)3	0.	60,010.	FMV	Supplies	Humanitarian Aid
Bridge the Gap Urban Outreach							
200 Fairbanks Ave						Goods &	
Cincinnati, OH 45204	82-2972930	501(c)3	0.	57,456.	FMV	Supplies	Humanitarian Aid
Serving You Ministries Cafe							
502 Oak Street						Goods &	
Cincinnati, OH 45216	86-1725808	501(a)3	0.	57,456.	E-M17	Supplies	Humanitarian Aid
	00-1723000	501(075	0.	57,450.	r H v	Suppries	
Hosea House							
901 York St	64 4040500	504 () 2		56,600		Goods &	
Newport, KY 41071	61-1212528	501(c)3	0.	56,630.	FMV	Supplies	Humanitarian Aid
Eternal Life Apostolic Church of							
God - 1389 Central Ave -						Goods &	
Middletown , OH 45044	26-0035769	501(c)3	0.	56,179.	FMV	Supplies	Humanitarian Aid
Mount Healthy Alliance							
7717 Harrison Ave						Goods &	
Cincinnati, OH 45231	26-0247231	501(c)3	0.	56,179.	FMV	Supplies	Humanitarian Aid
FEMA							
500 C St., SW						Goods &	
Washington, DC 20472	46-4961071	Govt	0.	55,910.	FMV	Supplies	Humanitarian Aid

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North Dearborn							
2517 North Dearborn Road						Goods &	
West Harrison, IN 47060	36-4598281	501(c)3	0.	49,795.	FMV	Supplies	Humanitarian Aid
Kings Cathedral and Chapels							
777 Maui Veterans Hwy						Goods &	
Kahului, HI 96732	99-0196904	501(c)3	0.	48,884.	FMV	Supplies	Humanitarian Aid
Faith United Church of Christ							
6886 Salem Road						Goods &	
Cincinnati, OH 45230	13-1957221	501(c)3	0.	48,518.	FMV	Supplies	Humanitarian Aid
Community First							
855 Stahlheber Rd						Goods &	
Hamilton, OH 45013	31-1150845	501(c)3	0.	44,680.	FMV	Supplies	Humanitarian Aid
House of Hope Inc							
757 Ridgeway Ave		504 () 2				Goods &	
Cincinnati , OH 45229	31-1504474	501(c)3	0.	44,447.	F.WA	Supplies	Humanitarian Aid
Hands of Empowerment Resource							
Center Inc - 1115 Hicks Blvd Ste						Goods &	
5(2) - Fairfield, OH 45014	26-4350201	501(c)3	0.	43,411.	FMV	Supplies	Humanitarian Aid
St Monica's Senior Living Inc.							
3920 N Green Bay Rd						Goods &	
Racine, WI 53404	39-1137868	501(c)3	0.	41,688.	FMV	Supplies	Humanitarian Aid
Empowerment Opportunities Center							
360 E. Marietta St.						Goods &	
Decatur , IL 62526	37-0864527	501(c)3	0.	39,665.	т м у.	Supplies	Humanitarian Aid
<u> </u>	57 0004527	501(0/5		55,005.	+ 11 v	PAPPITED	
Fuel NKU							
20 Kenton Drive			_			Goods &	
Highland Heights, KY 41099	23-7116528	501(c)3	0.	39,581.	F,WA	Supplies	Humanitarian Aid

(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
Transformations Life Enterprises							
32 Triangle Park Drive						Goods &	
Cincinnati, OH 45246	46-5265459	501(c)3	0.	39,581.	FMV	Supplies	Humanitarian Aid
U-Can							
2830 Colerain Ave						Goods &	
Cincinnati, OH 45225	30-0024366	501(c)3	0.	39,581.	FMV	Supplies	Humanitarian Aid
Ecotone Paint							
1235 Industrial Dr						Goods &	
Van Wert, OH 45891	20-8010963	501(c)3	0.	39,497.	FMV	Supplies	Humanitarian Aid
Shelterhouse							
411 Gest St						Goods &	
Cincinnati, OH 45203	31-0920479	501(c)3	0.	37,442.	FMV	Supplies	Humanitarian Aid
Kings Local School District Area							
Community Services - PO Box 144 -						Goods &	
South Lebannon, OH 45065	31-1200298	501(c)3	0.	35,750.	FMV	Supplies	Humanitarian Aid
Feed Our Flock							
121 Mound Ave						Goods &	
Milford, OH 45150	83-1006588	501(c)3	٥.	35,319.	FMV	Supplies	Humanitarian Aid
Gaines United Methodist Church							
5707 Madison Road						Goods &	
Cincinnati, OH 45227	31-0842449	501(c)3	0.	34,474.	FMV	Supplies	Humanitarian Aid
Table of Hope							
3707 Edgewood Drive						Goods &	
Cincinnati, OH 45211	86-1840296	501(c)3	0.	34,474.	FMV	Supplies	Humanitarian Aid
Freestore Foodbank							
3401 Rosenthal Way						Goods &	
Cincinnati, OH 45204	23-7122205	501(c)3	0.	33,459.	FMV	Supplies	Humanitarian Aid

Exclusive Services Inc 36-4638604 501(c)3 0. 33,197. FMV Boods & Supplies God Got Us 675 Dela Drive Suite 140 87-1182182 501(c)3 0. 33,197. FMV Supplies Humanitarian A God Got Us 675 Dela Drive Suite 140 87-1182182 501(c)3 0. 33,197. FMV Supplies Humanitarian A GWFF Child Development Center 434 Forest Ave 0. 33,197. FMV Supplies Humanitarian A Cincinnati, OH 45212 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Willages at Roll Hill Community Center - 3691 President Drive - 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Godd Cross Ambulance Service 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A Godd Cross Ambulance Service 36-2762168 501(c)3 0. 27,792. FMV Supplies	(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
260 Pairbanks Ave Cincinnat1, OH 45204 31-6042823 501(c)3 0. 33,197. PMV Supplies Rumanitarian A Rxclusive Services Inc 302 Porest Ave 0. 33,197. PMV Supplies Rumanitarian A 302 Forest Ave 0. 33,197. PMV Supplies Rumanitarian A 304 God Got Us 0. 33,197. PMV Supplies Rumanitarian A 304 God Got Us 675 Deis Drive Suite 140 87-1182182 501(c)3 0. 33,197. PMV Supplies Rumanitarian A 314 Forest Ave Sold Si 501(c)3 0. 33,197. PMV Supplies Rumanitarian A 324 Forest Ave Sold Si Sold Si Sold Si Sold Si Sold Si Sold Si Cincinnati, OH 45229 31-090196 501(c)3 0. 32,907. PMV Supplies Rumanitarian A Villages at Roll Hill Community Center - 3691 Freeident Drive - 26-0489066 501(c)3 0. 30,543. PMV Supplies Rumanitarian A Boods 20 Sold Cross Ambulance Service Sold Si Sold Si Soods 4 Soods 4 Boods 5122 39-1702433 501(c)3	Dream Center Cincinnati							
Exclusive Services Inc Souds & Bumanitarian A Sold Sold Stress Ave Souds & Souds & Bumanitarian A God Got Us Soods & Souds & Bumanitarian A God Got Us Soods & Bumanitarian A Boods & God Got Us Strifield, OH 45014 Strifield, OH 45025 St							Goods &	
302 Porest Ave 36-4638604 501(c)3 0. 33,197. PMV Boods & Rumanitarian A God Got Us 675 Deis Drive Suite 140 87-1182182 501(c)3 0. 33,197. PMV Supplies Rumanitarian A God Got Us 675 Deis Drive Suite 140 87-1182182 501(c)3 0. 33,197. PMV Supplies Rumanitarian A God Got Us 675 Deis Drive Suite 140 87-1182182 501(c)3 0. 33,197. PMV Supplies Rumanitarian A God Got Us 675 Deis Drive Suite 140 87-1182182 501(c)3 0. 32,997. PMV Supplies Rumanitarian A God Got Us 501(c)3 0. 32,997. PMV Supplies Rumanitarian A Villages at Roll Hill Community 26-0489068 501(c)3 0. 30,643. PMV Supplies Rumanitarian A Villages at Roll Hill Community - 26-0489068 501(c)3 0. 30,643. PMV Supplies Rumanitarian A Villages at Roll Hill Community - - 26-0489068 501(c)3 0. 29,366. FMV Supplies Rumanitarian A Gold Cross Ambulance Service - - - - - - - - Gold Cross Ambulance Service -	Cincinnati, OH 45204	31-6042823	501(c)3	0.	33,197.	FMV	Supplies	Humanitarian Aid
Cincinnati, OH 45229 36-4638604 501(c)3 0. 33,197. FMV Supplies Humanitarian A God Got Us 675 Deis Drive Suite 140 Fairfield, OH 45014 87-1182182 501(c)3 0. 33,197. FMV Supplies Humanitarian A CWFF Child Development Center 434 Forest Ave Cincinnati, OH 45229 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Heartland Christian Church FO Box 230, 1790 State Route 28 Gods a Godd Cross Ambulance Service 1055 Witmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 2839 W. Filmore Chicago, Li 60f12 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Godds á Souds Souds Souds Souds Souds Souds Souds Souds Souds Souds Soud	Exclusive Services Inc							
God Got Us Goods & Boods & Boods & Boods & Bumanitarian A CWFF Child Development Center 31-0901096 501(c)3 0. 32,907. PMV Supplies Bumanitarian A CWFF Child Development Center 31-0901096 501(c)3 0. 32,907. PMV Supplies Bumanitarian A CWFF Child Development Center 31-0901096 501(c)3 0. 32,907. PMV Supplies Bumanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Goods & Bumanitarian A Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. PMV Supplies Bumanitarian A Heartland Christian Church Boods 2 14-1902676 501(c)3 0. 29,366. PMV Supplies Bumanitarian A Gold cross Ambulance Service 1055 Wittmann Dr Boods 2 Bumanitarian A Boods 2 Bumanitarian A North Lawndale ATC 239 - 1702433 501(c)3 0. 27,792. PMV Supplies Bumanitarian A Quaker Hill Nursing 36-2762168 501(c)3 0. 27,792. PMV Supplies Bumanitarian A	302 Forest Ave						Goods &	
675 Deis Drive Suite 140 87-1182182 501(c)3 0. 33,197. MV Boods & Humanitarian A CWFF Child Development Center 434 Forest Ave Goods 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Goods 200, 1790 State Route 28 Goods, 14-1902676 501(c)3 0. 29,366. FMV Supplies Humanitarian A Gold Cross Ambulance Service 14-1902676 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 26-0762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A	Cincinnati, OH 45229	36-4638604	501(c)3	0.	33,197.	FMV	Supplies	Humanitarian Aid
Fairfield, OH 45014 87-1182182 501(c)3 0. 33,197. FMV Supplies Humanitarian A CWFF Child Development Center 434 Forest Ave Cincinnati, OH 45229 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Heartland Christian Church PO Box 230, 1790 State Route 28 Goshen, OH 45122 14-1902676 501(c)3 0. 29,366. FMV Supplies Humanitarian A Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 2839 W. Filmore Chicago, IL 60612 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 8675 SE 72nd Terrace 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A	God Got Us							
CWFF Child Development Center 434 Forest Ave Cincinnati, OR 45229 31-0901096 501(c)3 0. 32,907. FWV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Heartland Christian Church FO Box 230, 1790 State Route 28 Goshen, OH 45122 14-1902676 501(c)3 0. 29,366. FMV Supplies Humanitarian A Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 2839 W. Filmore Chicago, IL 60612 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 8675 SE 72nd Terrace Goods &	675 Deis Drive Suite 140						Goods &	
434 Forest Ave 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Heartland Christian Church FO Box 230, 1790 State Route 28 Goshen, OH 45122 26-0489068 501(c)3 0. 29,366. FMV Supplies Humanitarian A Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 2839 W. Filmore Chicago, IL 60612 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 8675 SE 72nd Terrace 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A	Fairfield, OH 45014	87-1182182	501(c)3	0.	33,197.	FMV	Supplies	Humanitarian Aid
434 Forest Ave Sods & Supplies Bumanitarian A Cincinnati, OH 45229 31-0901096 501(c)3 0. 32,907. FMV Supplies Bumanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Bumanitarian A Heartland Christian Church PO Box 230, 1790 State Route 28 Goshen, OH 45122 26-0489068 501(c)3 0. 29,366. FMV Supplies Bumanitarian A Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A North Lawndale ATC 2839 W. Filmore Chicago, IL 60612 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 8675 SE 72nd Terrace Solds 2 Solds 2 Soods 2 Soods 2	CWPP Child Development Center							
Cincinnati, OH 45229 31-0901096 501(c)3 0. 32,907. FMV Supplies Humanitarian A Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225 26-0489068 501(c)3 0. 30,643. FMV Supplies Humanitarian A Heartland Christian Church PO Box 230, 1790 State Route 28 Goshen, OH 45122 14-1902676 501(c)3 0. 29,366. FMV Supplies Humanitarian A Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952 39-1702433 501(c)3 0. 27,792. FMV Supplies Humanitarian A Menasha, WI 54952 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Routh Lawndale ATC 2839 W. Filmore Chicago, IL 60612 36-2762168 501(c)3 0. 27,792. FMV Supplies Humanitarian A Quaker Hill Nursing 8675 SE 72nd Terrace	-						Gooda e	
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(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
Touchpoints at Bloomfield							
140 Park Ave						Goods &	
Bloomfield, CT 06002	91-1950839	501(c)3	0.	27,792.	FMV	Supplies	Humanitarian Aid
Washington County Regional Medical							
Center - 610 Sparta Rd -						Goods &	
Sandersville, GA 31082	20-1646672	Govt	0.	27,792.	FMV	Supplies	Humanitarian Aid
Inter Parish Ministry							
3509 Debolt Road						Goods &	
Cincinnati, OH 45244	23-7451134	501(c)3	٥.	26,813.	FMV	Supplies	Humanitarian Aid
Queen City Kitchen							
2631 Gilbert Avenue	31-0879210	501(a)2	0.	26,813.		Goods & Supplies	Humanitarian Aid
Cincinnati, OH 45306	51-0879210	501(0)5	0.	20,013.	FMV	Suppires	
Montefiore St Lukes Cornwall							
Hospital - 70 Dubois St -						Goods &	
Newburgh, NY 12550	14-1340054	501(c)3	0.	25,920.	FMV	Supplies	Humanitarian Aid
Nodual Living Inc							
5517 Arnsby Place						Goods &	
Cincinnati, OH 45227	81-3322150	501(c)3	0.	25,536.	FMV	Supplies	Humanitarian Aid
North College Hill Schools						Gooda C	
1731 Goodman Ave	21 600000	E01/a)2			EWG7	Goods &	Tumonitoni 344
Cincinnati, OH 45239	31-6000906	DUT(C)3	0.	25,090.	F.WA	Supplies	Humanitarian Aid
Bethany United Methodist Church							
5388 Cincinnati-Dayton Road						Goods &	
Liberty Township , OH 45044	36-2167731	501(c)3	0.	24,259.	FMV	Supplies	Humanitarian Aid
Unity Christian Church							
8359 Burns Ave						Goods &	
Cincinnati, OH 45216	31-6180334	501(0)3	0.	24,259.	EM17	Supplies	Humanitarian Aid

Cincinnati, OH 45246 33-1149469 501(c)3 0. 23,546, FMV Supplies Humanitarian Aid Goods 4 Sreenfield Skilled Nursing 238 S Weshington St. Greenfield OH 45123 83-0670599 501(c)3 0. 23,546, FMV Supplies Humanitarian Aid Rouse of Hope Fellowship Church R329 Elm St. Cincinnati, OH 45202 61-1657582 501(c)3 0. 23,546, FMV Supplies Humanitarian Aid Fignall Assisted Living R35 South Rulin Ave Fignall, GA 30668 51-0533540 501(c)3 0. 23,546, FMV Supplies Humanitarian Aid Safer Foundation R350 Emeran St. Jackson St. J	(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
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1520 Madison Rd 31-6000063 Govt 0. 18,721. FMV Goods & Supplies Humanitarian Aid Queen City Kitchen 31-0879210 Sol(c)3 0. 18,721. FMV Goods & Supplies Humanitarian Aid P0 Box 6045 31-0879210 Sol(c)3 0. 18,721. FMV Supplies Humanitarian Aid Tri County Soul 31-1244943 Sol(c)3 0. 18,721. FMV Supplies Humanitarian Aid 11177 Springfield Pike 31-1244943 Sol(c)3 0. 18,721. FMV Supplies Humanitarian Aid Good Samaritan Church of God 25 Amelia Olive Branch Sol(c)3 0. 18,721. FMV Supplies Humanitarian Aid	Hamilton County DD							
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11177 Springfield Pike 31-1244943 501(c)3 0. 18,721. FMV Goods & Humanitarian Aid Supplies Humanitarian Aid 25 Amelia Olive Branch	Cincinnati, OH 45206	31-0879210	501(c)3	0.	18,721.	FMV	Supplies	Humanitarian Aid
11177 Springfield Pike Cincinnati, OH 45246 31-1244943 501(c)3 0. 18,721. FMV Goods & Humanitarian Aid Good Samaritan Church of God 25 Amelia Olive Branch Goods & Goods &								
Cincinnati, OH 45246 31-1244943 501(c)3 0. 18,721. FMV Supplies Humanitarian Aid Good Samaritan Church of God 25 Amelia Olive Branch Goods &								
Good Samaritan Church of God 25 Amelia Olive Branch Goods &								
25 Amelia Olive Branch Goods &	Cincinnati, OH 45246	31-1244943	501(c)3	0.	18,721.	FMV	Supplies	Humanitarian Aid
25 Amelia Olive Branch Goods &	Good Samaritan Church of God							
							Goods &	
		90-0344714	501(c)3	n	17 875	FMV		Humanitarian Aid

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch I	iedule I (Form 990), Pa T	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
ood Neighbor House							
527 E 1st Street						Goods &	
Dayton , OH 45402	31-1374154	501(c)3	0.	16,598.	FMV	Supplies	Humanitarian Aid
Olivet Food Pantry/Olivet Baptist							
Church - 6838 Montgomery Road -						Goods &	
Cincinnati, OH 45236	31-1104792	501(c)3	0.	16,598.	FMV	Supplies	Humanitarian Aid
<u></u>	51 1101/52	501(0)5		10,000.		54551105	
Whitewater Crossing Christian							
Church - 5771 SR 128 - Cleves, OH						Goods &	
45002	31-0569739	501(c)3	0.	16,038.	FMV	Supplies	Humanitarian Aid
Shilohs Food and Clothing Pantry							
710 South Fred Shuttles Worth Circl	L					Goods &	
Cincinnati, OH 45229	72-1603185	501(c)3	0.	15,322.	FMV	Supplies	Humanitarian Aid
Children's Impact Network							
4437 SW Port Way						Goods &	
Palm City, FL 34990	65-0230590	501(c)3	0.	14,400.	FMV	Supplies	Humanitarian Aid
Accolade Healthcare of Pontiac							
300 W Lowell Ave						Goods &	
Pontiac, IL 61764	26-4602110	501(c)3	0.	13,896.	TWA	Supplies	Humanitarian Aid
	20 1002110			10,000.		24551100	
Harper's Personal Care Home, Inc							
186 Bootleggers LN						Goods &	
Washington, GA 30673	58-2441760	501(c)3	0.	13,896.	FMV	Supplies	Humanitarian Aid
			1				
The Lutheran Home at Kane							
100 High Point Dr						Goods &	
Kane, PA 16735	25-1158827	501(c)3	0.	13,896.	FMV	Supplies	Humanitarian Aid
Ware Co. EMA							
1700 Riverside Ave						Goods &	
Waycross, GA 31501	58-6021364	Govt	0.	13,896.	FMV	Supplies	Humanitarian Aid

(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
Ennis Tate Ministries							
3494 Reading Rd						Goods &	
Cincinnati, OH 45229	82-4346823	501(c)3	0.	12,957.	FMV	Supplies	Humanitarian Aid
Bluegrass Care Navigators							
1360 Donaldson Road Bay 1						Goods &	
Erlanger, KY 41018	61-0978097	501(c)3	٥.	11,773.	FMV	Supplies	Humanitarian Aid
Catholic Residential Services							
635 W 7th St STE 401						Goods &	
Cincinnati, OH 45203	31-1344280	501(c)3	0.	11,773.	FMV	Supplies	Humanitarian Aid
Glamant Gamian Gamminas							
Clermont Senior Services 2085 James E Sauls Sr Dr						Goods &	
	31-0832354	E01/a)2	0.	11,773.	T2147.7	Supplies	Humanitarian Aid
Batavia, OH 45103	51-0852554	501(075	U.	11,773.	FMV	Suppries	
Concerned Citizens							
10925 Reed Hartman suite 113						Goods &	
Blue Ash, OH 45242	84-5120009	501(c)3	٥.	11,773.	FMV	Supplies	Humanitarian Aid
Envision Ohio							
3030 W Fork Rd						Goods &	
Cincinnati, OH 45211	31-6050398	501(c)3	0.	11,773.	FMV	Supplies	Humanitarian Aid
Epilepsy Alliance Homes							
895 Central Avenue 550	22 7294156	E01/-\2	_	11 773		Goods &	Uumoniton did
Cincinnati, OH 45202	23-7284156	501(C)3	0.	11,773.	L WA	Supplies	Humanitarian Aid
Hope Community Center							
4 Cecelia Dr						Goods &	
Amelia, OH 45102	32-0133010	501(c)3	0.	11,773.	FMV	Supplies	Humanitarian Aid
Tamar's Center/Franciscan							
Ministries - 2142 Hatmaker St -						Goods &	
Cincinnati, OH 45204	31-1346696	501(c)3	0.	11,773.	FMV	Supplies	Humanitarian Aid

(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 Crossroads Center							
311 Martin Luther King Dr						Goods &	
Cincinnati, OH 45220	31-1327938	501(c)3	0.	11,773.	FMV	Supplies	Humanitarian Aid
Franklin City Schools							
754 East Fourth St						Goods &	
Franklin, OH 45005	31-6000802	Govt	0.	11,580.	FMV	Supplies	Humanitarian Aid
Moores Hill Food Pantry							
16603 s Broadway PO Box 216						Goods &	
Moores Hill , IN 47032	30-0655678	501(c)3	٥.	11,491.	FMV	Supplies	Humanitarian Aid
Wave Pool Gallery							
2940 Colerain Ave	47 5054000	F01(-)2		11 401		Goods &	Tumunikanian bid
Cincinnati, OH 45225	47-5054823	501(C)3	0.	11,491.	F.WA	Supplies	Humanitarian Aid
Fellowship of Assoc of Med							
Evangelism - 4545 Southeastern						Goods &	
Avenue - Indianapolis, IN 46203	23-7124787	501(c)3	0.	11,309.	FMV	Supplies	Humanitarian Aid
Astoria Skilled Nursing &							
Rehabilitation - 3537 12th St. NW						Goods &	
- Canton , OH 44708	17-2304538	501(c)3	0.	10,133.	FMV	Supplies	Humanitarian Aid
	17 2304330	501(0)5		10,100.		Buppires	
Clinton County Services for the							
Homeless - 63 Gallup St -						Goods &	
Wilmington, OH 45177	31-6000427	Govt	0.	10,133.	FMV	Supplies	Humanitarian Aid
Quality Life Services Home Health							
1251 Nilles Rd						Goods &	
Fairfield, OH 45014	27-0730887	501(c)3	0.	10,133.	FMV	Supplies	Humanitarian Aid
Family Nurturing Center of							
Kentucky - 7162 Reading Rd -						Goods &	
Cincinnati, OH 45237	31-1011326	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid

(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
Global Higher Call Nursing							
407 Whitebird						Goods &	
Quapaw, OK 74363	73-1568005	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
Home Sweet Home							
574 Sonny Ln						Goods &	
Cincinnati, OH 45244	85-0993679	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
Medical Associates Plus							
2467 Golden Camp Rd						Goods &	
Augusta, GA 30906	31-1591242	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
New Housing Ohio							
1160 East Main St						Goods &	
Lebanon, OH 45036	31-1435217	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
Reset Ministries							
841 Isabella St						Goods &	
Newport, KY 41071	27-1967868	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
Talbert House							
2600 Victory Parkway						Goods &	
Cincinnati, OH 45206	31-0713350	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
,				2,0021			
Triumphant Care Unlimited							
666 Dixie Hwy Suite 202						Goods &	
Fairfield, OH 45014	83-4356422	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
Volunteers of America							
25 N River St						Goods &	
Wilkes Barre, PA 18702	23-1932916	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid
World Faith							
						Goods &	
10456 Pippin Road	21 1707000	501/2)2		6 204	EM07		Uumanitanian did
Cincinnati, OH 45231	31-1707820	DOT(C)3	0.	6,384.	F.WA	Supplies	Humanitarian Aid

P&G Oral Care 1832 Lower Muscatine Rd.			t/	 	appraisal, other)		
						Goods &	
Iowa City, IA 52240	31-0411980	501(c)3	0.	6,330.	FMV	Supplies	Humanitarian Aid
Highly Favored Foundation							
9371 Triangle Drive						Goods &	
Hamilton , OH 45011	85-2437240	501(c)3	0.	5,107.	FMV	Supplies	Humanitarian Aid
Church that Matters							
3 W 41st St						Goods &	
Sand Springs, OK 74063	27-1470648	501(c)3	0.	227,560.	FMV	Supplies	Humanitarian Aid
				,			
Urban Families for Autism/Reese							
Mensah Foundation - 4538 Ellman						Goods &	
Ave - Cincinnati, OH 45242	88-3050867	501(c)3	0.	32,843.	FMV	Supplies	Humanitarian Aid
Blanchester Church of Christ							
911 Cherry St						Goods &	
Blanchester, OH 45107	31-0140567	501(c)3	0.	20,259.	FMV	Supplies	Humanitarian Aid
Beauty & Beyond Home Health Care							
885 Julep Ln						Goods &	
Cincinnati, OH 45240		501(c)3	0.	18,721.	FMV	Supplies	Humanitarian Aid
Deer Park Schools							
8351 Plainfield Road						Goods &	
Cincinnati, OH 45236	20-5296947	501(c)3	0.	12,545.	FMV	Supplies	Humanitarian Aid
· ·				,			
Lebannon Food Pantry							
190 New St						Goods &	
Lebannon, OH 45036	31-1148769	501(c)3	0.	9,361.	FMV	Supplies	Humanitarian Aid

Schedule | (Form 990) 2023 Matthew 25 Ministries, Inc.

Page 2

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
Goods & Supplies	1	0.	2,289,522.	FMV	Humanitarian Aid

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.

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.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization Matthew 25 Ministries, Inc. Employer identification numb 31-1348100 Part I Questions Regarding Compensation Yes N 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. Yes N First-class or charter travel Housing allowance or residence for personal use Image: Complete Part II to provide any of the follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib	
Department of the Treasury Internal Revenue Service Open to Public Inspection Name of the organization Employer identification numb 31-1348100 Matthew 25 Ministries, Inc. 31-1348100 Part I Questions Regarding Compensation Ia 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Discretionary spending account 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	
Name of the organization Employer identification numb Matthew 25 Ministries, Inc. 31-1348100 Part I Questions Regarding Compensation Ia 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. Yes First-class or charter travel Housing allowance or residence for personal use Image: Companion of the expenses of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Companion 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 Ib X	
Matthew 25 Ministries, Inc. 31-1348100 Part I Questions Regarding Compensation Yes N Ia 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. Yes N First-class or charter travel Housing allowance or residence for personal use Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Health or social club or provide payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib X	er
Part I Questions Regarding Compensation Ia 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. Yes N Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Image: Company section and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Company section and gross-up payments Image: Company section and gross-up payment or Image: Company se	•.
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. Yes N Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Image: state items item	
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.	lo
 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 	
 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 	
X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b X	
 Discretionary spending account Personal services (such as maid, chauffeur, chef) 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	
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	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
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.	
X Compensation committee	
Independent compensation consultant X Compensation survey or study	
Form 990 of other organizations X 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?	ζ
b Participate in or receive payment from a supplemental nonqualified retirement plan?	ζ
c Participate in or receive payment from an equity-based compensation arrangement?	ζ
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?	ζ
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?	<u>`</u>
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	7
not described on lines 5 and 6? If "Yes," describe in Part III	<u> </u>
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 8	7
	<u>`</u>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20	

LHA 332111 11-06-23

31-1348100

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Tim Mettey	(i)	365,000.	72,203.	0.	21,900.	27,857.	486,960.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Rev. Wendell E. Mettey	(i)	0.	0.	272,000.	0.	0.	272,000.	0.
Former President	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Gerald Elfers	(i)	152,846.	27,970.	0.	3,292.	9,902.	194,010.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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	-
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Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

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 for instructions and the latest information.

OMB	No.	154	5-004	47
		~	0	0

2023
Open to Public
Inspection

Nomo of	the ore	anization
		anization

•				
	Matthew	25	Ministries	Inc

Employer identification number

Matchew 25 Miniscries, inc.	51 1540100
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organ	izations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part IV, line 990-EZ, Part IV, line	rt V, line 40b.

1 (a) Name of discussified sources		(b) Relationship between disqualified			(d) Corrected?			
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2	Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under					
	section 4958\$							
3	B 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.

ir		(b) Relationship with organization				(d) Loan to or		(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total															

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

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) Sha organiz reven	
				Yes	No
(1)Rev. Wendell Mettey	Founder and former	172,000.	License fee		х
(2)Rev. Wendell Mettey	Founder and former	100,000.	Medical Rei		х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

art 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 L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

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31-1348100

ΖU **Open to Public**

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection	
Employer	identification number	

Name of the organization

Matth

lew	25	Ministries,	Inc.

Pai	τι	ТУ	pes 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 de noncash contribu	etermin	•	s
1	Art - ۱	Works	s of art	х	5	212,500.	FMV			
2			rical treasures							
3			onal interests							
4			publications							
5			nd household goods			123,877,641.	FMV			
6			other vehicles							
7			planes							
8										
9			Property		28	298,450.	FMV			
9 10			- Closely held stock							
11			- Partnership, LLC, or							
40	trust									
12			- Miscellaneous							
13			conservation contribution -							
14 15			conservation contribution - Other							
15			e - Residential							
16 17			e - Commercial							
17			e - Other							
18			9S		4664925	3 102 6/3	стмт7			
19 00			ntory	••		3,192,643.				
20			medical supplies		4980126	38,354,499.	FMV			
21			,							
22			artifacts							
23			specimens							
24			ical artifacts		10.044.540	60 041 200				
25	Othe		(Personal) X	12,944,548					
26	Othe		(Linens) X	4885507	, ,				
27	Othe		(Other) X	13,600,291	14,848,102.	РМV			
28	Othe		()						
29			f Forms 8283 received by the org		, ,					
	for w	hich t	the organization completed Form	8283, Part V, D	onee Acknowledg	ement 29			11	
									Yes	No
30a	Durin	ig the	year, did the organization receive	e by contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must	hold	for at least 3 years from the date	of the initial co	ntribution, and whi	ch isn't required to be used	for			
		• •	irposes for the entire holding peri					30a		X
b	b If "Yes," describe the arrangement in Part II.									
31	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									<u> </u>
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contr							32a		X
b		,	escribe in Part II.							
33	If the	orga	nization didn't report an amount i	n column (c) foi	r a type of property	for which column (a) is che	cked,			
	desci	ribe ir	n Part II. Reduction Act Nation, and the I							
					E 000		Calcadula N		000	

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

31-1348100

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.

	74	
332142 09-11-23		Schedule M (Form 990) 2023

SCHEDULE O	Supplemental Information to Form 990 or 990)-FZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on		2023
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Internal Revenue Service Name of the organization	do to www.irs.gov/Pormago for the latest mormation.	Employe	r identification number
	Matthew 25 Ministries, Inc.	31-1	348100
Form 990, Part III,	Line 1, Description of Organization Mission:		
Ministries is commi	tted to educating the public on the conditions and		
needs of the "poore	st of the poor" and by providing resources for		
action.			
Form 990, Part III,	Line 4d, Other Program Services:		
Other Program Servi	ces.		
Expenses \$ 233,983.	including grants of \$ 0. Revenue \$ 14,435.		
Form 990, Part VI,	Section B, line 11b:		
Form 990 is reviewe	d 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 Independe	nt NGO compensation surveys.		
Form 990, Part VI,	Line 17, List of States receiving copy of Form 990:		
AL, AK, AZ, AR, CA, CO, C	T, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO		
MT, NE, NV, NH, NJ, NM, N	Y, 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:		
	vailable upon request. Form 990 and the audited		
For Paperwork Reduction	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	edule O (Form 990) 2023

09161001 758989 MMA001

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Page Page Employer identification number
Matthew 25 Ministries, Inc.	
financial statements are available on the organiz	zations website
Form 990, Part VI, Section C, Line 19:	
All documents are available upon request. Form 99	30 and the audited
financial statements are available on the organiz	zations website.
Form 990, Part XII, Line 2C:	
No changes in process from the prior year.	
332212 11-14-23	Schedule O (Form 990) 2023 7 6

332161 09-28-23 LHA

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.

SCHEDULE R (Form 990)

Matthew 25 Ministries, Inc.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

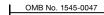
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
11060 Kenwood Rd	Lodging for short term				Matthew 25 Ministries,
Cincinnati, OH 45242	missionaries	Ohio	٥.	٥.	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	ic charity Direct controlling (if section entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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



2023 Open to Public

Inspection

Complete i	f the	o

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Employer identification number 31-1348100

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

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	enu	i) b)(13) rolled iity?

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.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
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
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2023 Matthew 25 Ministries, Inc.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23

Tax Returns from Barnes Dennig

Final Audit Report

October 08, 2024

Created:	October 01, 2024
By:	Barnes, Dennig & Co., Ltd.(dmeister@barnesdennig.com)
Status:	ESigned
Transaction ID:	HA18J13AKKKMXERW7WXJ1G0CQ8
Documents:	MATTHEW 25 MINISTRIES-MATTHEW 25 MINISTRIES 2023 FORM 990 CLIENT-
	COPY.pdf
	MATTHEW 25 MINISTRIES-MATTHEW 25 MINISTRIES 2023 FORM 990 PUBLIC-
	DISCLOSURE.pdf

"Tax Returns from Barnes Dennig" History

- Document emailed to (phume@barnesdennig.com) for signature 10/1/2024 14:52:26 PM Eastern Daylight Time
- Document viewed by (phume@barnesdennig.com)
 10/1/2024 14:53:21 PM Eastern Daylight Time IP address: 216.196.129.5
- Document e-signed by (phume@barnesdennig.com) Signature Date: 10/1/2024 14:53:42 PM Eastern Daylight Time - IP address: 216.196.129.5
- Document emailed to (butch@m25m.org) for signature 10/1/2024 14:53:42 PM Eastern Daylight Time
- Document viewed by (butch@m25m.org) 10/8/2024 00:30:51 AM Eastern Daylight Time - IP address: 149.20.198.203
- Document e-signed by (butch@m25m.org) Signature Date: 10/8/2024 00:33:49 AM Eastern Daylight Time - IP address: 149.20.198.209
- Document Signed 10/8/2024 00:33:49 AM Eastern Daylight Time