

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Matthew 25 Ministries, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11060 Kenwood Road City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45242 <b>F Name and address of principal officer:</b> Tim Mettey same as C above	<b>D Employer identification number</b> 31-1348100 <b>E Telephone number</b> 513-793-6256 <b>G Gross receipts \$</b> 307,606,390. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <a href="http://www.M25M.org">www.M25M.org</a>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1992 <b>M State of legal domicile:</b> OH

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>M25M delivers humanitarian aid and disaster relief supplies to those in need.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12	
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	128	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	16806	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	231,040,046.	304,871,164.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,502,452.	1,995,484.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,186.	37,043.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,981.	10,200.	
			233,829,665.	306,913,891.	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	193,977,682.	263,345,579.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,790,409.	4,701,794.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 607,905.			
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,699,770.	16,618,628.	
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	202,467,861.	284,666,001.	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	31,361,804.	22,247,890.	
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	106,201,320.	129,373,870.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,761,521.	4,058,692.	
			103,439,799.	125,315,178.	

**Part II Signature Block**

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

Date: 11/9/2021

<b>Sign Here</b>	Signature of officer <u>Butch Elfers</u> Butch Elfers, CFO Type or print name and title	Date
<b>Preparer Use Only</b>	Print/Type preparer's name: Paula Hume Preparer's signature: <u>Paula Hume</u> Date: 11/9/2021 Check if self-employed: <input type="checkbox"/> PTIN: P00537516 Firm's name: Barnes, Dennig & Co., LTD Firm's EIN: 31-1119890 Firm's address: 150 East Fourth Street, Cincinnati, OH 45202 Phone no.: (513) 241-8313	

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

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 No X

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 \$ 178,212,913. including grants of \$ 166,647,600. ) (Revenue \$ 1,217,386. ) 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 2020, M25M shipped 946 40' containers, helping over 23 million people in need.

4b (Code: ) (Expenses \$ 103,411,200. including grants of \$ 96,697,979. ) (Revenue \$ 776,725. ) Disaster Relief

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

4c (Code: ) (Expenses \$ 535,469. including grants of \$ ) (Revenue \$ 121. ) Kirkwood

Youth camps, adult and youth weekend retreats and mission conferences, as well as scouting events, band camps, nature hikes, for families churches and the underprivileged. Starting in 2021, Kirkwood will include an Adventure Park which will offer many outdoor amenities in a safe, family-friendly environment for families, groups and non-profits affected by the COVID-19 Pandemic.

4d Other program services (Describe on Schedule O.) (Expenses \$ 831,208. including grants of \$ ) (Revenue \$ 1,252. )

4e Total program service expenses 282,990,790.

**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> ?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 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>		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)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Form 990 (2020) with questions 2a through 16 regarding employee reporting, tax shelter transactions, and other IRS filings. Includes sub-questions a, b, c, d, e, f, g, h for various sections.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  AK,  AL,  AR,  AZ,  CA,  CO,  CT,  DC,  FL,  GA,  HI,  IL
- 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.  
 Own website  Another's website  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 CPA - (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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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	70.00			X			337,054.	0.	45,744.	
(2) Karen Otto Vice President	50.00			X			153,665.	0.	32,759.	
(3) Patty Dilg COO	50.00			X			115,317.	0.	6,378.	
(4) Gerald Elfers CFO	50.00			X			83,667.	0.	11,476.	
(5) Jim Russell Director	1.00	X					0.	0.	0.	
(6) Michael Staudinger MD Director	1.00	X					0.	0.	0.	
(7) Harry Yeaggy Director	1.00	X					0.	0.	0.	
(8) Eric Niemeyer MD Director	1.00	X					0.	0.	0.	
(9) Jeanette Hanna-Ruiz Director	1.00	X					0.	0.	0.	
(10) Deborah Hayes Director	1.00	X					0.	0.	0.	
(11) Michelle Goret Director	1.00	X					0.	0.	0.	
(12) Donald E. Jones, THD Director	1.00	X					0.	0.	0.	
(13) Martha Orabella, MD Director	1.00	X					0.	0.	0.	
(14) Michael Brandy Jr Chairman	1.00	X		X			0.	0.	0.	
(15) Douglas W Thomson ESQ Secretary	1.00	X		X			0.	0.	0.	
(16) Linda Tracy Gill CPA Treasurer	1.00	X		X			0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotals for 1b, 1c, and 1d.

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 3

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,880.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	304,865,284.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 293,523,768.				
	<b>h Total.</b> Add lines 1a-1f		304,871,164.				
	<b>Program Service Revenue</b>	<b>2 a</b> Handling Shipping Fees	<b>Business Code</b>	493000	1,644,830.	1,644,830.	
<b>b</b> Program Revenue			493000	303,698.	303,698.		
<b>c</b> Other Program Income			493000	39,372.	39,372.		
<b>d</b> Missions Hotel			721000	7,584.	7,584.		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				1,995,484.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			110,359.		110,359.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	587,000.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	575,227.	85,089.			
	<b>c</b> Gain or (loss)	<b>7c</b>	11,773.	-85,089.			
	<b>d</b> Net gain or (loss)			-73,316.		-73,316.	
<b>8 a</b> Gross income from fundraising events (not including \$ 5,880. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		42,383.				
			32,183.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			10,200.		10,200.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			306,913,891.	1,995,484.	0.	47,243.	

**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	159,203,484.	159,203,484.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	104,142,095.	104,142,095.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	786,060.	416,612.	275,121.	94,327.
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	3,181,351.	2,532,664.	482,200.	166,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,034.	54,163.	7,333.	2,538.
9 Other employee benefits	367,091.	289,608.	57,620.	19,863.
10 Payroll taxes	303,258.	227,040.	56,692.	19,526.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,369.	3,674.	7,348.	7,347.
c Accounting	32,701.	16,351.	8,175.	8,175.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,012.		40,012.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	305,207.	301,531.	472.	3,204.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	436,300.	414,485.	17,452.	4,363.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,170.	1,773.	1,137.	1,260.
20 Interest	48,767.	46,329.	1,950.	488.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	938,428.	908,640.	21,831.	7,957.
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	13,667,195.	13,667,195.		
b Other Expenses	417,614.	250,144.	13,422.	154,048.
c Supplies	322,220.	259,637.	38,860.	23,723.
d Equipment rental & main	147,545.	146,615.	472.	458.
e All other expenses	240,100.	108,750.	37,209.	94,141.
25 Total functional expenses. Add lines 1 through 24e	284,666,001.	282,990,790.	1,067,306.	607,905.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,081,645.	<b>1</b>	5,302,671.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	773,761.	<b>4</b>	1,079,726.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	85,182,962.	<b>8</b>	104,306,686.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,693,998.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,678,636.		
	<b>11</b> Investments - publicly traded securities .....	12,183,277.	<b>10c</b>	12,015,362.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,438,099.	<b>11</b>	6,294,322.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	541,576.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	106,201,320.	<b>15</b>	375,103.	
		<b>16</b>	129,373,870.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	711,521.	<b>17</b>	833,488.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,050,000.	<b>24</b>	1,626,262.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,598,942.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,761,521.	<b>26</b>	4,058,692.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	102,883,342.	<b>27</b>	124,421,884.
	<b>28</b> Net assets with donor restrictions .....	556,457.	<b>28</b>	893,294.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	103,439,799.	<b>32</b>	125,315,178.
<b>33</b> Total liabilities and net assets/fund balances .....	106,201,320.	<b>33</b>	129,373,870.	

**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	306,913,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,666,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,247,890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,439,799.
5	Net unrealized gains (losses) on investments	5	456,809.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-823,274.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-6,046.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	125,315,178.

**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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>Matthew 25 Ministries, Inc.</b>	Employer identification number <b>31-1348100</b>
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**Part I 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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	233,183,814.	214,444,045.	228,538,389.	231,040,046.	304,871,164.	1212077458.
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 <b>Total.</b> Add lines 1 through 3 .....	233,183,814.	214,444,045.	228,538,389.	231,040,046.	304,871,164.	1212077458.
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) .....						307,211,387.
6 <b>Public support.</b> Subtract line 5 from line 4.						904,866,071.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	233,183,814.	214,444,045.	228,538,389.	231,040,046.	304,871,164.	1212077458.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	247,382.	849,038.	126,275.	132,186.	110,359.	1,465,240.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,428,330.	2,872,414.				5,300,744.
11 <b>Total support.</b> Add lines 7 through 10						1218843442.
12 Gross receipts from related activities, etc. (see instructions) .....					12	4,785,584.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	74.24	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	99.13	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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

2016 Amount: \$ 2,428,330.

2017 Amount: \$ 2,872,414.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>24,387,127.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,970,581.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>64,551,107.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ <u>15,203,888.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,520,197.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,215,124.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Products for Humanitarian Aid _____ _____ _____	\$ 24,387,127.	12/31/20
2	Products for Humanitarian Aid _____ _____ _____	\$ 6,970,581.	12/31/20
3	Products for Humanitarian Aid _____ _____ _____	\$ 64,551,107.	12/31/20
4	Products for Humanitarian Aid _____ _____ _____	\$ 15,203,888.	12/31/20
5	Products for Humanitarian Aid _____ _____ _____	\$ 6,520,197.	12/31/20
6	Products for Humanitarian Aid _____ _____ _____	\$ 6,215,124.	12/31/20

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

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: \$. Rows include: 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, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 |
|------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

**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
<b>1a</b> Land		1,381,972.		1,381,972.
<b>b</b> Buildings		9,455,591.	1,455,083.	8,000,508.
<b>c</b> Leasehold improvements		2,614,269.	1,015,415.	1,598,854.
<b>d</b> Equipment		2,709,322.	1,754,340.	954,982.
<b>e</b> Other		532,844.	453,798.	79,046.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,015,362.

**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, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP Loan	865,901.
(3) Accumulated postretirement benefit obligation	733,041.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,598,942.

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	306,909,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	456,809.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	26,137.	
e	Add lines 2a through 2d	2e		482,946.
3	Subtract line 2e from line 1	3		306,426,085.
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	40,012.	
b	Other (Describe in Part XIII.)	4b	447,794.	
c	Add lines 4a and 4b	4c		487,806.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		306,913,891.

**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	270,990,977.
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	32,183.	
e	Add lines 2a through 2d	2e		32,183.
3	Subtract line 2e from line 1	3		270,958,794.
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	40,012.	
b	Other (Describe in Part XIII.)	4b	13,667,195.	
c	Add lines 4a and 4b	4c		13,707,207.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		284,666,001.

**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)(1)(A)(vi) and has not been classified as a private foundation within the meaning of the IRC Section 509(a).

Part XI, Line 2d - Other Adjustments:

Less: Fundraising Expenses	32,183.
Change in Post Retirement obligation	-6,046.
Total to Schedule D, Part XI, Line 2d	26,137.

**Part XI** Supplemental Information (continued)

Part XI, Line 4b - Other Adjustments:

Investment income reported below the line on Audited

financial statements 538,929.

Gain/Loss reported below the line on Audited financial

statements -85,089.

Post Retirement Obligation reported below the line on

Audited FS -6,046.

Total to Schedule D, Part XI, Line 4b 447,794.

Part XII, Line 2d - Other Adjustments:

Less: Fundraising Expenses 32,183.

Part XII, Line 4b - Other Adjustments:

Loss on Inventory Obsolescence 13,667,195.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

Employer identification number

Matthew 25 Ministries, Inc.

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	98,440,462.
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Services	Humanitarian Assistance	4,541,166.
Middle East and North Africa	0	0	Program Services	Humanitarian Assistance	695,789.
South Asia	0	0	Program Services	Humanitarian Assistance	464,678.
<b>3 a Subtotal</b> .....	0	0			104,142,095.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			104,142,095.

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

Schedule F (Form 990) 2020

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Humanitarian Assistance	0.		98,440,462.	Products	FMV
		South America	Humanitarian Assistance	0.		4,541,166.	Products	FMV
		Middle East and North Africa	Humanitarian Assistance	0.		695,789.	Products	FMV
		South Asia	Humanitarian Assistance	0.		464,678.	Products	FMV

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

3 Enter total number of other organizations or entities





**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020

**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:

Communications with grantees and visits affected areas.

Multiple horizontal lines for supplemental information.



**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		None	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	48,263.		48,263.
	2	Less: Contributions	5,880.		5,880.
	3	Gross income (line 1 minus line 2)	42,383.		42,383.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	31,353.		31,353.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			31,353.
	11	Net income summary. Subtract line 10 from line 3, column (d)			11,030.

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

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

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

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**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Barbour County Schools WV 45 School St Phillippi, WV 26416	55-6000295	Government	0.	10,000.	FMV	Goods and Supplies	Humanitarian Aid
Beth-El Farmworker Ministry 18240 S Highway 301 Wimauma, FL 33598	59-3004876	501(c)(3)	55,000.	615,003.	FMV	Goods and Supplies	Humanitarian Aid
Cincinnati Reuse Center 1530 Tremont St Cincinnati, OH 45214	84-4850272	501(c)(3)	0.	96,996.	FMV	Goods and Supplies	Humanitarian Aid
Giving Basics 3597 W 222nd St Bucyrus, KS 66013	45-3069975	501(c)(3)	0.	3,056,980.	FMV	Goods and Supplies	Humanitarian Aid
Goodwill 10600 Springfield Pike Cincinnati, OH 45215	31-0554062	501(c)(3)	0.	50,759,768.	FMV	Goods and Supplies	Humanitarian Aid
North Star Foundation PO Box 36 North Attleboro, MA 02760	04-3414626	501(c)(3)	0.	644,463.	FMV	Goods and Supplies	Humanitarian Aid

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 358.

**3** Enter total number of other organizations listed in the line 1 table 79.

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

Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partnership with Native Americans 500 E Peyton St Sherman, TX 75090	58-1888256	501(c)(3)	0.	9,137,003.	FMV	Goods and Supplies	Humanitarian Aid
Salvation Army 615 Slaters Lane Alexandria, VA 22314	22-2406433	501(c)(3)	0.	4,254,541.	FMV	Goods and Supplies	Humanitarian Aid
SOS American Foundation 421 Leggett St Stranton, PA 18508	65-1290368	501(c)(3)	0.	2,886,379.	FMV	Goods and Supplies	Humanitarian Aid
Walnut Hills Baptist Church 2386 Kemper Lane Cincinnati, OH 45206	31-6001456	Other	25,072.	0.	FMV	Goods and Supplies	Humanitarian Aid
Cincinnati Childrens Hospital 333 Burnet Ave Cincinnati, OH 45229	31-0537130	501(c)(3)	5,000.	0.	FMV	Goods and Supplies	Humanitarian Aid
Childrens Organ Transplant Association - 2501 West Cota Dr - Bloomington, IN 47403	35-1674365	501(c)(3)	10,000.	0.	FMV	Goods and Supplies	Humanitarian Aid
PruitHealth Augusta Hills 2122 Cumming Rd Augusta, GA 30904	58-1413224	501(c)(3)	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid
Accolade Healthcare of Pontiac 300 W. Lowell Ave Pontiac, IL 61764	82-1968282	Other	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid
Accura Healthcare of Knoxville 606 N 7th St. Knoxville, IA 50138	46-3242630	Other	0.	27,060.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)



Matthew 25 Ministries, Inc.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adams County Regional Medical Center - 230 Medical Center Drive - Seaman, OH 45679	81-2817266	501(c)(3)	0.	7,288. FMV		Goods and Supplies	Humanitarian Aid
Advanced Center for Nursing & Rehab - 169 Davenport Ave - New Haven, CT 06519	58-2640441	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Advent Health Gordon 900 Hope Way Altamonte, FL 32714	59-1479658	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Adventist Health System West One Adventist Health Way Roseville, CA 95661	95-3484589	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Alabama Department of Public Health - 201 Monroe St - Montgomery, AL 36104	63-6000619	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Alabama Unified Command 2740 Gunter Park Dr. Montgomery, AL 36109	63-6000619	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Alexian Village Milwaukee 9301 N 76th St Milwaukee, WI 53223	39-1351584	Other	0.	14,348. FMV		Goods and Supplies	Humanitarian Aid
Alphapointe 87-46 123rd St Richmond Hill, NY 11418	44-0552486	501(c)(3)	0.	8,692. FMV		Goods and Supplies	Humanitarian Aid
Alpharetta Public Safety/Milton FD 2565 Old Milton Pkwy Alpharetta, GA 30009	20-5407510	Government	0.	13,395. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Altercare Canal Winchester 6725 Trush Drive Canal Winchester, OH 43110	34-1415116	501(c)(3)	0.	25,980. FMV		Goods and Supplies	Humanitarian Aid
AMD Healthcare 3730 Nelson Rd Lake Charles, LA 70605	81-3120950	501(c)(3)	0.	48,128. FMV		Goods and Supplies	Humanitarian Aid
Amedisys Home Health 2955 Kanell Blvd Polar Bluff, MO 63901	11-3131700	501(c)(3)	0.	18,750. FMV		Goods and Supplies	Humanitarian Aid
American Red Cross (UT) 6616 900 E Salt Lake City, UT 84121	53-0196605	501(c)(3)	0.	11,250. FMV		Goods and Supplies	Humanitarian Aid
American Red Cross CA 100 Red Cross Cir Pomona, CA 91768	53-0196605	501(c)(3)	0.	11,250. FMV		Goods and Supplies	Humanitarian Aid
AMG Specialty Hospital 801 N State 3rd Floor Greenfield, IN 46140	35-1092610	501(c)(3)	0.	62,505. FMV		Goods and Supplies	Humanitarian Aid
Antebellum Grove Senior Living 1010 Kathryn Ryals Rd Warner Robins, GA 31088	20-2872374	Other	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Apple Rehab (network of 13) 220 Scoville Road Avon, CT 60010	06-1174705	Other	0.	75,000. FMV		Goods and Supplies	Humanitarian Aid
Appling County Ambulance 108 Polly Ogden Lane #7345 Baxley, GA 31513	58-6002659	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arbor Family Health 6750 LA-1 Batchelor, LA 70715	72-1505179	501(c)(3)	0.	31,253. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Arbor View Assisted Living W232N3471 Hunters Ridge Road Pewaukee, WI 53072	11-3712998	Other	0.	13,485. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC GA 9851 Commerce Way Douglasville, GA 30155	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC MA 180 Rustcraft Road Dedham, MA 02026	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC MO 250 Jari Drive Johnstwn, MO 15904	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC NC 3821 Barringer Drive Charlotte, NC 28217	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC NY 825 John St W Henrietta, NY 14586	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC OH 4327 Equity Drive Columbus, OH 43228	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ARC PA 700 Spring Garden St Philadelphia, PA 19123	53-0196605	501(c)(3)	0.	11,250. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC PA 701 Spring Garden St Philadelphia, PA 19123	53-0196605	501(c)(3)	0.	11,250. FMV		Goods and Supplies	Humanitarian Aid
ARC UT 702 Spring Garden St Philadelphia, PA 19123	53-0196605	501(c)(3)	0.	11,250. FMV		Goods and Supplies	Humanitarian Aid
ARC WI 4860 Sheboygan Ave Madison, WI 53705	53-0196605	501(c)(3)	0.	11,250. FMV		Goods and Supplies	Humanitarian Aid
Ascension Wisconsin St Joseph Hospital - 5000 W Chambers St - Milwaukee, WI 53210	39-0816857	501(c)(3)	0.	27,068. FMV		Goods and Supplies	Humanitarian Aid
Astoria Skilled Nursing 3537 12th St. NW Canton, OH 44708	17-2030453	Other	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Athens Neighborhood Health 675 College Ave Athens, GA 30601	58-1116210	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Atkinson County FD 86 Main Street Pearson, GA 31642	58-6000779	Government	0.	14,220. FMV		Goods and Supplies	Humanitarian Aid
Atlanta Mayor's Office 55 Trinity Ave Atlanta, GA 30303	58-6002487	Government	0.	5,231. FMV		Goods and Supplies	Humanitarian Aid
Atrium Hospital 110 N Main St Dayton, OH 45402	31-0537492	501(c)(3)	0.	230,367. FMV		Goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

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

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Attalla Health & Rehab 915 Stewart Ave SE Attalla, AL 35954	47-1770241	Other	0.	14,565. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Auburn Skilled Nursing and Rehab 451 Valley Road Salem, OH 44460	34-1935570	Other	0.	26,610. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Autumn Lake Healthcare at Bridgepark - 4017 Liberty Heights Ave - Baltimore, MD 21207	82-4795614	Other	0.	53,220. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Aventura at Prospect 815 Chester Pike Prospect Park, PA 19076	83-1690603	Other	0.	25,860. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Baptist Disaster Relief (SBDR) 400 E High St Jefferson City, MO 65101	44-0559931	501(c)(3)	0.	15,090. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Baptist Village 2650 Carswell Ave Waycross, GA 31503	58-0687594	Other	0.	15,083. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Barrow CO EM 222 Pleasant Hill Church Rd NE Winder, GA 30680	26-1446286	Government	0.	14,273. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Barton Health Foundation 2170 S. Ave South Lake Tahoe, CA 96150	94-6502740	501(c)(3)	0.	9,919. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Bayfront Health 701 6th St. S St. Petersburg, FL 33701	59-1218020	501(c)(3)	0.	76,253. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Matthew 25 Ministries, Inc. Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Bayshire LLC 4171 Camino de Rio S San Diego, CA 92108	12-4152950	Other	0.	12,495. FMV		Goods and Supplies	Humanitarian Aid
Beatitudes Campus 1610 W Glendale Ave Phoenix, AZ 85021	86-0649306	501(c)(3)	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
Bedford Care Center-Monroe Hall 300 Cahal St Hattiesburg, MS 39401	64-0947215	501(c)(3)	0.	14,573. FMV		Goods and Supplies	Humanitarian Aid
Belterra Health & Rehab 2170 N Lake Forest Dr McKinney, TX 75071	26-2412632	501(c)(3)	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Bethesda Hospital 10500 Montgomery Rd Cincinnati, OH 45242	31-0537122	501(c)(3)	0.	10,651. FMV		Goods and Supplies	Humanitarian Aid
Big Sewickley Creek Volunteer FD 1850 Big Sewickley Cr. Sewickley, PA 15143	25-1478926	Government	0.	14,565. FMV		Goods and Supplies	Humanitarian Aid
Blanchester Food Pantry 318 E. Main St Blanchester, OH 45107	30-0319521	501(c)(3)	0.	5,013. FMV		Goods and Supplies	Humanitarian Aid
Blouc Ministries 911 Eighth St. W Cincinnati, OH 45203	31-1613471	501(c)(3)	0.	13,746. FMV		Goods and Supplies	Humanitarian Aid
Blue Ash Police Department 4433 Cooper Road Blue Ash, OH 45242	31-6007293	Government	0.	5,000. FMV		Goods and Supplies	Humanitarian Aid

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

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Blue Stream Rehab 4360 Brecksville Rd. Cincinnati, OH 44286	83-0699645	Other	0.	12,720. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Borough of White Oak Emergency Management - 2280 Lincoln Way - Houston, TX 41005	25-1481574	Government	0.	27,585. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Bradford Heights Nursing and Rehab 950 Highpoint Drive Hopkinsville, KY 42240	82-4843234	Other	0.	27,578. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Bronx Healthcare System 1650 Grand Course The Bronx, NY 10457	13-1974191	501(c)(3)	0.	75,000. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Brookhaven PD Foundation 2665 Buford Hwy NE Atlanta, GA 30662	81-3682021	501(c)(3)	0.	13,395. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Brooklyn Hospital Center 121 Dekalb Ave Brooklyn, NY 11201	11-1630755	501(c)(3)	0.	37,500. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Brown Memorial Home 158 E Mound St. Circleville, OH 43113	23-7180042	Other	0.	19,066. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Butler Volunteer FD 12621 W Hampton Ave Butler, WI 53007	39-1087976	Government	0.	13,020. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Butts County FD 144 Colwell Rd Jackson, GA 30233	58-6012659	Government	0.	27,585. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Calhoun County EM 20859 Central Ave #640 Blountstown, FL 32424	58-1132836	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Camden County Emergency Mangement 1 Ct. Circle NW Camdenton, MO 65020	12-4854890	Government	0.	27,368. FMV		Goods and Supplies	Humanitarian Aid
Camille FD/Mitchell CO EM 47 Crimson Laurel Way #6 Bakersville, NC 28705	58-6000531	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Capital Health Systems 750 Brunswick Ave Trenton, NJ 08638	22-3548695	501(c)(3)	0.	75,000. FMV		Goods and Supplies	Humanitarian Aid
Care Center of Aberdeen 505 Jackson St. Aberdeen, MS 39730	27-1211283	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
CaroMont Health 212 Glenway St Belmont, NC 28012	58-1636959	501(c)(3)	0.	56,250. FMV		Goods and Supplies	Humanitarian Aid
Carroll County Fire 499 Floyd Pike Hillsville, VA 24343	20-5539933	Government	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Cass County Emergency Management 8400 144th St. #200 Weeping Water, NE 68463	47-6006439	Government	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Catholic Charities of Omaha 3300 N 60th St. Omaha, NE 68104	47-0376612	501(c)(3)	0.	15,098. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)



Matthew 25 Ministries, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
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CCH Healthcare (7 locations) 115 Oregonia Rd Lebanon, OH 45036	46-4387016	501(c)(3)	0.	4,533. FMV		Goods and Supplies	Humanitarian Aid
Cecil County Sheriff's Office 107 Chesapeake Blvd Elkton, MD 21921	52-6000919	Government	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid
Cedar Community 5595 County Rd Z West Bend, WI 53095	39-0928211	Other	0.	13,395. FMV		Goods and Supplies	Humanitarian Aid
Cedar Crest Manor Nursing Home 1700 NW Fort Sill Blvd Lawton, OK 73507	73-0717386	Other	0.	13,395. FMV		Goods and Supplies	Humanitarian Aid
Chi St. Luke's Health 17200 St. Lukes Way The Woodlands, TX 77384	74-1161938	501(c)(3)	0.	31,253. FMV		Goods and Supplies	Humanitarian Aid
Children's Healthcare of Atlanta 1405 E Clifton Rd NE Atlanta, GA 30322	58-2367819	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Children's Hospital LA 4650 Sunset Blvd Los Angeles, CA 90027	95-1690977	501(c)(3)	0.	7,225. FMV		Goods and Supplies	Humanitarian Aid
Christ is Relief Inc 1860 S Barnett Shoals Rd Athens, GA 30605	83-2780752	501(c)(3)	0.	12,713. FMV		Goods and Supplies	Humanitarian Aid
Church Home Rehab and Healthcare 2470 US-41 N Fort Valley, GA 31030	45-1630208	501(c)(3)	0.	15,098. FMV		Goods and Supplies	Humanitarian Aid

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Church of the Living God 434 Forest Ave Avondale, OH 45229	37-1260273	501(c)(3)	0.	4,772. FMV		Goods and Supplies	Humanitarian Aid
Cincinnati Children's 9560 Burnet Ave Cincinnati, OH 45229	31-0833936	501(c)(3)	0.	18,005. FMV		Goods and Supplies	Humanitarian Aid
Cincinnati Children's Community Outreach - 9560 Children's Drive - Mason, OH 45040	31-0833936	501(c)(3)	0.	42,185. FMV		Goods and Supplies	Humanitarian Aid
Cincinnati Public Schools 2651 Burnet Ave Cincinnati, OH 45219	31-6000758	Other	0.	37,000. FMV		Goods and Supplies	Humanitarian Aid
City Gospel Mission 1805 Dalton Ave Cincinnati, OH 45214	31-0538515	501(c)(3)	0.	5,225. FMV		Goods and Supplies	Humanitarian Aid
City of Burlington PD 165 W Washington St Burlington, WI 53105	47-5047341	Government	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
City of Grand Island, NE 100 E 1st St. Grand Island, NE 68801	47-6032570	Government	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
City of Greenfield PD 5300 W Layton Ave Greenfield, WI 53220	46-0537216	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Clarkston PD 3921 Church St. Clarkston, GA 30021	58-6003756	Government	0.	25,523. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Matthew 25 Ministries, Inc.

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Clayton County FD 7810 GA-85 Riverdale, GA 30274	58-6000802	Government	0.	27,510. FMV		Goods and Supplies	Humanitarian Aid
Clinton Co Emergency Management Services - 1645 Davids Drive - Wilmington, OH 45177	31-6000427	Government	0.	5,066. FMV		Goods and Supplies	Humanitarian Aid
Clinton-Aire Health Care Center 170001 17 Mile Road Clinton Twp, MI 48038	20-1922662	501(c)(3)	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid
Clovernook Center for the Blind 7025 Clovernook Ave Cincinnati, OH 45231	31-0584310	501(c)(3)	0.	8,692. FMV		Goods and Supplies	Humanitarian Aid
Coffee Regional Medical Center 1101 Ocilla Rd Douglas, GA 31533	65-0543088	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Cole County/Jefferson City Emergency Management - 2302 Militia Drive - Jefferson City, MO 65101	44-6000488	Government	0.	12,713. FMV		Goods and Supplies	Humanitarian Aid
Colonial Lodge Assisted Living 3600 Stanford St Greenville, TX 75401	20-1717344	Other	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Colonial Nursing & Rehab 119 N Indiana Ave Crown Point, IN 46307	35-1470257	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Colonial Park Fire Company 1 433 S Houcks Rd Harrisburg, PA 17109	23-7270112	Government	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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Colquitt Regional Medical Center 3131 S Main St. Moultrie, GA 31768	58-1793634	501(c)(3)	0.	12,713. FMV		Goods and Supplies	Humanitarian Aid
Columbia County Fire Rescue 3910 Desoto Drive Augusta, GA 30907	58-1325093	Government	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Commonwealth of Pennsylvania 1601 Elmerton Ave Harrisburg, PA 17110	23-6003107	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Community Health Systems 250 Martin Luther King Jr Blvd #200 Macon, GA 31201	74-3083593	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Community Health Systems (Tampa) 13540 FL-685 St Tampa, FL 33613	13-3893191	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Community Pride Care Center 901 S 4th St Battle Creek, NE 68715	47-0725384	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Comprehensive at Williamsville 147 Reist St Williamsville, NY 14221	46-5427965	501(c)(3)	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Concerned Citizens for Justice 10925 Reed Hartman Unit 113 Blue Ash, OH 45242	84-5120009	501(c)(3)	0.	6,600. FMV		Goods and Supplies	Humanitarian Aid
Cowetta Country EM 195 International Park Newman, GA 30265	45-3210368	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid

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Crawford County Vol. FD 1011 US-341 Roberta, GA 31078		Government	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Crofton Care & Rehab Center 2131 Davidsonville Road Crofton, MD 21114	52-1014544	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Crossroads Crusaders 360 Baker Blvd. Newark, OH 43055	84-3124292	501(c)(3)	0.	117,060. FMV		Goods and Supplies	Humanitarian Aid
Culberson Hospital Eisenhower Rd & FM 2185 Rd. Van Horn, TX 79855	74-1736346	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Danbury Hospital 24 Hospital Ave Danbury, CT 06810	60-6465970	501(c)(3)	0.	14,378. FMV		Goods and Supplies	Humanitarian Aid
Dane County EM 115 W Doty St. 2107 Madison, WI 53703	39-1258302	Government	0.	14,565. FMV		Goods and Supplies	Humanitarian Aid
Deaf Smith County District 540 W 15th St. Hereford, TX 79045	75-0330065	Government	0.	25,005. FMV		Goods and Supplies	Humanitarian Aid
DeKalb EM 111 Grand Ave SW Suite 21 Fort Payne, AL 35967	58-6000814	Government	0.	14,220. FMV		Goods and Supplies	Humanitarian Aid
Delaware Emergency Management 165 Brick Store Landing Rd. Smyrna, DE 19977	51-6000279	Government	0.	75,000. FMV		Goods and Supplies	Humanitarian Aid

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Delaware Fire Service 911 Kenton Road Dover, DE 19904	51-0116463	Government	0.	50,003. FMV		Goods and Supplies	Humanitarian Aid
Deltona Health Care 1851 Elkam Blvd Deltona, FL 32725	20-5065755	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Detroit Health Dept 3245 E Jefferson Ave Detroit, MI 48207	38-2824772	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Doctor's Hospital of Augusta 3651 Wheeler Road Augusta, GA 30909	62-1778108	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Dodge County Fire 334 Main Street Eastman, GA 31023	58-2279269	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Downstate Medical Center 450 Clarkson Ave Brooklyn, NY 11203	40-7963280	501(c)(3)	0.	76,253. FMV		Goods and Supplies	Humanitarian Aid
Dublinair Health & Rehab 300 Industrial Blvd Dublin, GA 31021	83-0804930	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
E Central Georgia Healthcare Coalition - 3405 Mike Padgett Hwy - Augusta, GA 30906	58-6002053	Other	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Eagle Lake Nursing & Rehab 535 Austin Rd Eagle Lake, TX 77434	90-0913970	501(c)(3)	0.	15,000. FMV		Goods and Supplies	Humanitarian Aid

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Eastern Montana Vet's Home (3 locations) - 2000 Montana Ave - Glendive, MT 59330	81-0495371	501(c)(3)	0.	25,860. FMV		Goods and Supplies	Humanitarian Aid
Edenbrook of Platteville 1300 N Water St Platteville, WI 53818	83-1937255	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Elder Outreach 10632 Hillary Court Baton Rouge, LA 70810	61-1438402	Other	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Electra Memorial Hospital 1207 S Bailey St. Electra, TX 76360	75-1504586	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Emanuel Medical Center 117 Kight Rd Swainsboro, GA 30401	74-3098878	501(c)(3)	0.	14,565. FMV		Goods and Supplies	Humanitarian Aid
Erie County Medical Center 462 Grider St. Buffalo, NY 14215	83-0382654	501(c)(3)	0.	81,255. FMV		Goods and Supplies	Humanitarian Aid
Everett Transitional Care Services 916 Pacific Ave #6 Everett, WA 98201	94-3264605	Other	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Fairpark Health & Rehab 307 N 5th St Maryville, TN 37804	84-1950741	Other	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Fallbrook Woods Residential Care Facility - 60 Merrymeeting Dr - Portland, ME 04103	27-0401701	Other	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid

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Falls Community Hospital Clinic 322 Coleman St #2358 Marlin, TX 79070	74-1471231	501(c)(3)	0.	12,503.	FMV	Goods and Supplies	Humanitarian Aid
Feed the Children 333 N Meridian Ave Oklahoma City, OK 73107	73-6108657	501(c)(3)	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid
First Baptist Church of Hazelwood 11085 Centennial Ave Blue Ash, OH 45242	31-1257080	501(c)(3)	0.	29,000.	FMV	Goods and Supplies	Humanitarian Aid
Florida Presbyterian Homes 16 Lake Hunter Dr Lakeland, FL 33803	59-0760207	Other	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Folkston Park Care and Rehab 36261 Okefenokee Dr Folkston, GA 31537	61-6000819	501(c)(3)	0.	14,228.	FMV	Goods and Supplies	Humanitarian Aid
Forest Park Fire & Emergency Services - 785 Linda Way - Forest Park, GA 30297	26-2150546	Government	0.	13,583.	FMV	Goods and Supplies	Humanitarian Aid
Franklin Township EM 25 Asbury Broadway Road Broadway, NJ 08808	22-2381803	Government	0.	13,613.	FMV	Goods and Supplies	Humanitarian Aid
Froedtert Health 900 N 92nd St Milwaukee, WI 53226	27-2042610	501(c)(3)	0.	12,713.	FMV	Goods and Supplies	Humanitarian Aid
Fulton County Emergency Management 2216 Myron Cory Dr #4 Hickman, KY 75401	61-6000819	Government	0.	13,590.	FMV	Goods and Supplies	Humanitarian Aid



Matthew 25 Ministries, Inc.

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Fulton Nursing & Rehab 1004 Holiday Lane Fulton, KY 42041	83-2112234	501(c)(3)	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
GA Dept Of Health/EMS State of Georgia Building 2 Peachtree St Unit 5 - Atlanta, GA 30303	58-6002487	Government	0.	15,098. FMV		Goods and Supplies	Humanitarian Aid
Gadsden County Disaster Recovery 339 E Jefferson St Quincy, FL 32351	84-3140991	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Generations Food Pantry 4161 Richardson Place Independence, KY 41051	80-0214344	501(c)(3)	0.	5,292. FMV		Goods and Supplies	Humanitarian Aid
Genesis Estrella Center 350 E La Canada Blvd Avondale, AZ 85323	85-0370802	501(c)(3)	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Georgia Department of Health 950 Laney Walker Blvd Augusta, GA 30901	90-0676388	Government	0.	26,198. FMV		Goods and Supplies	Humanitarian Aid
Georgia EMS Region 9 150 Scranton Connector Brunswick, GA 31525	90-0676388	Government	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid
Georgian Gardens 1 Georgian Gards Dr Potosi, MO 63664	83-2637476	Other	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
German Township FD 5220 Kasson Drive Evansville, IN 47720	35-6017824	Government	0.	13,020. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Matthew 25 Ministries, Inc.  
**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Germantown PD N112W16877 Mequon RD Germantown, WI 53022	39-6023021	Government	0.	27,375. FMV		Goods and Supplies	Humanitarian Aid
Gilmer County Fire Rescue 2503 Falls Creek Road EliJay, GA 30601	58-6000829	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Glenvue Health & Rehab 721 N Veterans Blvd Glennville, GA 30427	47-1782278	501(c)(3)	0.	25,988. FMV		Goods and Supplies	Humanitarian Aid
Global Higher Call Nursing 407 Whitebird St Quapaw, OK 74363	73-1568005	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Gold City Health & Rehab 222 Moores Drive Dahlonega, GA 30533	27-2859403	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Gold Cross Ambulance Service 1055 Wittmann Drive Menasha, WI 54952	39-1702433	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Goldthwaite Health & Rehab 1207 Reynolds st Goldthwaite, TX 76844	74-2570068	501(c)(3)	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Good 360 675 N Washington St Alexandria, VA 22314	54-1282616	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Good Samaritan Society 840 E Elva St. Idaho Falls, ID 83401	45-0228055	501(c)(3)	0.	50,003. FMV		Goods and Supplies	Humanitarian Aid

Part I Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part I)							
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Grace Point Wellness Center 2301 N Oregon St El Paso, TX 79902	82-1205342	501(c)(3)	0.	26,610.	FMV	Goods and Supplies	Humanitarian Aid
Grady County Vol FD 3 17th Ave NW Cairo, GA 31201	58-6000833	Government	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Grady EMS 1700 N Broad St Cairo, GA 39827		Government	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid
Grafton Oaks 405 Grafton Ave Dayton, OH 45406	31-1194643	Other	0.	13,883.	FMV	Goods and Supplies	Humanitarian Aid
Great Plains UMC and KDEM 1207 SW Executive Dr Topeka, KS 66615	46-3536484	501(c)(3)	0.	13,485.	FMV	Goods and Supplies	Humanitarian Aid
Greenfield Skilled Nursing & Rehab 238 S Washington St Greenfield, OH 45123	83-0670599	501(c)(3)	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Greenwood Village South Retirement Center - 183 Smock Drive - Greenwood, IN 46143	35-1516199	Other	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Gwinnett Board of Health 455 Grayson Hwy Lawrenceville, GA 30046	58-1925667	Government	0.	25,988.	FMV	Goods and Supplies	Humanitarian Aid
Gwinnett County EMA 800 Hi Hope Rd Lawrenceville, GA 30043	58-6000835	Government	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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Hamilton Medical Center 1200 Memorial Road Dalton, GA 30720	58-1519911	501(c)(3)	0.	25,005. FMV		Goods and Supplies	Humanitarian Aid
Harborview Pierce 221 E Carter Ave Bianchester, GA 31516	81-2116211	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Harper's Personal Care Home Inc. 186 Bootlegger Ln E Washington, GA 30673	58-2441760	Other	0.	25,988. FMV		Goods and Supplies	Humanitarian Aid
Hart Care Center 26 Fairview Street Hartwell, GA 30673	45-4844708	Other	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Hartford Hospital 560 Hudson St Hartford, CT 06106	22-2672834	501(c)(3)	0.	70,373. FMV		Goods and Supplies	Humanitarian Aid
Harvest Manor Healthcare & Rehab 839 N Range Denham Springs, LA 70726	72-1097923	501(c)(3)	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
Havenwood Heritage-Heights 149 East Side Drive Concord, NH 03301	02-0366556	Other	0.	14,573. FMV		Goods and Supplies	Humanitarian Aid
Hawthorne House 6 Old County Road Freeport, ME 04032	10-4430430	Other	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Hazelwood Red Cross 388 Hazelwood Logistics Center DR Hazelwood, MO 63042	53-0196605	501(c)(3)	0.	67,500. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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

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Healthcare for the homeless 1934 Caroline St Houston, TX 77002	76-0647934	501(c)(3)	0.	5,030. FMV		Goods and Supplies	Humanitarian Aid
Healing Center 11345 Century Cir W Cincinnati, OH 45246	31-1655576	501(c)(3)	0.	21,568. FMV		Goods and Supplies	Humanitarian Aid
Heardmont Health and Rehab 1043 Longstreet Rd Elberton, GA 30635	83-0880021	501(c)(3)	0.	13,703. FMV		Goods and Supplies	Humanitarian Aid
Heartland of Columbia 2601 Forest Drive Columbia, SC 29204	34-1517672	501(c)(3)	0.	12,495. FMV		Goods and Supplies	Humanitarian Aid
Henderson Settlement 16773 State Hwy 190 Pineville, KY 40977	61-0674965	501(c)(3)	0.	37,861. FMV		Goods and Supplies	Humanitarian Aid
Heritage Green Rehab & Skilled Nursing - 4570 RT. 60 - Gerry, NY 14740	26-1231096	501(c)(3)	0.	50,003. FMV		Goods and Supplies	Humanitarian Aid
Hermitage Health Center 1633 Hillview Drive Elizabethton, TN 37643	26-2886067	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Hill Haven Nursing Home 1550 Empire Blvd Webster, NY 14580	22-2551509	Other	0.	13,613. FMV		Goods and Supplies	Humanitarian Aid
Hillcrest Rehab Center 714 Southbend Ave Mankato, MN 56001	47-3799342	Other	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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Hillview Health Center 1666 Hillview Dr Elizabethon, TN 37643	26-2886135	501(c)(3)	0.	26,078. FMV		Goods and Supplies	Humanitarian Aid
Ho-Chunk Nation W9814 Airport Rd Black River Falls, WI 54615	39-1140880	Other	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Hosea House 901 York St Newport, KY 41071	61-1212528	501(c)(3)	0.	7,872. FMV		Goods and Supplies	Humanitarian Aid
Hospital Authority 610 Sparta Rd Sandersville, GA 31082	58-6012329	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Hospital for Special Surgery 535 E 70th St New York, NY 10021	13-6714749	501(c)(3)	0.	18,750. FMV		Goods and Supplies	Humanitarian Aid
Howard County Emergency Management 600 W Morrison St #9 Payette, MO 65248	43-6001719	Government	0.	77,798. FMV		Goods and Supplies	Humanitarian Aid
Hulin Personal Care Home 948 Sandtown Rd Washington, GA 30673	81-0715147	501(c)(3)	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
Indian Lake Rehab 14442 US-33 Lakeview, OH 43331	20-5426200	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Individuals Aiding In Emergencies Foundation -- 2545 Market St -- Aston, PA 19014	82-3335382	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid

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Inn at the Pines Assisted Living & Memory Care - 18122 Claridon Troy Rd - Hiram, OH 44234	83-2014512	501(c)(3)	0.	25,740.	FMV	Goods and Supplies	Humanitarian Aid
Innovative Charities of NW FL 1994 FL-71 Marianna, FL 32448	35-2476682	501(c)(3)	0.	26,715.	FMV	Goods and Supplies	Humanitarian Aid
Interfaith Medical Center 1545 Atlantic Ave Brooklyn, NY 11213	11-2626155	501(c)(3)	0.	51,720.	FMV	Goods and Supplies	Humanitarian Aid
Irwin County Hospital 710 N Irwin Ave Ocilla, GA 31774	82-1927234	501(c)(3)	0.	13,485.	FMV	Goods and Supplies	Humanitarian Aid
Jackson County EMA 86 Gordon St Jefferson, GA 30549	58-6000845	Government	0.	26,850.	FMV	Goods and Supplies	Humanitarian Aid
Jamaica Hospital 8900 Van Wyck Expy Richmond Hill, NY 11418	11-1631788	501(c)(3)	0.	45,000.	FMV	Goods and Supplies	Humanitarian Aid
Jefferson County Emergency Management - 709 19th St N - Birmingham, AL 35203	58-6000847	Government	0.	13,395.	FMV	Goods and Supplies	Humanitarian Aid
Jennings American Legion Hospital 1634 Elton Rd Jennings, LA 70546	72-0445607	501(c)(3)	0.	26,198.	FMV	Goods and Supplies	Humanitarian Aid
Job Haines Home 250 Bloomfield Ave Bloomfield, NJ 07003	22-0972180	501(c)(3)	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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JRAB 16001 Madison Rd St 1&2 Cincinnati, OH 45215	20-4351820	Other	0.	22,212. FMV		Goods and Supplies	Humanitarian Aid
Kaiser Permanente/Central Urgent Care - 12100 S Euclid St - Garden Grove, CA 92840	94-6365467	501(c)(3)	0.	10,387. FMV		Goods and Supplies	Humanitarian Aid
Kenosha Sheriff's Dept. 1000 55th St #1 Kenosha, WI 53140	39-6005707	Government	0.	14,265. FMV		Goods and Supplies	Humanitarian Aid
Kenwood Baptist NEEDS Pantry 8341 Kenwood Rd Cincinnati, OH 45236	31-0568234	501(c)(3)	0.	5,847. FMV		Goods and Supplies	Humanitarian Aid
Kern County FD 5642 Victor St Bakersfield, CA 93308	23-7140441	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Kerr Lake Nursing & Rehab 1245 Park Ave Henderson, NC 27536	27-3247764	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Kewaunee County EM 625 3rd St Laxenburg, WI 54217	39-6005708	Government	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Key West Health & Rehab 5860 College Rd Key West, FL 33040	26-4689618	501(c)(3)	0.	12,495. FMV		Goods and Supplies	Humanitarian Aid
Kingsbrook Jewish Medical Center 585 Schenectady Ave Brooklyn, NY 11203	11-1631759	501(c)(3)	0.	62,505. FMV		Goods and Supplies	Humanitarian Aid



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Knox County Hospital District 701 SE 5th St Knox City, TX 79529	75-0808798	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Kroger Co. 10677 E NW Hwy Dallas, TX 75238	31-0345740	Other	0.	28,755. FMV		Goods and Supplies	Humanitarian Aid
KY VOAD 100 Minuteman PWK Fraftort, KY 40601	20-4542513	501(c)(3)	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
LaGrange Health & Rehab Center 2111 W Point Rd LaGrange, GA 30240	47-3360777	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Landis Communities 1001 E Oregon Rd Lititz, PA 17543	23-2194364	Other	0.	12,495. FMV		Goods and Supplies	Humanitarian Aid
Lawrence General Hospital 1 General St Lawrence, MA 01841	42-1035860	501(c)(3)	0.	37,500. FMV		Goods and Supplies	Humanitarian Aid
Lebanon North Nursing & Rehab 596 Morton Rd Lebanon, MO 65536	65-1205315	Government	0.	14,348. FMV		Goods and Supplies	Humanitarian Aid
Liberty County EMS 12503 NW Virginia G Weaver St Bristol, FL 32321	59-6017778	Government	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Lifebrite Community Hospital 11740 Columbia St Blakely, GA 39823	82-0945402	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid

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Lighthouse for the Blind 2501 S Plum St Seattle, WA 98144	16-1648213	501(c)(3)	0.	8,692.	FMV	Goods and Supplies	Humanitarian Aid
Lighthouse LA 5944 S Front St New Orleans, LA 70115	72-0408941	501(c)(3)	0.	8,692.	FMV	Goods and Supplies	Humanitarian Aid
Lighthouse Works 2500 Kunze Ave Orlando, FL 32806	27-4598398	501(c)(3)	0.	8,692.	FMV	Goods and Supplies	Humanitarian Aid
Lighthouse youth & family services 401 E McMillan St Cincinnati, OH 45206	23-7046229	501(c)(3)	0.	5,146.	FMV	Goods and Supplies	Humanitarian Aid
Limestone Medical Center 701 McClintic Dr Groesbeck, TX 76642	74-1850460	501(c)(3)	0.	31,253.	FMV	Goods and Supplies	Humanitarian Aid
Lipson Regional Medical Center 801 W Gordon St Thomaston, GA 30286	58-1734026	501(c)(3)	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Lord's Gym Ministries 1211 York St Cincinnati, OH 45214	31-1237943	501(c)(3)	0.	12,789.	FMV	Goods and Supplies	Humanitarian Aid
Loyola University Health 2160 S 1st Ave Maywood, IL 60153	36-4015560	Other	0.	130,628.	FMV	Goods and Supplies	Humanitarian Aid
LutherCare 40 S King St Annville, PA 17003	23-1365374	Other	0.	3,485.	FMV	Goods and Supplies	Humanitarian Aid

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Macedonia Missionary Baptist church - 27 N Gettysburg Ave - Dayton, OH 45417	31-1769211	501(c)(3)	0.	670,514.	FMV	Goods and Supplies	Humanitarian Aid
Madison Red Cross 4860 Sheboygan Ave Madison, WI 53705	53-0196605	501(c)(3)	0.	67,500.	FMV	Goods and Supplies	Humanitarian Aid
Maimonides Medical Center 4802 10th Ave Brooklyn, NY 11219	11-1635081	501(c)(3)	0.	72,503.	FMV	Goods and Supplies	Humanitarian Aid
Manahawkin Nursing & Rehab 1211 NJ-72 Manahawkin, NJ 08050	22-3524991	501(c)(3)	0.	12,713.	FMV	Goods and Supplies	Humanitarian Aid
Manatee Springs Rehab 5627 9th St E Bradenton, FL 34203	32-0514745	501(c)(3)	0.	14,355.	FMV	Goods and Supplies	Humanitarian Aid
Margate Health & Rehab 540 Waugh St Jefferson, NC 28640	20-2886902	501(c)(3)	0.	27,578.	FMV	Goods and Supplies	Humanitarian Aid
Mary Magdalen House 1629 Republic St Cincinnati, OH 45202	31-1182978	501(c)(3)	0.	12,648.	FMV	Goods and Supplies	Humanitarian Aid
Mary's Place 8704 Greenwood Ave N Seattle, WA 98103	27-2087950	Other	0.	8,297.	FMV	Goods and Supplies	Humanitarian Aid
Mass Value Care Alliance (15 locations) - 130 Division St - Derby, CT 06418	04-2496563	501(c)(3)	0.	274,733.	FMV	Goods and Supplies	Humanitarian Aid

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Matador Health & Rehab 805 Harrison Ave Matador, TX 79244	20-1926652	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Mather Hospital Northwell Health 75 N Country Rd Port Jefferson, NY 11777	11-2714670	501(c)(3)	0.	33,750. FMV		Goods and Supplies	Humanitarian Aid
Mauzy Regional Health (TN) 1224 Trotwood Ave Columbia, TN 38401	62-6002623	501(c)(3)	0.	90,000. FMV		Goods and Supplies	Humanitarian Aid
Mayfield Health & Rehab 401 Indiana Ave Mayfield, KY 42066	84-1970598	501(c)(3)	0.	14,213. FMV		Goods and Supplies	Humanitarian Aid
MDR Disaster Relief & Veteran's Outreach - 7261 Union Deposit Rd - Hummelston, PA 17036	82-2616840	501(c)(3)	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
Meadowood Retirement Village 509 Pineview Ave Glencoe, AL 35905	82-0754643	Other	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Medical Associates Plus 2467 Golden Camp Rd Augusta, GA 30906	31-1591242	Other	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Medical Management Health & Rehab 1509 Cedar Ave Macon, GA 31204	20-2170575	501(c)(3)	0.	25,988. FMV		Goods and Supplies	Humanitarian Aid
Medina Memorial 200 Ohio St Medina, NY 14103	16-1155081	501(c)(3)	0.	75,000. FMV		Goods and Supplies	Humanitarian Aid

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Mercy Rehab & Care Center 100 Rosewood Village Dr Swansea, IL 62226	43-1375409	501(c)(3)	0.	26,610.	FMV	Goods and Supplies	Humanitarian Aid
Mercy West 3300 Mercy Health Blvd Cincinnati, OH 45211	04-3398280	501(c)(3)	0.	10,000.	FMV	Goods and Supplies	Humanitarian Aid
Miami Valley Hospital 1 Wyoming St Dayton, OH 45409	31-0537504	501(c)(3)	0.	5,257.	FMV	Goods and Supplies	Humanitarian Aid
Michigan Dept of Health 22 Center St Ypsilanti, MI 48198	38-6000134	Government	0.	75,000.	FMV	Goods and Supplies	Humanitarian Aid
Miller County Emergency Management 1999 MO-52 Tuscumbia, MO 65082	44-6000557	Government	0.	14,348.	FMV	Goods and Supplies	Humanitarian Aid
Milwaukee County FD 737 W Washington St Suite 4210 Milwaukee, WI 53214	39-6005650	Government	0.	39,008.	FMV	Goods and Supplies	Humanitarian Aid
Milwaukee County Law Enforcement 10320 W Watertown Plank Rd Waywataosa, WI 53226	39-6005609	Government	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid
Milwaukee PD 2920 Vel R. Phillips Ave Milwaukee, WI 53212	39-1136365	Government	0.	59,100.	FMV	Goods and Supplies	Humanitarian Aid
Misericordia Home 6300 N Ridge Ave Chicago, IL 60660	36-2170153	501(c)(3)	0.	11,402.	FMV	Goods and Supplies	Humanitarian Aid

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Mission to North America Disaster Response - 4063 Martha Berry Hwy - Rome, GA 30165	64-0541857	501(c)(3)	0.	31,253. FMV		Goods and Supplies	Humanitarian Aid
Missouri Baptist Disaster Relief 2252 High Point Rd. Jefferson City, MO 65109	12-5027150	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Monarch Healthcare Management 638 Southbend Ave Mankato, MN 56001	47-3799342	501(c)(3)	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Moniteau County Office of Emergency Management - 604 N Oak St - California, MO 65018	43-1693986	Government	0.	26,850. FMV		Goods and Supplies	Humanitarian Aid
Monroe County Emergency Management 38 W Main St PO Box 189 Forsyth Forsyth, GA 31029	39-6005721	Government	0.	14,355. FMV		Goods and Supplies	Humanitarian Aid
Montefiore St. Lukes 70 Dubios St Newburgh, NY 12550	14-1340054	501(c)(3)	0.	42,143. FMV		Goods and Supplies	Humanitarian Aid
Montgomery County EMA P.O. Box 295 310 W Broad St Mt Vernon, GA 30445	58-6000866	Government	0.	13,388. FMV		Goods and Supplies	Humanitarian Aid
Moore County Hospital 224 E 2nd St Dumas, TX 79029	75-2687992	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Mountain View Health & Rehab 547 Warwoman Rd Clayton, GA 30525	27-2859705	501(c)(3)	0.	13,695. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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Mt. Enon Missionary Baptist Church 1501 W Third St Dayton, OH 45402	31-1135811	501(c)(3)	0.	4,851.	FMV	Goods and Supplies	Humanitarian Aid
Murray CO FD 810 G I Maddox Pkwy Chatsworth, GA 30705	58-6000868	Government	0.	25,838.	FMV	Goods and Supplies	Humanitarian Aid
Murtis Taylor (Cleveland) 13422 Kinsman Rd. Cleveland, OH 44120	23-7158458	501(c)(3)	0.	13,374.	FMV	Goods and Supplies	Humanitarian Aid
Navarro College Dept. of Public Safety - 3200 W 7th Ave - Corsicana, TX 75110	75-6002129	Other	0.	12,503.	FMV	Goods and Supplies	Humanitarian Aid
Navicent Health Baldwin 821 N Cobb St Milledgeville, GA 31061	58-2359398	501(c)(3)	0.	50,003.	FMV	Goods and Supplies	Humanitarian Aid
Nebraska PEO Home 413 N 5th St Beatrice, NE 68310	47-0379473	501(c)(3)	0.	13,485.	FMV	Goods and Supplies	Humanitarian Aid
New Orleans Mayor's Office 1300 Perdido St New Orleans, LA 70112	72-6000969	Government	0.	16,235.	FMV	Goods and Supplies	Humanitarian Aid
New Vista Post Acute Care Center 1516 Sawtelle Blvd Los Angeles, CA 90025	90-0919093	501(c)(3)	0.	24,998.	FMV	Goods and Supplies	Humanitarian Aid
Newburg FD 508 Main St West Bend, WI 53090	35-2285146	Government	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Niagara Falls Memorial Medical 621 10th St Niagara Falls, NY 14301	16-0743094	501(c)(3)	0.	33,750. FMV		Goods and Supplies	Humanitarian Aid
North Central Health District 201 2nd St Macon Macon, GA 31201	58-1110625	Government	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Northampton CO EM 100 Gracedale Ave Nazareth, PA 18064	24-6000741	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Northwest Community Hospital 800 W Central Rd Arlington Heights, IL 60005	36-3125193	501(c)(3)	0.	6,224. FMV		Goods and Supplies	Humanitarian Aid
Oakland Emergency Management 1111 Broadway #1200 Oakland, CA 94607	94-6000384	Government	0.	26,850. FMV		Goods and Supplies	Humanitarian Aid
Oakland Grove Health Care Center 560 Cumberland Hill Road Woonsocket, RI 02895	50-4540350	501(c)(3)	0.	27,578. FMV		Goods and Supplies	Humanitarian Aid
Oaknoll Retirement Residence 1 Oaknoll Ct Iowa City, IA 55246	42-0919489	Other	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Ochiltree General Hospital 3101 Garrett Dr Perryton, TX 79070	75-1211903	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Oneida Nation N7210 Seminary Rd Oneida, WI 54155	47-1282033	Other	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)



Matthew 25 Ministries, Inc.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orchid Cove at Rockledge 1775 Huntington Ln Rockledge, FL 32955	84-4901099	Other	0.	26,610.	FMV	Goods and Supplies	Humanitarian Aid
Ouachita Healthcare & Rehab Center 7950 Millhaven Rd Monroe, LA 71203	90-0222833	501(c)(3)	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid
Over-the-Rhine Community Housing 1227 Vine St Cincinnati, OH 45202	31-1272434	Other	0.	5,248.	FMV	Goods and Supplies	Humanitarian Aid
Page Tower Senior Living 619 Central Ave Cincinnati, OH 45202	31-0827809	Other	0.	9,100.	FMV	Goods and Supplies	Humanitarian Aid
Pampa Regional Medical Center 1 Medical Plaza Pampa, TX 79065	26-3709471	501(c)(3)	0.	25,005.	FMV	Goods and Supplies	Humanitarian Aid
Park Place Nursing Facility 1865 Bold Springs Rd NW Monroe, GA 30656	58-0905853	501(c)(3)	0.	27,585.	FMV	Goods and Supplies	Humanitarian Aid
Park Vista Of Youngstown 1216 5th Ave Youngstown, OH 44504	84-3374026	Other	0.	7,288.	FMV	Goods and Supplies	Humanitarian Aid
Parkside Ellijay Skilled Nursing 1360 S Main St Ellijay, GA 30540	83-3362384	501(c)(3)	0.	14,565.	FMV	Goods and Supplies	Humanitarian Aid
Parkview Gardens Assisted Living 5321 Douglas Ave Racine, WI 53402	81-4109502	501(c)(3)	0.	15,083.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Patriot Rehab & Wellness Center 11490 Gateway N Blvd El Paso, TX 79934	66-0951721	501(c)(3)	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Peachtree City FD 105 N Peachtree Pkwy Peachtree City, GA 30269	58-1079955	Government	0.	28,425. FMV		Goods and Supplies	Humanitarian Aid
Pearlview Care Center 4426 Homestead Dr Brunswick, OH 44212	36-4512281	Other	0.	25,095. FMV		Goods and Supplies	Humanitarian Aid
Peterson Health 551 Hill Country Dr Kerrville, TX 78028	74-2645149	501(c)(3)	0.	25,005. FMV		Goods and Supplies	Humanitarian Aid
Piedmont Fayette Hospital 1255 Hwy 54 W Fayetteville, GA 30214	58-1503902	501(c)(3)	0.	26,198. FMV		Goods and Supplies	Humanitarian Aid
Piedmont Healthcare 220 J White Dr Jasper, GA 30143	58-1503902	501(c)(3)	0.	42,600. FMV		Goods and Supplies	Humanitarian Aid
Piedmont Henry Hospital 1133 Eagle's Landing Parkway Stockbridge, GA 30281	58-2200195	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Piedmont Mountinside Hospital 1266 GA-515 Jasper, GA 30143	35-2228593	501(c)(3)	0.	25,853. FMV		Goods and Supplies	Humanitarian Aid
Pike County FD 110 Jackson St Zebulon, GA 30295	58-6000875	Government	0.	26,085. FMV		Goods and Supplies	Humanitarian Aid

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Plaza Community Living 4403 Hospital Rd Pascagoula, MS 39581	64-0928352	Other	0.	24,998. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Principal Senior Living 11175 Cicero Dr Suite 500 Alpharetta, GA 30022	30-0836216	Other	0.	27,585. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
ProHealth Medical Group WI 2130 Big Bend Rd Waukesha, WI 53189	39-1083015	501(c)(3)	0.	26,198. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Providence Nursing & Rehab 439 Bellevue Ave Trenton, NJ 08618	22-3524988	501(c)(3)	0.	24,998. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Pruitthealth Bethany 466 S Gray St Millen, GA 30442	58-1413224	501(c)(3)	0.	15,090. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Pruitthealth Lafayette 205 Roadrunner Blvd LaFayette, GA 30728	58-1413224	501(c)(3)	0.	27,585. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Pruitthealth Shepherd Hills 800 Patterson Rd LaFayette, GA 30728	58-1413224	501(c)(3)	0.	15,090. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Pruitthealth Athens 960 Hawthorne Ave Athens, GA 30606	58-1413224	501(c)(3)	0.	15,083. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Putnam General Hospital 101 Lake Oconee Pkwy Eatonton, GA 31024	58-1020324	501(c)(3)	0.	15,090. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Quaker Hill Nursing 8675 SE 72nd Terrace Baxter Springs, KS 66713	73-1638143	501(c)(3)	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Racetrack Chaplaincy of Ohio 1223 Treehaven Ln Columbus, OH 43204	23-7181877	501(c)(3)	0.	22,400. FMV		Goods and Supplies	Humanitarian Aid
Rancho Manor Healthcare & Rehab 615 Rancho Ln Florissant, MO 63081	20-5707487	501(c)(3)	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Reach Out America 48 Shelter Rock Rd Manhasset, NY 11030	34-2031023	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Red Bird Mission 15420 KY-66 Beverly, KY 40913	61-0674373	501(c)(3)	0.	11,292. FMV		Goods and Supplies	Humanitarian Aid
Region 11 Emergency Management 701 Koenigstein Ave Norfolk, NE 68701	47-6006293	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Region J Coastal Healthcare Coalition - 4700 Waters Ave - Savannah, GA 31404	62-1805348	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Region M Healthcare 1900 Tebeau St Waycross, GA 31501	58-2224545	501(c)(3)	0.	6,248. FMV		Goods and Supplies	Humanitarian Aid
Richfield Vol Fire 4166 Hubertus Rd Hubertus, WI 53033	39-1219597	Government	0.	18,750. FMV		Goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Richmond Ambulance Authority 2400 Hermitage Rd Richmond, VA 23220	54-1533323	Government	0.	13,485.	FMV	Goods and Supplies	Humanitarian Aid
Ridgewood Care Center 3205 Wood Rd Racine, WI 53406	82-2141949	Other	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid
Rose Garden Residential Care 1350 Wabash Ave Mentone, CA 92359	30-0758998	Other	0.	26,610.	FMV	Goods and Supplies	Humanitarian Aid
Rotary Club of Cincinnati 441 Vine Street #212 Cincinnati, OH 45202	31-0554072	501(c)(3)	0.	5,095.	FMV	Goods and Supplies	Humanitarian Aid
Safe Future Foundation 1850 Emerson St Jacksonville, FL 32207	83-2012254	501(c)(3)	0.	8,974.	FMV	Goods and Supplies	Humanitarian Aid
Safer Foundation 3210 West Arthington Chicago, IL 60624	36-2762168	501(c)(3)	0.	42,312.	FMV	Goods and Supplies	Humanitarian Aid
Saint Joseph's Hospital 75 Vanderbilt Ave Staten Island, NY 10304	58-0568702	501(c)(3)	0.	13,703.	FMV	Goods and Supplies	Humanitarian Aid
Salt Lake City Emergency Management - 475 S 300 E - Salt Lake City, UT 84111	87-6000545	Government	0.	39,353.	FMV	Goods and Supplies	Humanitarian Aid
Salvation Army Michigan 16130 Northland Dr Southfield, MI 48075	36-2167910	501(c)(3)	0.	28,504.	FMV	Goods and Supplies	Humanitarian Aid

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army Milwaukee 5880 N 60th St Milwaukee, WI 53218	13-5562351	501(c)(3)	0.	14,228. FMV		Goods and Supplies	Humanitarian Aid
Salvation Army West 825 Seventh Ave San Diego, CA 92101	13-5562351	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Samaritan Health Center 531 E Washington St West Bend, WI 53095	93-0951989	501(c)(3)	0.	14,355. FMV		Goods and Supplies	Humanitarian Aid
Sandpiper Healthcare & Rehab Center - 5808 W 8th St N - Wichita , KS 67212	81-4185453	501(c)(3)	0.	14,348. FMV		Goods and Supplies	Humanitarian Aid
Screven County EM 410 Pine Street Sylvania, GA 30467	58-6000884	Government	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Select Specialty Hospital 705 Juniper St NE Atlanta, GA 30308	38-3329100	501(c)(3)	0.	13,695. FMV		Goods and Supplies	Humanitarian Aid
Senior Citizens Home 2275 Ruin Creek Rd Henderson, NC 27537	56-0929049	Other	0.	13,590. FMV		Goods and Supplies	Humanitarian Aid
Serenity Behavioral Health 623 Park Meadow Rd Westerville, OH 43081	58-2109188	501(c)(3)	0.	14,228. FMV		Goods and Supplies	Humanitarian Aid
Seven Acres Jewish Senior Care Services, Inc. - 6200 N Braeswood Blvd - Houston, TX 77074	74-1143086	Other	0.	12,495. FMV		Goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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Sevierville Health & Rehab 415 Catlett Rd Sevierville, TN 37862	47-3876021	501(c)(3)	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid
SF Lighthouse 14690 Washington Ave San Leandro, CA 94578	94-1415317	501(c)(3)	0.	8,692.	FMV	Goods and Supplies	Humanitarian Aid
Sheboygan Sheriff's Office 525 N 6th St Sheboygan, WI 53081	39-6005744	Government	0.	14,888.	FMV	Goods and Supplies	Humanitarian Aid
Shelby Skilled Nursing & Rehab 705 Fulton St Sidney, OH 45365	83-0670553	501(c)(3)	0.	26,610.	FMV	Goods and Supplies	Humanitarian Aid
Smokey Ridge Health & Rehab 310 Pensacola Rd Burnsville, NC 28714	45-0494961	501(c)(3)	0.	24,998.	FMV	Goods and Supplies	Humanitarian Aid
SNC Food Pantry 4424 Floral Ave Norwood, OH 45212	31-0918496	501(c)(3)	0.	5,019.	FMV	Goods and Supplies	Humanitarian Aid
Solaris Healthcare Pensacola 8475 University Pkwy Pensacola, FL 32514	20-0343868	501(c)(3)	0.	14,558.	FMV	Goods and Supplies	Humanitarian Aid
Son Ministries Food Pantry 2300 Lythan Rd Columbus, OH 43220	26-4449380	501(c)(3)	0.	6,300.	FMV	Goods and Supplies	Humanitarian Aid
Southeast Nebraska MRC P.O. Box 419 Crete, NE 68333	82-1419692	Government	0.	14,880.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Matthew 25 Ministries, Inc.  
**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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Southern Pines Healthcare Center 6140 Congress St New Port Richey, FL 32653	27-1786678	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
Spurgeon Manor Inc 1204 Linden St Dallas Center, IA 50063	42-0926896	501(c)(3)	0.	15,983. FMV		Goods and Supplies	Humanitarian Aid
St Elizabeth Hospital 4900 Houston Rd Florence, KY 41042	61-0445850	501(c)(3)	0.	110,150. FMV		Goods and Supplies	Humanitarian Aid
St John's Episcopal (NY) 327 Beach 19th St Queens, NY 11691	52-1320630	501(c)(3)	0.	51,255. FMV		Goods and Supplies	Humanitarian Aid
St Joseph's Hospital 75 Vanderbilt Ave Staten Island, NY 10304	15-0532254	501(c)(3)	0.	68,753. FMV		Goods and Supplies	Humanitarian Aid
St Lawrence Co EMS 48 Court St #1 Canton, NY 13617	15-6000465	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
St Mary's Hospital for Children 29-01 216th St Bayside, NY 11360	11-1679599	501(c)(3)	0.	41,250. FMV		Goods and Supplies	Humanitarian Aid
St Mary's Sacred Heart Hospital 367 Clear Creek Dr Lawtonia, GA 30553	47-3752176	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
St. Monica's Senior Living Inc. 3920 N Green Bay Rd Racine, WI 53404		Other	0.	13,388. FMV		Goods and Supplies	Humanitarian Aid



Schedule I (Form 990) Matthew 25 Ministries, Inc.

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 non-cash 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 1133 S. Edwin C. Moses Blvd Dayton, OH 45417	86-0096789	501(c)(3)	0.	5,887. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Stillwater Skilled Nursing & Rehab 75 Mote Dr Covington, OH 45318	83-0675327	501(c)(3)	0.	26,610. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Stockley Center 2351 Patriot's Way Georgetown, DE 19947	51-6000279	Other	0.	14,108. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Stone Creek Assisted Living 1280 Sawburg Ave Alliance, OH 44601	84-2275793	Other	0.	26,610. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Stony Brook East 201 Manor Pl Greenport, NY 11944		Other	0.	18,750. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Stonybrook Southern Hospital 101 Nicolls Rd Stony Brook, NY 11794		501(c)(3)	0.	45,000. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Sturtevant PD 2801 89th St Sturtevant, WI 53177	39-6006381	Government	0.	13,395. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Swoope Vol Fire Company 697 Perkersburg Turnpike Staunton, VA 24401	52-1241777	Government	0.	14,348. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid
Tarrytown Hall Care Center 20 Wood Ct Tarrytown, NY 10591	26-2222348	Other	0.	26,610. <sup>FMV</sup>		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center at Lincoln 12230 Lioness Way Parker, CO 80134	27-4974744	Other	0.	25,095. FMV		Goods and Supplies	Humanitarian Aid
The Landing at Norcross 680 Holcomb Bridge Rd Norcross, GA 30071	46-4747959	Other	0.	12,713. FMV		Goods and Supplies	Humanitarian Aid
The Lutheran Home at Kane 100 High Point Drive Kane, PA 16735	25-1158827	Other	0.	13,575. FMV		Goods and Supplies	Humanitarian Aid
The Place at Martinez 409 Pleasant Home Rd Augusta, GA 30907	42-1696037	Other	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Thomas County FD 62 Doughty Rd #5 Lawrenceburg, IN 47025	58-6000893	Government	0.	13,373. FMV		Goods and Supplies	Humanitarian Aid
Thomas Health and Rehab 511 Mt Pleasant Rd Thomson, GA 30824	45-2228719	501(c)(3)	0.	13,695. FMV		Goods and Supplies	Humanitarian Aid
Touchpoints at Bloomfield 140 Park Ave Bloomfield, CT 06002	91-1950839	Other	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Tree of Life 140 Roosevelt Ave Mission, SD 57555	46-0446287	501(c)(3)	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
Trempealeau County Emergency Management - 36245 Main St - Whitehall, WI 54772	39-6005747	Government	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

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Trenton Health & Rehab 2049 Hwy 45 Bypass S Trenton, TN 38382	61-1769737	501(c)(3)	0.	14,108. FMV		Goods and Supplies	Humanitarian Aid
Tri-County Nursing Home 7280 FL-26 Trenton, FL 32693	59-3009938	Other	0.	25,980. FMV		Goods and Supplies	Humanitarian Aid
Trihealth 10500 Montgomery Rd Cincinnati, OH 45242	20-2305158	501(c)(3)	0.	6,501. FMV		Goods and Supplies	Humanitarian Aid
Trinitas Regional Medical Center 225 Williamson St Elizabeth, NJ 07202	22-3601678	501(c)(3)	0.	10,300. FMV		Goods and Supplies	Humanitarian Aid
Troup Co FD 1101 E Main St Hogansville, GA 30230	58-6000869	Government	0.	13,395. FMV		Goods and Supplies	Humanitarian Aid
Tulane Medical Center 1415 Tulane Ave New Orleans, LA 70112	62-1596506	501(c)(3)	0.	31,253. FMV		Goods and Supplies	Humanitarian Aid
Tunnels to Towers 2361 Hylan Blvd Staten Island, NY 10306	02-0554654	501(c)(3)	0.	127,500. FMV		Goods and Supplies	Humanitarian Aid
Twin View Health and Rehab 211 Mathis Ave Twin City, GA 30471	35-0876396	501(c)(3)	0.	27,068. FMV		Goods and Supplies	Humanitarian Aid
Upper Valley Hospital 3130 N County Rd 25A Troy, OH 45373	31-0537095	501(c)(3)	0.	5,160. FMV		Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

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Uvalde Memorial Hospital 1025 Garner Field Rd Uvalde, TX 78801	74-1603120	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Vail PD 75 S Frontage Rd W Vail, CO 81657		Government	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid
VCU Health System Authority 600 E Main St Richmond, VA 23219	54-1848065	Other	0.	26,198. FMV		Goods and Supplies	Humanitarian Aid
Vigilant Hose County #1 of Port Vue, PA - 20 Walnut Bottom Rd - Shippensburg, PA 17257	23-7425435	Government	0.	15,090. FMV		Goods and Supplies	Humanitarian Aid
Virginia Voluntary Orgs Active Disaster - 950 N Washington St - Alexandria, VA 22314	54-1930105	501(c)(3)	0.	50,003. FMV		Goods and Supplies	Humanitarian Aid
Volunteers of America of Pennsylvania - 2112 Walnut St - Harrisburg, PA 17103	23-1932916	501(c)(3)	0.	14,348. FMV		Goods and Supplies	Humanitarian Aid
Ware County EM 1700 Riverside Ave Waycross, GA 31501	58-6021364	Government	0.	15,000. FMV		Goods and Supplies	Humanitarian Aid
Warren County Emergency Services 169 GA-80 Warrenton, GA 30828	58-6000904	Government	0.	13,020. FMV		Goods and Supplies	Humanitarian Aid
Warrenton Health & Rehab 813 Atlanta Hwy Warrenton, GA 30828	81-2781217	501(c)(3)	0.	13,485. FMV		Goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

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Warsaw Meadows 300 E Prairie St Warsaw, IN 46580	35-1470257	Other	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid
Washington County Department of Public Safety - 595 Galliffa Dr - Donora, PA 15033	25-6001043	Government	0.	50,003.	FMV	Goods and Supplies	Humanitarian Aid
Washington FD 43 W Wheeling St Washington, PA 15301	58-6000696	Government	0.	14,348.	FMV	Goods and Supplies	Humanitarian Aid
Washington Township Fire RRI Adrian, PA 16210	23-2089718	Government	0.	14,873.	FMV	Goods and Supplies	Humanitarian Aid
Waterford FD 122 N 2nd St Waterford, WI 53185		Government	0.	14,873.	FMV	Goods and Supplies	Humanitarian Aid
Mauwatosa PD 1700 N 116th St Mauwatosa, WI 53226		Government	0.	13,485.	FMV	Goods and Supplies	Humanitarian Aid
Wayne Memorial Hospital 865 S 1st St Jesup, GA 31545	83-3330241	501(c)(3)	0.	12,503.	FMV	Goods and Supplies	Humanitarian Aid
Webster County FD 170 Montgomery St Preston, GA 31824	58-6002719	Government	0.	15,090.	FMV	Goods and Supplies	Humanitarian Aid
Welcome Nursing Home 417 S Main St Oberlin, OH 44074	34-1969363	Other	0.	14,348.	FMV	Goods and Supplies	Humanitarian Aid

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wellison Health-Corp Supply Chain 12 St Paul Dr Chambersburg, PA 17201	23-2517863	Other	0.	26,715. FMV		Goods and Supplies	Humanitarian Aid
West Lawrence Care Center 1410 Seagirt Blvd Far Rockaway, NY 11691	20-6772720	Other	0.	24,998. FMV		Goods and Supplies	Humanitarian Aid
Westwood Nursing & Rehab 1001 Mar Walt Dr Fort Walton Beach, FL 32547	30-0912144	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Wexner Heritage Village 1151 College Ave Columbus, OH 43209	31-4417962	Other	0.	117,982. FMV		Goods and Supplies	Humanitarian Aid
Whitfield County Emergeny Management - 804 Professionl Blvd - Dalton, GA 30720	58-6000909	Government	0.	14,873. FMV		Goods and Supplies	Humanitarian Aid
Williams Bay Health Services 146 Clover St Williams Bay, WI 53191	84-3170334	Other	0.	26,610. FMV		Goods and Supplies	Humanitarian Aid
Willowbrooke Court 10100 Hillview Drive Pensacola, FL 32514	23-1900132	Other	0.	25,980. FMV		Goods and Supplies	Humanitarian Aid
Wills Memorial Hospital 120 Gordon St Washington, GA 30673	58-2036813	501(c)(3)	0.	15,083. FMV		Goods and Supplies	Humanitarian Aid
Winder Healthcare 263 E May St Winder, GA 30680	58-1618580	501(c)(3)	0.	25,898. FMV		Goods and Supplies	Humanitarian Aid

Part I 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wisconsin Emergency Management (West Central) - 1421 Stout Rd - Menomonie, WI 54751	39-1527856	Government	0.	27,585. FMV		Goods and Supplies	Humanitarian Aid
World Vision 300 1 St NE Washington, DC 20002	95-1922279	501(c)(3)	0.	75,015. FMV		Goods and Supplies	Humanitarian Aid
Wyckoff Heights Medical Center 374 Stockholm St Brooklyn, NY 11237	11-1631837	501(c)(3)	0.	33,750. FMV		Goods and Supplies	Humanitarian Aid
YourTown Health 643 Main St Palmetto, GA 30628	58-1307597	501(c)(3)	0.	14,220. FMV		Goods and Supplies	Humanitarian Aid
Baxter Regional Medical Center Regional Hosp. 624 Hospital Dr Mountain Home, AR 72653	71-0561765	501(c)(3)	0.	12,503. FMV		Goods and Supplies	Humanitarian Aid
Chambers Nursing Center 1001 E Park St. Carlisle, AR 72027	15-8863320	501(c)(3)	0.	15,080. FMV		goods and Supplies	Humanitarian Aid
CHC Lakeside Nursing & Rehab 1207 Willow Run Lake City, AR 72437	83-1721360	501(c)(3)	0.	27,578. FMV		goods and Supplies	Humanitarian Aid

Matthew 25 Ministries, Inc.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		



**Part II** 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.

Multiple horizontal lines for supplemental information.



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Rev. Wendell Mettey	Founder and former	162,000.	License fee		X
Rev. Wendell Mettey	Founder and former	96,279.	Medical Rei		X

**Part V Supplemental Information.**

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

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

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(a) Name of Person: Rev. Wendell Mettey

(b) Relationship Between Interested Person and Organization:

Founder and former President and parent of the current CEO

(d) Description of Transaction: Medical Reimbursement

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		143,485,669	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	43	355,310	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	1506103	1,135,727	FMV
20 Drugs and medical supplies	X	1101049	18,103,826	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Personal)	X	13,280,029	109,906,752	FMV
26 Other (Linens)	X	3029852	11,967,060	FMV
27 Other (Other)	X	4422502	8,569,964	Cost
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** 5

- 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2020**

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:

Belfle: Haiti Mission Hotel low cost accomodations to missionaries

Belvi: Haiti Health Clinic

My Fathers House: Orphanage Support

General support in Haiti

General support in Nicauragua

Misc Other

Expenses \$ 831,208. including grants of \$ 0. Revenue \$ 1,252.

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:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



Name of the organization Matthew 25 Ministries, Inc.	Employer identification number 31-1348100
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AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH

NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV

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

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

the corporate office, on the organizations website or upon request.

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

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

financial statements are available on the organizations website.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in postretirement benefit obligation	-6,046.
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Form 990, Part XII, Line 2C:

No changes in process from the prior year.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

Matthew 25 Ministries, Inc.

Employer identification number

31-1348100

**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			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) 2020



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)

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	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						



