

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section containing officer and preparer signatures, dates, and contact information.

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 224,512,915. including grants of \$ 215,054,029.) (Revenue \$ 1,435,232.) 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 \$ 1,013,400.) 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.

4c (Code:) (Expenses \$ 1,633,294. including grants of \$) (Revenue \$ 316,881.) Kirkwood

A retreat and conference facility for groups, adult and youth camps, weekend retreats, mission conferences, scouting events, band camps, churches, at-risk youth, etc.

4d Other program services (Describe on Schedule O.) (Expenses \$ 233,983. including grants of \$) (Revenue \$ 14,435.)

4e Total program service expenses 359,318,379.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tim Mettey CEO	60.00			X			437,203.	0.	49,757.	
(2) Rev. Wendell E. Mettey Former President	0.00					X	272,000.	0.	0.	
(3) Gerald Elfers CFO	50.00			X			180,816.	0.	13,194.	
(4) Patty Dilg COO	50.00			X			134,214.	0.	7,138.	
(5) Barbie Ventura CAO	50.00			X			114,264.	0.	24,855.	
(6) Jim Russell Director	1.00	X					0.	0.	0.	
(7) Michael Staudinger MD Director	1.00	X					0.	0.	0.	
(8) Harry Yeaggy Director	1.00	X					0.	0.	0.	
(9) Eric Niemeyer MD Director	1.00	X					0.	0.	0.	
(10) Jeanette Hanna-Ruiz Director	1.00	X					0.	0.	0.	
(11) Deborah Hayes Director	1.00	X					0.	0.	0.	
(12) Michelle Goret Director	1.00	X					0.	0.	0.	
(13) Donald E. Jones, THD Director	1.00	X					0.	0.	0.	
(14) Martha Orabella, MD Director	1.00	X					0.	0.	0.	
(15) Michael Brandy Jr Chairman	1.00	X		X			0.	0.	0.	
(16) Douglas W Thomson ESQ Secretary	1.00	X		X			0.	0.	0.	
(17) Linda Gill CPA Treasurer	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ron Messer Director	1.00	X						0.	0.	0.
(19) Karen Otto Director	1.00	X						0.	0.	0.
1b Subtotal								1,138,497.	0.	94,944.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,138,497.	0.	94,944.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	14,678.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,300,847.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	292,845,996.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 278,888,003.				
	h Total. Add lines 1a-1f		294,161,521.				
Program Service Revenue	2 a Handling Shipping Fees	Business Code					
		493000	1,389,769.	1,389,769.			
	b Program Revenue	493000	1,348,578.	1,348,578.			
	c Other Program Income	493000	41,421.	41,421.			
	d Missions Hotel	721000	180.	180.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,779,948.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,650.			166,650.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	780,074.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	697,724.	45.			
	c Gain or (loss)	7c	82,350.	-45.			
	d Net gain or (loss)		82,305.			82,305.	
8 a Gross income from fundraising events (not including \$ 14,678. of contributions reported on line 1c). See Part IV, line 18	8a		36,131.				
			93,228.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-57,097.			-57,097.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Insurance Proceeds	Business Code					
		900099	137,409.			137,409.	
	b Other Income	900099	40,458.			40,458.	
	c Rebate	900099	15,205.			15,205.	
	d All other revenue						
e Total. Add lines 11a-11d		193,072.					
12 Total revenue. See instructions		297,326,399.	2,779,948.	0.	384,930.		

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,710,784.	1	1,158,101.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	955,373.	4	2,724,781.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described 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 11		12	
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	213,047,734.	16	154,264,316.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,604,850.	24	6,076,925.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	658,181.	25	574,636.
	26 Total liabilities. Add lines 17 through 25	3,857,384.	26	8,926,162.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	204,194,746.	27	141,171,941.
	28 Net assets with donor restrictions	4,995,604.	28	4,166,213.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	209,190,350.	32	145,338,154.
33 Total liabilities and net assets/fund balances	213,047,734.	33	154,264,316.	

Form 990 (2023)

Part 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.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	231,040,046.	304,871,164.	316,986,721.	367,837,449.	294,161,521.	1514896901.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						304,140,954.
6 Public support. Subtract line 5 from line 4.						1210755947.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	231,040,046.	304,871,164.	316,986,721.	367,837,449.	294,161,521.	1514896901.
8 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 Gross receipts from related activities, etc. (see instructions)					12	11,061,193.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	79.88 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	76.89 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
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 purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

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

Other Income

2021 Amount: \$ 37,443.

2022 Amount: \$ 16,634.

2023 Amount: \$ 193,072.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Matthew 25 Ministries, Inc.

Employer identification number

31-1348100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 29,442,680.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 24,097,093.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 6,628,736.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 14,354,479.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 7,683,681.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 7,040,634.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Products for Humanitarian Aid _____ _____ _____	\$ 29,442,680.	12/31/23
2	Products for Humanitarian Aid _____ _____ _____	\$ 24,097,093.	12/31/23
3	Products for Humanitarian Aid _____ _____ _____	\$ 6,628,736.	12/31/23
4	Products for Humanitarian Aid _____ _____ _____	\$ 14,354,479.	12/31/23
5	Products for Humanitarian Aid _____ _____ _____	\$ 7,683,681.	12/31/23
6	Products for Humanitarian Aid _____ _____ _____	\$ 7,040,634.	12/31/23

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	212,500.
(ii) Assets included in Form 990, Part X	\$	212,500.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,381,972.		1,381,972.
b Buildings		14,525,283.	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.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,099,753.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Construction in Progress	8,538,266.
(2) Right of Use Assets	103,370.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	8,641,636.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accumulated postretirement benefit obligation	471,266.
(3) Lease Liabilities	103,370.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	574,636.

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

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

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

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:		
a	Net unrealized gains (losses) on investments	2a	497,322.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,541.
b	Other (Describe in Part XIII.)	4b	
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	361,640,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,541.
b	Other (Describe in Part XIII.)	4b	
c	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.

Part XIII Supplemental Information

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

Part X, Line 2:

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

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

Organization qualifies for deductible contributions as provided in IRC

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Humanitarian Assistance	57,568,503.
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 Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean - Antigua & Barbuda, Aruba,	Humanitarian Assistance	582,555.	Electronic Fund/Wire Transfer	56,985,948.	Products	FMV
		South America - Argentina, Bolivia, Brazil, Chile, Columbia,	Humanitarian Assistance	0.		6,335,820.	Products	FMV
		Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	Humanitarian Assistance	8,232.	Electronic Fund/Wire Transfer	5,808,472.	Products	FMV
		South Asia - Afghanistan, Bangladesh, Bhutan, India,	Humanitarian Assistance	5,000.	Electronic Fund/Wire Transfer	755,466.	Products	FMV
		Europe (Including Iceland & Greenland)	Humanitarian Assistance	0.		1,555,167.	Products	FMV
		North America	Humanitarian Assistance	0.		289,466.	Products	FMV
		Russia and Neighboring States	Humanitarian Assistance	307,518.	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 18

3 Enter total number of other organizations or entities 14

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)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

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

Multiple horizontal lines for supplemental information input.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		5K Race and Hunger Drive (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	50,809.		50,809.
	2	Less: Contributions	14,678.		14,678.
	3	Gross income (line 1 minus line 2)	36,131.		36,131.
Direct Expenses	4	Cash prizes			
	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.		79,340.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			93,228.
11	Net income summary. Subtract line 10 from line 3, column (d)			-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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
180 Disaster Relief 2866 E 89th St Tulsa, OK 74137	47-1356323	501(c)3	0.	552,105.	FMV	Goods & Supplies	Humanitarian Aid
Goodwill Industries - Cincinnati 10600 Springfield Pike Cincinnati, OH 45215	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 - KY 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 of section 501(c)(3) and government organizations listed in the line 1 table 257.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Vincent de Paul 1125 Bank St Cincinnati, OH 45214	86-0096789	501(c)3	0.	6,692,271.	FMV	Goods & Supplies	Humanitarian Aid
Partnership with Native Americans 500 E Peyton St Sherman, TX 75090	58-1888256	501(c)3	0.	6,087,972.	FMV	Goods & Supplies	Humanitarian Aid
Breathitt County Hunger Alliance PO Box 697 Jackson, KY 41339	86-3211842	501(c)3	0.	4,834,365.	FMV	Goods & Supplies	Humanitarian Aid
Hands of Love 130 Washington St Stanton, KY 40380	47-3607748	501(c)3	0.	4,073,619.	FMV	Goods & Supplies	Humanitarian Aid
Grace Ministries 215 Crozier St. Henderson, NC 27536	82-0990237	501(c)3	0.	4,037,653.	FMV	Goods & Supplies	Humanitarian Aid
People Care International 102 W Mason St Franklinton, NC 27525	84-2526606	501(c)3	0.	3,156,019.	FMV	Goods & Supplies	Humanitarian Aid
Giving the Basics 3597 W 222nd St Bucyrus, KS 66013	45-3069975	501(c)3	0.	2,794,607.	FMV	Goods & Supplies	Humanitarian Aid
City Help Inc of Phoenix 3020 W Thomas Rd Phoenix, AZ 85017	86-1001113	501(c)3	0.	2,550,056.	FMV	Goods & Supplies	Humanitarian Aid
Knott County Area Technology Center - 1996 KY 160 - Hindman, KY 41822	31-1526571	Govt	0.	2,332,836.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emma Quire Missions Center 67 Lone Oak Industrial Rd. Ricetown, KY 41364	81-2761613	501(c)3	0.	1,938,791.	FMV	Goods & Supplies	Humanitarian Aid
Anita Daniels Foundation 505 West Gray Street 4 Houston, TX 77019	82-2727246	501(c)3	0.	1,829,647.	FMV	Goods & Supplies	Humanitarian Aid
Payton's Lemonade Stand 7075 Vail Ct Cincinnati, OH 45247	86-1939617	501(c)3	0.	1,680,342.	FMV	Goods & Supplies	Humanitarian Aid
The Freedom Tour PO Box 2430 Eagle Lake, FL 33839	81-4516415	501(c)3	0.	1,656,933.	FMV	Goods & Supplies	Humanitarian Aid
TC Ministry 6001 Triangle Dr Raleigh, NC 27617	99-1199667	501(c)3	0.	1,526,781.	FMV	Goods & Supplies	Humanitarian Aid
Kingdom Glory Worship Assembly 640 S. Shelfer St. Quincy, FL 32351	46-5515485	501(c)3	0.	1,303,658.	FMV	Goods & Supplies	Humanitarian Aid
Senior Solutions 13731 Proctor Ave City of Industry, CA 91746	84-5180841	501(c)3	0.	1,283,781.	FMV	Goods & Supplies	Humanitarian Aid
The Warehouse 2637 Dr Martin Luther King Jr Blvd Fort Myers, FL 33916	85-3456218	501(c)3	0.	1,238,369.	FMV	Goods & Supplies	Humanitarian Aid
Project C.U.R.E. 200 Daruma Parkway Dayton, OH 45417	31-0804358	501(c)3	0.	1,163,597.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Neighborhood Improvements - Better Living - 600 Eugenia Street - Tallahassee, FL 32310	20-5174609	501(c)3	0.	1,163,062.	FMV	Goods & Supplies	Humanitarian Aid
True Deliverance 1010 Ridge Rd Roxboro, NC 27573	82-3068392	501(c)3	0.	1,127,654.	FMV	Goods & Supplies	Humanitarian Aid
Smile Faith Appalachia 9599 KY-805 Jenkins, KY 41537	80-0453938	501(c)3	0.	1,081,488.	FMV	Goods & Supplies	Humanitarian Aid
Pleasant Green Missionary BC 5301 Olive Rd Trotwood, OH 45426	31-1196085	501(c)3	0.	1,078,351.	FMV	Goods & Supplies	Humanitarian Aid
Beth-El Ministries 18240 S. Highway 301 Wimauma, FL 33598	59-3004876	501(c)3	0.	1,073,708.	FMV	Goods & Supplies	Humanitarian Aid
Ministries United for Christ 1258 Cole Farm Rd. Warrenton, NC 27589	32-0280060	501(c)3	0.	1,054,652.	FMV	Goods & Supplies	Humanitarian Aid
Totally Local VC 2151 Alessandro Drive Ventura, CA 93001	81-2646767	501(c)3	0.	1,030,742.	FMV	Goods & Supplies	Humanitarian Aid
Heavenly Community Development 1034 South 1st Street Brookhaven, MS 39601	35-2371416	501(c)3	0.	1,019,986.	FMV	Goods & Supplies	Humanitarian Aid
Goods Bank NEO 7550 Bittern Ave Cleveland, OH 44103	87-2227026	501(c)3	0.	1,003,344.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Ways Helpful Harvest 20 Scott Ave Morgantown, WV 26508	55-0462065	501(c)3	0.	682,753.	FMV	Goods & Supplies	Humanitarian Aid
Otoe-Missouria Tribe of Indians 8151 Hwy 177 Red Rock, OK 74651	73-1586703	501(c)3	0.	682,638.	FMV	Goods & Supplies	Humanitarian Aid
House of Prayer Church 2214 University Blvd S Jacksonville, FL 32216	27-1198387	501(c)3	0.	639,087.	FMV	Goods & Supplies	Humanitarian Aid
Motion Picture Television Foundation - 23388 Mulholland Dr - Woodland Hills, CA 91364	95-1652916	501(c)3	0.	636,975.	FMV	Goods & Supplies	Humanitarian Aid
Global Samaritan Resources 2074 N 1st St Abilene, TX 79603	83-0459639	501(c)3	0.	624,480.	FMV	Goods & Supplies	Humanitarian Aid
Brown New Calvary Baptist Church 200 Doak St. Thomasville, NC 27360	56-1049760	501(c)3	0.	615,803.	FMV	Goods & Supplies	Humanitarian Aid
Amrak Solutions 14 NE 1st St Miami, FL 33132	20-1536620	501(c)3	0.	614,060.	FMV	Goods & Supplies	Humanitarian Aid
Freedom Faith Missionary Baptist Church - 6540 N Main St - Dayton, OH 45415	03-0407527	501(c)3	0.	600,539.	FMV	Goods & Supplies	Humanitarian Aid
4 Good Community 1900 Us Hwy 41 N Unit 3 Henderson, KY 42420	85-1574845	501(c)3	0.	597,223.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Door Evangelistic 1325 E Main St. Albemarle, NC 28001	85-4337183	501(c)3	0.	584,757.	FMV	Goods & Supplies	Humanitarian Aid
Port Arthur Memorial High School 801 8th Street Port Arthur, TX 77642	74-6001903	501(c)3	0.	563,743.	FMV	Goods & Supplies	Humanitarian Aid
Osceola County Council on Aging 700 Generation Point Kissimmee, FL 34744	59-1595398	Govt	0.	546,519.	FMV	Goods & Supplies	Humanitarian Aid
Village Exchange Center 5080 Paris St. Denver, CO 80239	81-5174986	501(c)3	0.	546,055.	FMV	Goods & Supplies	Humanitarian Aid
Kingdom First Enterprises 2442 Dr. Martin Luther King, Jr. Bl Fort Myers, FL 33901	32-0551594	501(c)3	0.	538,313.	FMV	Goods & Supplies	Humanitarian Aid
Bethel Mission Outreach Center 206 N Bethel St Roma, TX 78584	27-0023206	501(c)3	0.	535,775.	FMV	Goods & Supplies	Humanitarian Aid
SEWA International 690 E Los Angeles Ave, Suite D Simi Valley, CA 93065	20-0638718	501(c)3	0.	526,471.	FMV	Goods & Supplies	Humanitarian Aid
Eradicate the Hate 815 E Rosecrans Los Angeles, LA 90056	82-2054059	501(c)3	0.	497,860.	FMV	Goods & Supplies	Humanitarian Aid
Sharing His Harvest 9122 Mason Dr. Denham Springs, LA 70726	82-4437970	501(c)3	0.	491,982.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Serve of the Triad 5114 Harvey Rd Jamestown, NC 27282	85-3539016	501(c)3	0.	487,365.	FMV	Goods & Supplies	Humanitarian Aid
Shreveport Volunteer Network 3554 Fountainbleau Rd Keithville, LA 71047	85-1455415	501(c)3	0.	448,685.	FMV	Goods & Supplies	Humanitarian Aid
EstablishHER 717 Mahlon St. DeRidder, LA 70634	88-3052335	501(c)3	0.	447,198.	FMV	Goods & Supplies	Humanitarian Aid
Nehemiah Project 333 Pee Dee Ave Albemarle, NC 28001	84-1869757	501(c)3	0.	440,232.	FMV	Goods & Supplies	Humanitarian Aid
DeCoach Rehabilitation Center 913 S Patterson Blvd Dayton, OH 45402	81-3006429	501(c)3	0.	439,462.	FMV	Goods & Supplies	Humanitarian Aid
HLX+ 4930 E. 10th Ct. Hialeah, FL 33013	92-0482304	501(c)3	0.	437,950.	FMV	Goods & Supplies	Humanitarian Aid
Life Center of Ghana 11406 Reading Rd Cincinnati, OH 45241	70-7011840	501(c)3	0.	430,266.	FMV	Goods & Supplies	Humanitarian Aid
Elk Grove Township 600 Landmeier Road Elk Grove Village, IL 60007	36-4872084	501(c)3	0.	430,055.	FMV	Goods & Supplies	Humanitarian Aid
County Line Church of God of Prophecy - 3321 Fairystone park hwy - Bassett, VA 24055	81-2490142	501(c)3	0.	421,197.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beyond Before Community Development Corpo - 885 West Northbend Rd - Cincinnati, OH 45240	84-2008589	501(c)3	0.	412,771.	FMV	Goods & Supplies	Humanitarian Aid
El Paso County 9541 Plaza Cir El Paso, TX 79927	23-7311239	Govt	0.	404,543.	FMV	Goods & Supplies	Humanitarian Aid
Liberty Campbell 967 Highway 7 South Jeremiah, KY 41826	92-2826656	501(c)3	0.	389,634.	FMV	Goods & Supplies	Humanitarian Aid
Living Free Ministries 1003 W Main St Haw River, NC 27258	26-3337535	501(c)3	0.	385,500.	FMV	Goods & Supplies	Humanitarian Aid
Touching Moments 2222 Olive Rd Trotwood, OH 45426	27-1110074	501(c)3	0.	373,978.	FMV	Goods & Supplies	Humanitarian Aid
The Brightside Project 1746 W. State St. Salem, OH 44460	81-3794909	501(c)3	0.	366,972.	FMV	Goods & Supplies	Humanitarian Aid
Hand in Hand Assist 237 Berkley Ave Lansdowne, PA 19050	85-0751553	501(c)3	0.	365,638.	FMV	Goods & Supplies	Humanitarian Aid
Person High School 1010 Ridge Rd Roxboro, NC 27573	56-6001095	Govt	0.	351,310.	FMV	Goods & Supplies	Humanitarian Aid
Justice for Migrant Women 1907 W State St Fremont, OH 43420	94-3040607	501(c)3	0.	345,059.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blackjack Baptist Church 178 Reservoir Road, Winnsboro, SC 29180	58-2451982	501(c)3	0.	324,141.	FMV	Goods & Supplies	Humanitarian Aid
Restoration Park Church 55 Restoration Park Dr Medway, OH 45341	31-0707724	501(c)3	0.	320,699.	FMV	Goods & Supplies	Humanitarian Aid
The Every Woman Project 4821 W 67th Bedford Park, IL 60638	87-2027167	501(c)3	0.	309,513.	FMV	Goods & Supplies	Humanitarian Aid
Immanuel Baptist Church/CREOKS Behavioral Health Services - 1900 W MaCarthur St - Shawnee, OK 74804	73-1108774	501(c)3	0.	303,203.	FMV	Goods & Supplies	Humanitarian Aid
New Life Mission 133 1st St. Independence, LA 70443	30-0110483	501(c)3	0.	299,728.	FMV	Goods & Supplies	Humanitarian Aid
Goshen Community Church 6710 Goshen Rd Goshen, OH 45122	92-1414316	501(c)3	0.	290,211.	FMV	Goods & Supplies	Humanitarian Aid
The Less Fortunate Still Matter Foundation - 130 Ponderosa Cir - Midway, FL 32343	47-5641162	501(c)3	0.	282,584.	FMV	Goods & Supplies	Humanitarian Aid
Schnauzer Savers 800 Corporate Dr. Goldsboro, NC 27530	45-3782462	501(c)3	0.	278,041.	FMV	Goods & Supplies	Humanitarian Aid
Enough Ministries 20 Auditorium Hill Barre, VT 05641	46-5361382	501(c)3	0.	277,933.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friendly Temple C.O.G.I.C. 7745 S State St Chicago, IL 60619	36-3942587	501(c)3	0.	277,116.	FMV	Goods & Supplies	Humanitarian Aid
Innovative Charities of NW FL 1994 SR 71 S Marianna, FL 32448	35-2476682	501(c)3	0.	276,800.	FMV	Goods & Supplies	Humanitarian Aid
Impacting Tomorrow 995 Liala Ave Milford, OH 45150	85-2451703	501(c)3	0.	273,235.	FMV	Goods & Supplies	Humanitarian Aid
Hatching Hope 374 Shady Acres Road Alabaster, AL 35007	81-1349875	501(c)3	0.	258,251.	FMV	Goods & Supplies	Humanitarian Aid
Promise Health 819 Bloomington Rd Champaign, IL 61820	14-1880824	501(c)3	0.	253,579.	FMV	Goods & Supplies	Humanitarian Aid
Salvation Army, Decatur 229 W Main St Decatur, IL 62523	22-2406433	501(c)3	0.	236,734.	FMV	Goods & Supplies	Humanitarian Aid
Aim High Keep Pressing 2292 Ross Mill Road Henderson, NC 27536	87-1843445	501(c)3	0.	231,261.	FMV	Goods & Supplies	Humanitarian Aid
Lawson Chapel Baptist Church 200LawsonChapelChurchRoad Roxboro, NC 27574	56-1414700	501(c)3	0.	228,948.	FMV	Goods & Supplies	Humanitarian Aid
Hungry Hearts 605 SW 11th St Lawton, OK 73501	82-1706507	501(c)3	0.	225,139.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Illinois Foodbank 2405 North Shore Drive Urbana, IL 61802	37-1130252	501(c)3	0.	223,906.	FMV	Goods & Supplies	Humanitarian Aid
Raven Ministries 3401 Eighth St Harvey, LA 70058	57-0803071	501(c)3	0.	220,753.	FMV	Goods & Supplies	Humanitarian Aid
Project H.O.O.D. 6620 S. King Dr. Chicago, IL 60637	45-3964886	501(c)3	0.	217,171.	FMV	Goods & Supplies	Humanitarian Aid
Diaper Bank of Greater Cleveland 15500 S. Waterloo Road Cleveland, OH 44110	84-1957545	501(c)3	0.	216,651.	FMV	Goods & Supplies	Humanitarian Aid
Sonlight Food Center 497 Oak St Selma, AL 36701	20-4309408	501(c)3	0.	213,759.	FMV	Goods & Supplies	Humanitarian Aid
Master Provisions 7725 Foundation Dr Florence, KY 41042	61-1262540	501(c)3	0.	213,358.	FMV	Goods & Supplies	Humanitarian Aid
Christ is Faith 1967 Tower Rd Corbin, KY 40701	81-2410762	501(c)3	0.	210,466.	FMV	Goods & Supplies	Humanitarian Aid
The Salvation Army 1250 W 119th St. Chicago, IL 60643	22-2406433	501(c)3	0.	197,732.	FMV	Goods & Supplies	Humanitarian Aid
Anointed Salvation Ministry 4690 S Boston Hwy Ringgold, VA 24586	93-3294077	501(c)3	0.	189,908.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Andarko Tribal Communities 1919 Delaware Street Lawrence, KS 66046	48-1175467	501(c)3	0.	189,192.	FMV	Goods & Supplies	Humanitarian Aid
St John AME Church 3001 Tryon Rd Raleigh, NC 27603	56-1426795	501(c)3	0.	178,223.	FMV	Goods & Supplies	Humanitarian Aid
Cane 38 College Dr Whitesburg, KY 41858	81-1583005	501(c)3	0.	177,561.	FMV	Goods & Supplies	Humanitarian Aid
Winslow Center 231 Cedar Brook Rd Sicklerville, NJ 08081	88-1753018	501(c)3	0.	170,712.	FMV	Goods & Supplies	Humanitarian Aid
Highly Favored Foundation 3991 Hamilton Middletown Rd West Chester, OH 45011	85-2437250	501(c)3	0.	168,396.	FMV	Goods & Supplies	Humanitarian Aid
Oak Ridge Baptist Church 6056 Taylor Mill Road Covington, KY 41015	61-1371582	501(c)3	0.	165,984.	FMV	Goods & Supplies	Humanitarian Aid
Champaign-Urbana Public Health District - 201 W. Kenyon Rd. - Champaign, IL 61820	37-6006910	501(c)3	0.	162,114.	FMV	Goods & Supplies	Humanitarian Aid
NBCOTLG and the Positive Force (Ennis Tait Ministries) - 3494 Reading Rd - Cincinnati, OH 45229	82-4346823	501(c)3	0.	159,869.	FMV	Goods & Supplies	Humanitarian Aid
Second Harvest Heartland 7101 Winnetka Ave Brooklyn Park, MN 55428	23-7417654	501(c)3	0.	157,470.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayfield Graves LTRG 1365 Luisa Ln Mayfield, KY 42066	88-2562759	501(c)3	0.	155,474.	FMV	Goods & Supplies	Humanitarian Aid
Center for Health Progress PO Box 18877 Denver, CO 80218	43-2007393	501(c)3	0.	152,095.	FMV	Goods & Supplies	Humanitarian Aid
Maui Food Bank 760 Kolu Street Wailuku, HI 96793	99-0315110	501(c)3	0.	150,888.	FMV	Goods & Supplies	Humanitarian Aid
First Baptist Church of Auburn 4241 Hamilton-Scipio Road Cincinnati, OH 45013	31-0906501	501(c)3	0.	148,109.	FMV	Goods & Supplies	Humanitarian Aid
Race Track Chaplaincy of Ohio 1223 Treehaven Ln. Columbus, OH 43204	23-7181877	501(c)3	0.	141,720.	FMV	Goods & Supplies	Humanitarian Aid
Adventist Community Service 12501 Old Columbia Pike Silver Spring, MD 20904-6600	20-3519054	501(c)3	0.	136,668.	FMV	Goods & Supplies	Humanitarian Aid
Tikkun Farm 7941 Elizabeth Street Cincinnati, OH 45211	47-3870788	501(c)3	0.	128,957.	FMV	Goods & Supplies	Humanitarian Aid
Austin Disaster Relief Network 1122 E 51ST ST Austin, TX 78723-3008	26-4789907	501(c)3	0.	127,191.	FMV	Goods & Supplies	Humanitarian Aid
Shiloh 7th Day Adventist Church 725 Whittier St Cincinnati, OH 45229	72-1603185	501(c)3	0.	126,403.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northeast Community Fund 839 N MLK Jr Dr Decatur, IL 62521	37-0912488	501(c)3	0.	117,991.	FMV	Goods & Supplies	Humanitarian Aid
Catie's Closet 28 Loon Hill Rd Dracut, MA 01826	27-2531953	501(c)3	0.	113,385.	FMV	Goods & Supplies	Humanitarian Aid
Landmark baptist Temple Worship Center - 1600 Glendale Milford Rd - Cincinnati, OH 45215	31-0594656	501(c)3	0.	112,843.	FMV	Goods & Supplies	Humanitarian Aid
Bridging Hunger 528 W. G St. Jenks, OK 74037	73-1610281	501(c)3	0.	111,821.	FMV	Goods & Supplies	Humanitarian Aid
Caring Partners International 601 Shotwell Dr. Franklin, OH 45005	37-1028228	501(c)3	0.	111,398.	FMV	Goods & Supplies	Humanitarian Aid
YAIPAK Outreach 1881 BRADBURY RD Adams, TN 37010	81-2233547	501(c)3	0.	108,986.	FMV	Goods & Supplies	Humanitarian Aid
Hulin PCH 906 Sandtown Road Washington, GA 30673	81-0715147	501(c)3	0.	107,887.	FMV	Goods & Supplies	Humanitarian Aid
The Village Food Pantry 617 Riverside Drive Hamilton, OH 45011	82-1862921	501(c)3	0.	100,867.	FMV	Goods & Supplies	Humanitarian Aid
From the Heart Church Ministries of Cincinnati - 715 Flenning Road - Cincinnati, OH 45231	31-1664832	501(c)3	0.	99,590.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Toolbank 1215 Gazin St., Houston, TX 77020	46-1152387	501(c)3	0.	89,833.	FMV	Goods & Supplies	Humanitarian Aid
Sem Food Pantry 2020 Beechmont Avenue Cincinnati, OH 45230	23-7018162	501(c)3	0.	88,099.	FMV	Goods & Supplies	Humanitarian Aid
Gadsden LTRG c/o New Life 339 E Jefferson St Quincy, FL 32351	84-3140991	501(c)3	0.	86,657.	FMV	Goods & Supplies	Humanitarian Aid
Sunday Luncheon with Love PO Box 436 Independence, KY 41051	20-3900502	501(c)3	0.	85,546.	FMV	Goods & Supplies	Humanitarian Aid
Pin Ministries 450 Independence Station Road Independence, KY 41051	61-1116814	501(c)3	0.	76,608.	FMV	Goods & Supplies	Humanitarian Aid
Contact Ministries 215 Fayette St, Pekin, IL 61554	37-1072627	501(c)3	0.	74,280.	FMV	Goods & Supplies	Humanitarian Aid
Dayton Food Bank 56 Armor Pl. Dayton, OH 45417	86-1082880	501(c)3	0.	69,684.	FMV	Goods & Supplies	Humanitarian Aid
The Kings & Queens Within Us 35104 Euclid Ave Ste 310 Willoughby, OH 44094	86-3313900	501(c)3	0.	69,514.	FMV	Goods & Supplies	Humanitarian Aid
Cincinnati Urban Promise 2420 Harrison Ave Cincinnati, OH 45211	80-0472009	501(c)3	0.	62,563.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LaSoupe Inc 915 E McMillan St Cincinnati, OH 45206	47-4452384	501(c)3	0.	62,563.	FMV	Goods & Supplies	Humanitarian Aid
Elevation Community Church 107 Eagle-Martin Dr. Blanchester, OH 45107	26-0215273	501(c)3	0.	60,988.	FMV	Goods & Supplies	Humanitarian Aid
Midwest Manor & Missions 3603 Washington Ave Cincinnati, OH 45229	85-2514914	501(c)3	0.	60,010.	FMV	Goods & Supplies	Humanitarian Aid
Bridge the Gap Urban Outreach 200 Fairbanks Ave Cincinnati, OH 45204	82-2972930	501(c)3	0.	57,456.	FMV	Goods & Supplies	Humanitarian Aid
Serving You Ministries Cafe 502 Oak Street Cincinnati, OH 45216	86-1725808	501(c)3	0.	57,456.	FMV	Goods & Supplies	Humanitarian Aid
Hosea House 901 York St Newport, KY 41071	61-1212528	501(c)3	0.	56,630.	FMV	Goods & Supplies	Humanitarian Aid
Eternal Life Apostolic Church of God - 1389 Central Ave - Middletown, OH 45044	26-0035769	501(c)3	0.	56,179.	FMV	Goods & Supplies	Humanitarian Aid
Mount Healthy Alliance 7717 Harrison Ave Cincinnati, OH 45231	26-0247231	501(c)3	0.	56,179.	FMV	Goods & Supplies	Humanitarian Aid
FEMA 500 C St., SW Washington, DC 20472	46-4961071	Govt	0.	55,910.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Dearborn 2517 North Dearborn Road West Harrison, IN 47060	36-4598281	501(c)3	0.	49,795.	FMV	Goods & Supplies	Humanitarian Aid
Kings Cathedral and Chapels 777 Maui Veterans Hwy Kahului, HI 96732	99-0196904	501(c)3	0.	48,884.	FMV	Goods & Supplies	Humanitarian Aid
Faith United Church of Christ 6886 Salem Road Cincinnati, OH 45230	13-1957221	501(c)3	0.	48,518.	FMV	Goods & Supplies	Humanitarian Aid
Community First 855 Stahlheber Rd Hamilton, OH 45013	31-1150845	501(c)3	0.	44,680.	FMV	Goods & Supplies	Humanitarian Aid
House of Hope Inc 757 Ridgeway Ave Cincinnati, OH 45229	31-1504474	501(c)3	0.	44,447.	FMV	Goods & Supplies	Humanitarian Aid
Hands of Empowerment Resource Center Inc - 1115 Hicks Blvd Ste 5(2) - Fairfield, OH 45014	26-4350201	501(c)3	0.	43,411.	FMV	Goods & Supplies	Humanitarian Aid
St Monica's Senior Living Inc. 3920 N Green Bay Rd Racine, WI 53404	39-1137868	501(c)3	0.	41,688.	FMV	Goods & Supplies	Humanitarian Aid
Empowerment Opportunities Center 360 E. Marietta St. Decatur, IL 62526	37-0864527	501(c)3	0.	39,665.	FMV	Goods & Supplies	Humanitarian Aid
Fuel NKU 20 Kenton Drive Highland Heights, KY 41099	23-7116528	501(c)3	0.	39,581.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Transformations Life Enterprises 32 Triangle Park Drive Cincinnati, OH 45246	46-5265459	501(c)3	0.	39,581.	FMV	Goods & Supplies	Humanitarian Aid
U-Can 2830 Colerain Ave Cincinnati, OH 45225	30-0024366	501(c)3	0.	39,581.	FMV	Goods & Supplies	Humanitarian Aid
Ecotone Paint 1235 Industrial Dr Van Wert, OH 45891	20-8010963	501(c)3	0.	39,497.	FMV	Goods & Supplies	Humanitarian Aid
Shelterhouse 411 Gest St Cincinnati, OH 45203	31-0920479	501(c)3	0.	37,442.	FMV	Goods & Supplies	Humanitarian Aid
Kings Local School District Area Community Services - PO Box 144 - South Lebanon, OH 45065	31-1200298	501(c)3	0.	35,750.	FMV	Goods & Supplies	Humanitarian Aid
Feed Our Flock 121 Mound Ave Milford, OH 45150	83-1006588	501(c)3	0.	35,319.	FMV	Goods & Supplies	Humanitarian Aid
Gaines United Methodist Church 5707 Madison Road Cincinnati, OH 45227	31-0842449	501(c)3	0.	34,474.	FMV	Goods & Supplies	Humanitarian Aid
Table of Hope 3707 Edgewood Drive Cincinnati, OH 45211	86-1840296	501(c)3	0.	34,474.	FMV	Goods & Supplies	Humanitarian Aid
Freestore Foodbank 3401 Rosenthal Way Cincinnati, OH 45204	23-7122205	501(c)3	0.	33,459.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dream Center Cincinnati 260 Fairbanks Ave Cincinnati, OH 45204	31-6042823	501(c)3	0.	33,197.	FMV	Goods & Supplies	Humanitarian Aid
Exclusive Services Inc 302 Forest Ave Cincinnati, OH 45229	36-4638604	501(c)3	0.	33,197.	FMV	Goods & Supplies	Humanitarian Aid
God Got Us 675 Deis Drive Suite 140 Fairfield, OH 45014	87-1182182	501(c)3	0.	33,197.	FMV	Goods & Supplies	Humanitarian Aid
CWFF Child Development Center 434 Forest Ave Cincinnati, OH 45229	31-0901096	501(c)3	0.	32,907.	FMV	Goods & Supplies	Humanitarian Aid
Villages at Roll Hill Community Center - 3691 President Drive - Cincinnati, OH 45225	26-0489068	501(c)3	0.	30,643.	FMV	Goods & Supplies	Humanitarian Aid
Heartland Christian Church PO Box 230, 1790 State Route 28 Goshen, OH 45122	14-1902676	501(c)3	0.	29,366.	FMV	Goods & Supplies	Humanitarian Aid
Gold Cross Ambulance Service 1055 Wittmann Dr Menasha, WI 54952	39-1702433	501(c)3	0.	27,792.	FMV	Goods & Supplies	Humanitarian Aid
North Lawndale ATC 2839 W. Filmore Chicago, IL 60612	36-2762168	501(c)3	0.	27,792.	FMV	Goods & Supplies	Humanitarian Aid
Quaker Hill Nursing 8675 SE 72nd Terrace Baxter Springs, KS 66713	73-1638143	501(c)3	0.	27,792.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Touchpoints at Bloomfield 140 Park Ave Bloomfield, CT 06002	91-1950839	501(c)3	0.	27,792.	FMV	Goods & Supplies	Humanitarian Aid
Washington County Regional Medical Center - 610 Sparta Rd - Sandersville, GA 31082	20-1646672	Govt	0.	27,792.	FMV	Goods & Supplies	Humanitarian Aid
Inter Parish Ministry 3509 Debolt Road Cincinnati, OH 45244	23-7451134	501(c)3	0.	26,813.	FMV	Goods & Supplies	Humanitarian Aid
Queen City Kitchen 2631 Gilbert Avenue Cincinnati, OH 45306	31-0879210	501(c)3	0.	26,813.	FMV	Goods & Supplies	Humanitarian Aid
Montefiore St Lukes Cornwall Hospital - 70 Dubois St - Newburgh, NY 12550	14-1340054	501(c)3	0.	25,920.	FMV	Goods & Supplies	Humanitarian Aid
Nodual Living Inc 5517 Arnsby Place Cincinnati, OH 45227	81-3322150	501(c)3	0.	25,536.	FMV	Goods & Supplies	Humanitarian Aid
North College Hill Schools 1731 Goodman Ave Cincinnati, OH 45239	31-6000906	501(c)3	0.	25,090.	FMV	Goods & Supplies	Humanitarian Aid
Bethany United Methodist Church 6388 Cincinnati-Dayton Road Liberty Township, OH 45044	36-2167731	501(c)3	0.	24,259.	FMV	Goods & Supplies	Humanitarian Aid
Unity Christian Church 8359 Burns Ave Cincinnati, OH 45216	31-6180334	501(c)3	0.	24,259.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Focus on Independence 155 Northland Blvd Cincinnati, OH 45246	33-1149469	501(c)3	0.	23,546.	FMV	Goods & Supplies	Humanitarian Aid
Greenfield Skilled Nursing 238 S Washington St. Greenfield, OH 45123	83-0670599	501(c)3	0.	23,546.	FMV	Goods & Supplies	Humanitarian Aid
House of Hope Fellowship Church 1829 Elm St Cincinnati, OH 45202	61-1657582	501(c)3	0.	23,546.	FMV	Goods & Supplies	Humanitarian Aid
Tignall Assisted Living 185 South Hulin Ave Tignall, GA 30668	51-0533540	501(c)3	0.	23,546.	FMV	Goods & Supplies	Humanitarian Aid
Safer Foundation 1850 Emerson St Jacksonville, FL 32207	83-2012254	501(c)3	0.	23,257.	FMV	Goods & Supplies	Humanitarian Aid
Care Center of Aberdeen 505 Jackson St. Aberdeen, MS 39730	27-1211283	501(c)3	0.	23,160.	FMV	Goods & Supplies	Humanitarian Aid
Lighthouse Youth & Family Services 401 E McMillan St Cincinnati, OH 45206	23-7046229	501(c)3	0.	23,160.	FMV	Goods & Supplies	Humanitarian Aid
Northwest Local School District 3240 Banning Rd Cincinnati, OH 45239	31-6000769	501(c)3	0.	23,160.	FMV	Goods & Supplies	Humanitarian Aid
The Community Church 726 East Main Street, Colony Square Lebanon, OH 45036	35-2344135	501(c)3	0.	21,713.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Liberty Baptist 169 Grove Road Cincinnati, OH 45215	31-1417132	501(c)3	0.	21,706.	FMV	Goods & Supplies	Humanitarian Aid
Village Food Pantry 617B N Riverside Dr Hamilton, OH 45011	82-1862921	501(c)3	0.	21,384.	FMV	Goods & Supplies	Humanitarian Aid
The Exchange 203 S Wright St Blanchester, OH 45107	31-0885757	501(c)3	0.	21,134.	FMV	Goods & Supplies	Humanitarian Aid
The JoBro Foundation 723 Gholson Ave. Cincinnati, OH 45229	85-1905642	501(c)3	0.	20,724.	FMV	Goods & Supplies	Humanitarian Aid
Mt Healthy City Schools 7615 Harrison Ave Mt. Healthy, OH 45231	31-6000890	Govt	0.	20,265.	FMV	Goods & Supplies	Humanitarian Aid
Three Rivers School District 56 Cooper Ave Cleveland, OH 45002	23-7128373	501(c)3	0.	20,265.	FMV	Goods & Supplies	Humanitarian Aid
Vineyard Church 11340 Century Cir E Springdale, OH 45246	31-1187308	501(c)3	0.	20,265.	FMV	Goods & Supplies	Humanitarian Aid
Washington County Public Safety 595 Galiffa Dr Donora, PA 15033	25-6001043	Govt	0.	20,265.	FMV	Goods & Supplies	Humanitarian Aid
Grant Co. EMA (City of Williamstown) - North Main St - Williamstown, KY 41097	61-6001931	Govt	0.	19,493.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Little Sisters of the Poor 60 Compton Rd, Cincinnati, OH 45215	31-0621920	501(c)3	0.	19,493.	FMV	Goods & Supplies	Humanitarian Aid
Brighton Center 741 Central Ave Newport, KY 41071	61-0673886	501(c)3	0.	19,152.	FMV	Goods & Supplies	Humanitarian Aid
Exclusive Services Inc. 11134 Luscheck Dr Cincinnati, OH 45241	36-4638604	501(c)3	0.	19,081.	FMV	Goods & Supplies	Humanitarian Aid
Blanchester Family Practice 5196 South US Hwy 68 Wilmington, OH 45177	31-1583849	501(c)3	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Discovering New Paths 1 N. Commerce Park Dr Cincinnati, OH 45215	82-5252954	501(c)3	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Hamilton County DD 1520 Madison Rd Cincinnati, OH 45206	31-6000063	Govt	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Queen City Kitchen PO Box 6045 Cincinnati, OH 45206	31-0879210	501(c)3	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Tri County Soul 11177 Springfield Pike Cincinnati, OH 45246	31-1244943	501(c)3	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Good Samaritan Church of God 25 Amelia Olive Branch Amelia, OH 45102	90-0344714	501(c)3	0.	17,875.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Neighbor House 627 E 1st Street Dayton , OH 45402	31-1374154	501(c)3	0.	16,598.	FMV	Goods & Supplies	Humanitarian Aid
Olivet Food Pantry/Olivet Baptist Church - 6838 Montgomery Road - Cincinnati, OH 45236	31-1104792	501(c)3	0.	16,598.	FMV	Goods & Supplies	Humanitarian Aid
Whitewater Crossing Christian Church - 5771 SR 128 - Cleves, OH 45002	31-0569739	501(c)3	0.	16,038.	FMV	Goods & Supplies	Humanitarian Aid
Shilohs Food and Clothing Pantry 710 South Fred Shuttles Worth Circle Cincinnati, OH 45229	72-1603185	501(c)3	0.	15,322.	FMV	Goods & Supplies	Humanitarian Aid
Children's Impact Network 4437 SW Port Way Palm City, FL 34990	65-0230590	501(c)3	0.	14,400.	FMV	Goods & Supplies	Humanitarian Aid
Accolade Healthcare of Pontiac 300 W Lowell Ave Pontiac, IL 61764	26-4602110	501(c)3	0.	13,896.	FMV	Goods & Supplies	Humanitarian Aid
Harper's Personal Care Home, Inc 186 Bootleggers LN Washington, GA 30673	58-2441760	501(c)3	0.	13,896.	FMV	Goods & Supplies	Humanitarian Aid
The Lutheran Home at Kane 100 High Point Dr Kane, PA 16735	25-1158827	501(c)3	0.	13,896.	FMV	Goods & Supplies	Humanitarian Aid
Ware Co. EMA 1700 Riverside Ave Waycross, GA 31501	58-6021364	Govt	0.	13,896.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ennis Tate Ministries 3494 Reading Rd Cincinnati, OH 45229	82-4346823	501(c)3	0.	12,957.	FMV	Goods & Supplies	Humanitarian Aid
Bluegrass Care Navigators 1360 Donaldson Road Bay 1 Erlanger, KY 41018	61-0978097	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Catholic Residential Services 635 W 7th St STE 401 Cincinnati, OH 45203	31-1344280	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Clermont Senior Services 2085 James E Sauls Sr Dr Batavia, OH 45103	31-0832354	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Concerned Citizens 10925 Reed Hartman suite 113 Blue Ash, OH 45242	84-5120009	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Envision Ohio 3030 W Fork Rd Cincinnati, OH 45211	31-6050398	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Epilepsy Alliance Homes 895 Central Avenue 550 Cincinnati, OH 45202	23-7284156	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Hope Community Center 4 Cecelia Dr Amelia, OH 45102	32-0133010	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Tamar's Center/Franciscan Ministries - 2142 Hatmaker St - Cincinnati, OH 45204	31-1346696	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Crossroads Center 311 Martin Luther King Dr Cincinnati, OH 45220	31-1327938	501(c)3	0.	11,773.	FMV	Goods & Supplies	Humanitarian Aid
Franklin City Schools 754 East Fourth St Franklin, OH 45005	31-6000802	Govt	0.	11,580.	FMV	Goods & Supplies	Humanitarian Aid
Moores Hill Food Pantry 16603 s Broadway PO Box 216 Moores Hill, IN 47032	30-0655678	501(c)3	0.	11,491.	FMV	Goods & Supplies	Humanitarian Aid
Wave Pool Gallery 2940 Colerain Ave Cincinnati, OH 45225	47-5054823	501(c)3	0.	11,491.	FMV	Goods & Supplies	Humanitarian Aid
Fellowship of Assoc of Med Evangelism - 4545 Southeastern Avenue - Indianapolis, IN 46203	23-7124787	501(c)3	0.	11,309.	FMV	Goods & Supplies	Humanitarian Aid
Astoria Skilled Nursing & Rehabilitation - 3537 12th St. NW - Canton, OH 44708	17-2304538	501(c)3	0.	10,133.	FMV	Goods & Supplies	Humanitarian Aid
Clinton County Services for the Homeless - 63 Gallup St - Wilmington, OH 45177	31-6000427	Govt	0.	10,133.	FMV	Goods & Supplies	Humanitarian Aid
Quality Life Services Home Health 1251 Nilles Rd Fairfield, OH 45014	27-0730887	501(c)3	0.	10,133.	FMV	Goods & Supplies	Humanitarian Aid
Family Nurturing Center of Kentucky - 7162 Reading Rd - Cincinnati, OH 45237	31-1011326	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Higher Call Nursing 407 Whitebird Quapaw, OK 74363	73-1568005	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Home Sweet Home 574 Sonny Ln Cincinnati, OH 45244	85-0993679	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Medical Associates Plus 2467 Golden Camp Rd Augusta, GA 30906	31-1591242	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
New Housing Ohio 1160 East Main St Lebanon, OH 45036	31-1435217	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Reset Ministries 841 Isabella St Newport, KY 41071	27-1967868	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Talbert House 2600 Victory Parkway Cincinnati, OH 45206	31-0713350	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Triumphant Care Unlimited 666 Dixie Hwy Suite 202 Fairfield, OH 45014	83-4356422	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
Volunteers of America 25 N River St Wilkes Barre, PA 18702	23-1932916	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid
World Faith 10456 Pippin Road Cincinnati, OH 45231	31-1707820	501(c)3	0.	6,384.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P&G Oral Care 1832 Lower Muscatine Rd. Iowa City, IA 52240	31-0411980	501(c)3	0.	6,330.	FMV	Goods & Supplies	Humanitarian Aid
Highly Favored Foundation 9371 Triangle Drive Hamilton, OH 45011	85-2437240	501(c)3	0.	5,107.	FMV	Goods & Supplies	Humanitarian Aid
Church that Matters 3 W 41st St Sand Springs, OK 74063	27-1470648	501(c)3	0.	227,560.	FMV	Goods & Supplies	Humanitarian Aid
Urban Families for Autism/Reese Mensah Foundation - 4538 Ellman Ave - Cincinnati, OH 45242	88-3050867	501(c)3	0.	32,843.	FMV	Goods & Supplies	Humanitarian Aid
Blanchester Church of Christ 911 Cherry St Blanchester, OH 45107	31-0140567	501(c)3	0.	20,259.	FMV	Goods & Supplies	Humanitarian Aid
Beauty & Beyond Home Health Care 885 Julep Ln Cincinnati, OH 45240		501(c)3	0.	18,721.	FMV	Goods & Supplies	Humanitarian Aid
Deer Park Schools 8351 Plainfield Road Cincinnati, OH 45236	20-5296947	501(c)3	0.	12,545.	FMV	Goods & Supplies	Humanitarian Aid
Lebannon Food Pantry 190 New St Lebannon, OH 45036	31-1148769	501(c)3	0.	9,361.	FMV	Goods & Supplies	Humanitarian Aid

Schedule I (Form 990)

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

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

Part III Supplemental Information

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

Part I, Line 1b:

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

vacation reimbursement, childcare reimbursement, student loan

reimbursements, & reimbursement for insurance. These benefits have been

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

the chairman of the board and the treasurer.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Rev. Wendell Mettey	Founder and former	172,000.	License fee		X
(2) Rev. Wendell Mettey	Founder and former	100,000.	Medical Rei		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(d) Description of Transaction: Medical Reimbursement

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5	212,500.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		123,877,641.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	298,450.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4664925	3,192,643.	FMV
20 Drugs and medical supplies	X	4980126	38,354,499.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Personal)	X	12,944,548	69,941,399.	FMV
26 Other (Linens)	X	4885507	28,162,769.	FMV
27 Other (Other)	X	13,600,291	14,848,102.	FMV
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 11

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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.

Blank lined area for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Matthew 25 Ministries, Inc.

Employer identification number

31-1348100

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

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

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

Other Program Services.

Expenses \$ 233,983. including grants of \$ 0. Revenue \$ 14,435.

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

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

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

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

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

Review of Independent NGO compensation surveys.

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

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

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

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

All documents are available upon request. Form 990 and the audited

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

financial statements are available on the organizations website.

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

All documents are available upon request. Form 990 and the audited

financial statements are available on the organizations website.

Form 990, Part XII, Line 2C:

No changes in process from the prior year.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">Matthew 25 Ministries, Inc.</p>	Employer identification number <p align="center">31-1348100</p>
---	--

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

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

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

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

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.








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