Form **8868** 

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 26-0467321 MATTHEW 25 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O CLIFTONLARSONALLEN LLP - 600 3RD AVE SE #300 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR RAPIDS, IA 52401 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of CLINT TWEDT-BALL 201 3RD AVE. SW - CEDAR RAPIDS, IA 52404 Telephone No. 319-362-2214 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_ \_\_\_\_\_ , 20 \_\_\_\_\_ , and ending \_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and	ending					
<b>B</b> c	heck if	C Name of organization		D Employer identifie	cation number			
	Addres							
	Name change			26-04673	21			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	O. box if mail is not delivered to street address)  Room/suite   E   Telephone number					
	Final return/	201 3RD AVE. SW		319-362-	2214			
	termin ated			G Gross receipts \$	2,209,879.			
	Ameno return	CEDAR RAPIDS, IA 32404		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: CDINI INEDI-BALL		for subordinates	? Yes X No			
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> 1 T</u>	ax-exe	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c) ( ) (insert no.) $oxed{\Box}$ 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: $2007$ $_{ m N}$	State of legal domicile: IA			
Pa	rt I	Summary						
συ		Briefly describe the organization's mission or most significant activities: ${ m \underline{MATTF}}$						
Governance		OF PEOPLE AND NEIGHBORHOODS BY INVESTING						
ž	_	Check this box if the organization discontinued its operations or dispos	ed of more	1 1				
ŏ				3	12			
ა დ		Number of independent voting members of the governing body (Part VI, line 1b)			12			
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			62			
Activities &		Total number of volunteers (estimate if necessary)			602			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Р		Contributions and grants (Part VIII, line 1h)		2,389,368.	1,778,961.			
Jen J		Program service revenue (Part VIII, line 2g)		317,756.	411,725.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,507. 0.	19,193.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,745,631.	* -			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,134,241.	2,209,879. 50,131.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,134,241.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		1,075,982.	1,218,446.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,073,902.	1,210,440.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	7.1	0.	0.			
Ë				877,997.	937,347.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,088,220.	2,205,924.			
		Revenue less expenses. Subtract line 18 from line 12		-342,589.	3,955.			
S	19	nevenue less expenses. Subtract line 10 front line 12	Bei	ginning of Current Year	End of Year			
ets c	20	Total assets (Part X, line 16)		5,031,258.	5,240,029.			
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		906,585.	1,109,246.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		4,124,673.	4,130,783.			
Pa	rt II	Signature Block			= 7 = 3 3 7 1 3 3 1			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	thes of perjory, I declare that I have examined this return, including accompanying screedies to and PostPiete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge,				
		Clint Twedt-Ball		6/24/2024	7			
Sigr	า	Signature of officer 421027599D324FB		Date				
Her		CLINT TWEDT-BALL, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid		DAVID LITTLE DAVID LITTLE	0	6/24/24 self-employ	P01480921			
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749			
Use Only Firm's address 600 3RD AVENUE SE, SUITE 300								
		CEDAR RAPIDS, IA 52401		Phone no. 31	9-363-2697			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form	990 (2023) MATTHEW 25 26-0467321 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	VISION- MATTHEW 25 ENVISIONS THRIVING, CONNECTED COMMUNITIES WITH
	SHARING ECONOMIES, WHERE PEOPLE ARE VALUED, TALENTS ARE MULTIPLIED,
	AND NEIGHBORS LIVE HEALTHY, NOURISHED LIVES FULL OF OPPORTUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	
	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 \$875,354. including grants of \$) (Revenue \$\$
	CULTIVATE HOPE EXPANDS HEALTHY FOOD CULTURE FOR ALL THROUGH HANDS-ON
	GROWING, SHARING AND LEARNING ACTIVITIES. THE PROGRAM'S GOALS ARE TO
	<u> </u>
	GROW HEALTHY FOOD, RESOURCES AND COMMUNITY SPIRIT, AND TO LEARN ABOUT
	LOCAL FOODS, FOOD PRODUCTION AND HEALTHY BEHAVIORS.
	-
	DURING 2023, MATTHEW 25 ACCOMPLISHED THE FOLLOWING CULTIVATE HOPE
	,
	GOALS:
	-GAVE AWAY 6,934 FREE OR REDUCED COST MEALS THROUGH GROUNDSWELL CAFE.
	-GAVE \$31,384 WORTH OF FRESH FOOD THROUGH THE CULTIVATE HOPE CORNER
	STORE.
	-PROVIDED LAND TO 40 COMMUNITY GARDENERS.
	-TAUGHT MORE THAN 125 EDUCATIONAL CLASSES ABOUT HEALTHY FOODS TO YOUTH
4b	$(\text{Code: } \_\_\_\_) \text{ (Expenses \$ } \_\_\_\_\_ 761,100 \cdot \_\_\_\_ \text{ including grants of \$ } \_\_\_\_\_\_\_ 50,131 \cdot \_\_\_) \text{ (Revenue \$ } \_\_\_\_\_\_\_]$
	NEIGHBORHOOD BUILDING REVITALIZES COMMUNITIES BY ENCOURAGING NEIGHBORS
	TO DREAM OF POSSIBILITIES, ORGANIZING SUSTAINABLE REINVESTMENT AND
	SOUND PUBLIC POLICY IN TARGETED NEIGHBORHOODS AND PROVIDING A SHARED
	NETWORK OF TOOLS AND RESOURCES.
	DURING 2023, MATTHEW 25 ACCOMPLISHED THE FOLLOWING NEIGHBORHOOD
	•
	BUILDING GOALS:
	-HELPED 33 HOMEOWNERS WITH HOME REPAIRS AND 14 HOMEOWNERS WITH YARD
	CLEAN-UP PROJECTS, USING 2,828 HOURS OF VOLUNTEER LABOR.
	-COMPLETED SIX RENTAL UNITS REHABS.
	-RENTED 18 UNITS OF QUALITY, AFFORDABLE HOUSING.
	-CHECKED OUT 226 TOOLS TO INDIVIDUALS TO HELP WITH HOME AND GARDEN
<u>4c</u>	(Code:) (Expenses \$ 49,003. including grants of \$) (Revenue \$3,486.)
40	COMMUNITY BUILDING CONNECTS NEIGHBORS AND COMMUNITY MEMBERS IN ORDER TO
	INCREASE SOCIAL COHESION, HAPPINESS AND PUBLIC SAFETY IN NEIGHBORHOODS.
	DURING 2023, MATTHEW 25 ACCOMPLISHED THE FOLLOWING COMMUNITY BUILDING
	GOALS:
	-CARRIED OUT 42 ONE-ON-ONE CONVERSATIONS GETTING TO KNOW THE GIFTS AND
	TALENTS OF OUR NEIGHBORS.
	-CURATED 28 COMMUNITY EVENTS THAT DREW NEIGHBORS TOGETHER.
	-ENGAGED 602 PEOPLE IN 7,978 HOURS OF VOLUNTEER WORK THAT STRENGTHENED
	NEIGHBORHOODS.
	METAIIDOMIOODS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4	
40	
	Form <b>990</b> (2023)

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Form 990 (2023) MATTHEW 25 26-0467321 Page 3

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<del></del> _		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
-				

332003 12-21-23

Form 990 (2023) MATTHEW 25 26-0467321 Page 4
Part IV | Checklist of Required Schedules (continued)

	Continued)			T
00	Did the consideration and the off 000 of contract the contract to the description of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	,	23		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>2</b> 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<b> </b> ₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<del></del>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. <b>u</b>	Check if Schedule O contains a response or note to any line in this Part V			
	5.155 Solitodalo o contanto a responde or floto to drig into in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
_		_		_

332004 12-21-23

Form 990 (2023) MATTHEW 25 26-0467321 Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

26-0467321 Page 6 MATTHEW 25 Form 990 (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l .	
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·		12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
		14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 25	Х
D	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		·
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL, MI, MN, WI, FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CLINT TWEDT-BALL - 319-362-2214 201 3DD AVE SW CEDAD DARIDS TA 52404			

Form 990 (2023) MATTHEW 25 26-0467321 Page 7

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

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

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

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

Check this box if neither the organization		orga T	niza			nper	sat			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle: cer ar					compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direct				٦		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	·	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	пd	lust	Officer	Key	e Hig	For			
(1) TWEDT-BALL, CLINT	40.00	4						00 500		0 206
EXECUTIVE DIRECTOR	20.00			Х				82,508.	0.	8,306.
(2) WASTA, JOHN	32.00	4		,,				60 104	_	1 070
DIRECTOR OF FINANCE	2 00		_	Х				62,124.	0.	1,872.
(3) HAYES, REV. HEATHER	3.00	٠,,		,,					_	
PRESIDENT	2 00	Х		Х				0.	0.	0.
(4) ANDERSON, RYAN VICE PRESIDENT	3.00	х		х				0.	0.	0.
	3.00	Α		^				· ·	0.	· ·
(5) RYAN, JAKE TREASURER	3.00	х		х				0.	0.	0.
(6) DAY, THOMAS	3.00	Α		^				· ·	0.	· ·
SECRETARY	3.00	х		х				0.	0.	0.
(7) BARND, MATTHEW	1.00	^		^				0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(8) BAXTER, DAN	1.00								•	
DIRECTOR		х						0.	0.	0.
(9) BRENNEMAN, JEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HILL-DAVIS, NANCY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) NORDBY, GRANT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SPORE, JULIE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) STOLTENBERG, DAVID	1.00	1								
DIRECTOR		Х						0.	0.	0.
(14) WESTPHAL, ROBYNN	1.00	1								
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>				_				
		1								
		<u> </u>				_				
		4								
										000

MATTHEW 25 26-0467321 Page 8 Form 990 (2023) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 144,632. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 144,632. 0. 10.178 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2023) MATTHEW 25 26-0467321 Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 185,000. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d 481,659. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,112,302. similar amounts not included above ... 1f 21,916 g Noncash contributions included in lines 1a-1f 1,778,961. h Total. Add lines 1a-1f **Business Code** 411,725. 411,725. 2 a PROGRAM SERVICE REVENU 561700 Program Service Revenue f All other program service revenue ..... 411,725. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 19,193. 19,193. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 2,209,879. 411,725. 19,193. **12 Total revenue.** See instructions

332009 12-21-23

Form 990 (2023) MATTHEW 25

Part IX | Statement of Functional Expenses

26-0467321 Page **10** 

	aıı	IX State	on i u	lictional	Lybeii	363		
_							 	

_	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	50,131.	50,131.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	154,810.	119,204.	21,673.	13,933
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	010 000	001 000	40.000	60 115
7	Other salaries and wages	912,903.	801,389.	49,399.	62,115
8	Pension plan accruals and contributions (include	10.056	14 510	2 642	1 605
	section 401(k) and 403(b) employer contributions)	18,856.	14,519.	2,640.	1,697 4,854 7,015
9	Other employee benefits	53,930.	41,526.	7,550.	4,854
10	Payroll taxes	77,947.	60,019.	10,913.	7,015
11	Fees for services (nonemployees):				
а		1 605	1 100	456	
b		1,625.	1,107.	456.	62
	Accounting	56,096.	38,217.	15,732.	2,147
d	Lobbying				
е	, –				
f	Investment management fees				
g	,	CE 020	20 200	20 007	4 407
	column (A), amount, list line 11g expenses on Sch 0.)	65,032.	28,328.	32,297.	4,407 939
12	Advertising and promotion	22,293.	21,354. 127,921.	21,624.	19,255
13	Office expenses	168,800.	127,921.	21,024.	19,455
14	Information technology				
15	Royalties	162,006.	104,383.	E7 602	
16	Occupancy	16,492.	15,391.	57,623.	
17	Travel	10,494.	15,391.	1,101.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 400	3,504.	986.	
19	Conferences, conventions, and meetings	4,490. 29,076.	19,496.	9,580.	
20	Interest	43,0/0.	17,470.	3,300.	
21	Payments to affiliates	250,901.	150,954.	99,947.	
22	Depreciation, depletion, and amortization	102,789.	40,024.	62,765.	
23	Other expenses. Itemize expenses not covered	104,109.	40,024.	04,103.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)  EQUIPMENT RENT & MAINT	13,463.	10,300.	3,114.	49
a b	MEMBERSHIP & DUES	3,416.	2,211.	193.	1,012
		J, 410 •	2,211	1700	Ι, ΟΙΖ
c d					
	All other expenses	40,868.	35,479.		5,389
е 25	Total functional expenses. Add lines 1 through 24e	2,205,924.	1,685,457.	397,593.	122,874
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,203,72 <b>4</b> •	1,000,4010	331,3330	144,074
10	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

MATTHEW 25 26-0467321 Page **11** Form 990 (2023)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 579,457**.** 810,234. 1 Cash - non-interest-bearing 1,171,025. 713,236. Savings and temporary cash investments 2 260,905. 375,251. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 35,574. 27,125. Inventories for sale or use 8 40,606. 46,956. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 4,578,087. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 1,360,671. 2,899,368. 3,217,416. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 44,323. 49,811. 15 15 Other assets. See Part IV, line 11 5,031,258. 5,240,029. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 147,242. 205,596. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 759,343. 903,650. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 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 906,585. 1,109,246. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,707,229. 27 3,726,640. 27 Net assets without donor restrictions Net assets with donor restrictions 417,444. 404,143. 28 Organizations that do not follow FASB ASC 958, check here

5,240,029. Form **990** (2023)

4,130,783.

29

30

31

32

33

4,124,673.

5,031,258.

29

30

31

32

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

	1990 (2023) MATTHEW 25	<b>∠</b> 0-04	0/341	Pag	ge IZ
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,209	<del>8</del> ,8	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,205	5,92	<u>24.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,124	1,6°	73 <b>.</b>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,1	<u>55.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,130	0,78	<u>33.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
			Form	99U (	(2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization  MATTHEW 25								identification number	
Part			/A.II					6-0467321	
						ee instructions.			
	anization is not a private found	•	•	-	,				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2 _	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative						Ft	the changitalia mana	
4 _	A medical research organiz	ation operated in col	njunction with a nospital	described	in sectio	n 1/0(b)(1)(A)(i	II). Enter	the nospital's name,	
<b>-</b> -	city, and state:	or the benefit of a co	llogo or university overse		ad by a ga		t dooorib	ad in	
5	An organization operated for		nege or university owner	or operat	eu by a go	verimentai unii	describe	eu III	
م ر	section 170(b)(1)(A)(iv). (C				70/1-\/4\/A\	(-A			
6 ∟	A federal, state, or local go	-							
7 <u>X</u>		•	ntial part of its support if	rom a gove	ernmentai	unit or from the	generai p	public described in	
8	section 170(b)(1)(A)(vi). (C	•	(1)(A)(vi) (Complete Per	+ 11 \					
9	<ul><li>A community trust describe</li><li>An agricultural research org</li></ul>				od in coni	inction with a la	nd grant	collogo	
<b>9</b> _	or university or a non-land-				-		-	*	
	university:	grant conege or agric	altare (see mistractions).	Littor trio	name, eny	, and state of th	ic conege	, 01	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membership	fees and	d aross receipts from	
	activities related to its exen								
	income and unrelated busin		•					-	
	See section 509(a)(2). (Co		(1000 000 Herrich Printer)		occo acqui				
11	An organization organized a	•	ively to test for public sa	fetv. See	section 50	09(a)(4).			
12	An organization organized a	· ·	•	•			out the	purposes of one or	
	more publicly supported or	•	•	•		•		• •	
	lines 12a through 12d that	-							
а [	Type I. A supporting orga	* *			-		-	giving	
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	upporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
<b>b</b> [	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(	s), by hav	ving	
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported	
	organization(s). You mus	t complete Part IV,	Sections A and C.						
с [	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,	
	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d	Type III non-functionally	<b>/ integrated.</b> A supp	oorting organization oper	ated in co	nnection v	vith its supporte	d organiz	zation(s)	
	that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and a	n attentiv	veness	
	requirement (see instruct	ions). You must con	mplete Part IV, Sections	A and D,	and Part	V.			
e l	Check this box if the orga					Type I, Type II,	Type III		
	functionally integrated, or		nally integrated supporti	ng organiz	ation.				
	nter the number of supported o	•							
g P	rovide the following information (i) Name of supported	n about the supporte	ed organization(s).  (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount of m	annotan/	(vi) Amount of other	
	organization	(II) EIN	(described on lines 1-10	in your govern	ing document?	support (see inst	•	support (see instructions)	
			above (see instructions))	Yes	No				
						<del>                                     </del>		<del>1</del>	

332021 12-21-23

Schedule A (Form 990) 2023

MATTHEW 25

26-0467321 Page 2

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

(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.)

Ser	ction A. Public Support	noted below, picas	se complete r art ii	1.,				
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	580,661.	2263361.	3418473.	2389368.	1778961	10430824.	
_		300,001.	2203301.	34104/3.	2309300.	1110901.	10430024.	
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	580,661.	2263361.	3418473.	2389368.	1778061	10430824.	
	<b>Total.</b> Add lines 1 through 3	J00,001.	ZZUJJOI.	24104/2.	4303300.	T110301.	<u> </u>	
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,						214 264	
_	column (f)						214,264.	
	Public support. Subtract line 5 from line 4.						10216560.	
			// Na I		( , , ,		(n =	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	580,661.	2263361.	3418473.	2389368.	T//830T.	10430824.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,			E 000	F 005	10 100	22 424	
	and income from similar sources	2,809.	75.	5,880.	5,237.	19,193.	33,194.	
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			45 055				
	assets (Explain in Part VI.)	9,130.		45,266.			54,396.	
	<b>Total support.</b> Add lines 7 through 10						10518414.	
	Gross receipts from related activities,	•	,				<u>,801,965.</u>	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop		······					
	tion C. Computation of Publi		<u>_</u>					
	Public support percentage for 2023 (li					14	97.13 %	
	Public support percentage from 2022					15	96.72 %	
16a	33 1/3% support test - 2023. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2022. If the o							
	and <b>stop here.</b> The organization quali							
17a	'a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization			
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	s	
_	·					Schedule A	(Form 990) 2023	

26-0467321 Page 3

Schedule A (Form 990) 2023 MATTHEW 25

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.)	

quality under the tests listed by Section A. Public Support	Blow, please comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4, 20.0	(2) 2020	(5) 252 .	(4) = 3 = 2	(0) = 0 = 0	(1)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_	_	_		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					т т	
17 Investment income percentage for 20						%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	Ш
b 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

MATTHEW 25

26-0467321 Page 4

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
01		
3b		
3c		
- 00		
4a		
4b		
4c		
10		
5a		
- Fla		
5b 5c		
- 30		
6		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		<u> </u>

332024 12-21-23

Schedule A (Form 990) 2023

26-0467321 Page 5 MATTHEW 25 Schedule A (Form 990) 2023 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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes No 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 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). b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 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. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

330025 12-21-23

Schedule A (Form 990) 2023

26-0467321 Page 6 MATTHEW 25 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2023

5

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

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

<u>4</u> 5

6

(provide details in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

Distributions to attentive supported organizations to which the organization is responsive

26-0467321 Page 7 MATTHEW 25 Schedule A (Form 990) 2023 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 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7

10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 9 amount	(:)	/::\	10	(:::)
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

8

9

Schedule A (Form 990) 2023 MATTHEW 25 26 - 0 46 7 3 21 Page
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:
GROSS INCOME FROM SPECIAL EVENTS
2019 AMOUNT: \$ 9,130.
MISCELLANEOUS REVENUE
2021 AMOUNT: \$ 45,266.

Schedule A (Form 990) 2023

Schedule B

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

MATTHEW 25 26-0467321 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page

- Constant B (1 on 11 oct) (2020)	i ago
Name of organization	Employer identification number
MATTHEW 25	26-0467321

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$168.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Name, audiess, and ZIF + 4	\$ 75,793.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Scriedule B (FOITT 990) (2023)	raye i
Name of organization	Employer identification number
MATTHEW 25	26-0467321

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MATTHEW 25 26-0467321

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

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** MATTHEW 25 26-0467321 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

2023
Open to Public Inspection

Name of the organization

MATTHEW 25

Employer identification number 26 – 0.467321

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose confer	ring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		nization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			Ç ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
	0, 1		<b>G</b> ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)
		, , , , , , , , , , , , , , , , , , , ,	" — —
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	3	
Par		Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95		lance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 95		e sheet works of
~	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items.	oxination, education, or resouron in farther and	o or public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0		actures, or other similar accets for financial gain	
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A	,	provide
_	the following amounts required to be reported under FASB A	-	Φ.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

	dule D (Form 990) 2023 MATTHEW							26-04			ıge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	t make s	ignificant (	use of its			
	collection items (check all that apply).										
а	Public exhibition	(	: t	Loan or exc	hange progra	am					
b	Scholarly research	•	e [	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or		•		•				_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatior	n answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	•	•					_	_		,
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if										
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years b	oack_
1a	Beginning of year balance								<b></b>		
b	Contributions								<b></b>		
С	Net investment earnings, gains, and losses								<b></b>		
d	Grants or scholarships								<b></b>		
е	Other expenditures for facilities								1		
	and programs								<u> </u>		
f	Administrative expenses								<u> </u>		
g	End of year balance								<u> </u>		
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a)	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administer	red for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	$\rightarrow$	
	(ii) Related organizations?								3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on So	chedule R?					3b	$\bot$	
4	Describe in Part XIII the intended uses of the		wment fo	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o			or other	ı , ,	ccumulate	· ·	(d) Book	(value	<del>)</del>
		basis (investi			(other)	de	preciation				
	Land				8,341.		00= 5			7,50	
	Buildings		626.		5,519.		035,9		2,198		
	Leasehold improvements	<b>I</b>			7,786.		<u>172,1</u>			5,60	
d	Equipment				$\frac{7,610.}{1.045}$		<u>152,5</u>	27.		5,08	
	Other				1,045.					L,04	
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. line 10	Oc. column	<i>(</i> B))				3,217	<u>,41</u>	.6.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MATTHEW 25		26-0	467321 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
	on Form COO Dort IV line	11a Can Farm 000 Dort V line 12	
Complete if the organization answered "Yes" (			voor market value
(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)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soo Form 000 Part V line 15	
	Description	Tru. See Form 330, Fait X, line 13.	(b) Book value
· · ·	<u>Jescription</u>		(b) DOOK VAIUE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<b>(D)</b> )		
otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightity	711 OIII 550, 1 art 17, iii c	The of Thi. Gee Form 550, Tare X, line 25.	(b) Book value
, , , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 25, col.	· //		
Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been provid	led in Part XIII 🔀

332053 09-28-23

Schedule D (Form 990) 2023

26-0467321 Page 4 MATTHEW 25 Schedule D (Form 990) 2023 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. 2,689,397. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 33,546. Donated services and use of facilities Recoveries of prior year grants 2c 5,930. Other (Describe in Part XIII.) 39,476. Add lines 2a through 2d 2e 2,649,921. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) -440,042. c Add lines 4a and 4b 4c 2,209,879. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 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. 2,683,287. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 33.546. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 443,817 **d** Other (Describe in Part XIII.) 477,363. Add lines 2a through 2d 2e 2,205,924. Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 XI, 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 EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE IOWA INCOME TAX LAW, WHICH PROVIDES INCOME TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, OR EDUCATIONAL PURPOSES. THE INTERNAL REVENUE SERVICE HAS NOT CLASSIFIED THE ORGANIZATION AS A PRIVATE FOUNDATION. THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION FOLLOWS THE STANDARD FOR EVALUATING

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT IT WAS NOT REQUIRED TO

RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023 MATTHEW 25	26-0467321 Page 5
Part XIII   Supplemental Information (continued)	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
FOUNDATION	5,930.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-440,042.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DEPRECIATION ON CAPITALIZED DONATED SERVICES	3,775.
COST OF GOODS SOLD	440,042.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	443,817.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  MATTHEW 2	5						Employer identification number 26-0467321
Part I General Information on Grants a							20 010/022
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?						
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	-		e line 1 table	<u></u>	<u> </u>	1	

26-0467321 MATTHEW 25 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance HOME REPAIR AND MAINTENANCE ASSISTANCE TO HOME 40 OWNERS DURING TRANSFORM WEEKS 16,598 0 HOME REPAIR ASSISTANCE TO HOME OWNERS IMPACTED BY THE 2020 DERECHO. 10 33,533, 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### PART I, LINE 2:

DERECHO RECOVERY ASSISTANCE WAS PRIMARILY THROUGH THE PROVIDING ASSISTANCE

TO COMMUNITY HOMEOWNERS (PATCH) PROGRAM. PATCH IS A COLLABORATION OF

MULTIPLE NON-PROFIT AND GOVERNMENTAL AGENCIES, INCLUDING MULTIPLE PUBLIC

AND PRIVATE FUNDING ENTITIES. FOLLOWING HOMEOWNER APPLICATION,

QUALIFICATION AND APPROVAL, MATTHEW 25 DEVELOPS SCOPES OF WORK FOR

CONSTRUCTIONS ISSUES, OVERSEES CONSTRUCTION, AND IS REIMBURSED FOR OUR

EXPENSES.

Schedule I (Form 990) MATTHEW 25	26-0467321	Page 2
Part IV Supplemental Information		
TRANSFORM IS A PROGRAM OF MATTHEW 25, WORKING TO REVITALIZE	TARGET	
·		
NEIGHBORHOODS. HOMEOWNERS WHO APPLY AND MEET THE PROGRAM GUI	DELINES ARE	
ASSISTED WITH HOUSING REHABILITATION THROUGH A COMBINATION C	OF VOLUNTEER	AND
CONTRACTOR WORK.		

Schedule I (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MATTHEW 25

Employer identification number 26-0467321

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING, HEALTHY FOOD, EDUCATIONAL OPPORTUNITIES, AND COMMUNITY

BUILDING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND ADULTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROJECTS.

-STARTED CONSTRUCTION ON TWO NEW AFFORDABLE HOMES THAT WILL BE SOLD AT

A DEEPLY DISCOUNTED PRICE TO RESIDENTS AT 80% AREA MEDIAN INCOME.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS MAY, BY A MAJORITY VOTE OF ITS MEMBERS, DESIGNATE AN EXECUTIVE COMMITTEE CONSISTING OF FOUR (4) DIRECTORS AND MAY DELEGATE TO SUCH COMMITTEES THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, TO THE EXTENT PERMITTED, AND EXCEPT AS MAY OTHERWISE BE PROVIDED, BY PROVISIONS OF LAW.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. COPIES OF THE

COMPLETED DRAFT FORM 990 (INCLUDING REQUIRED SCHEDULES) WILL BE DISTRIBUTED

TO THE ADMINISTRATIVE/FINANCE COMMITTEE FOR REVIEW AND APPROVAL. ANY

QUESTIONS OR CONCERNS WILL BE NOTED AND ADDRESSED, WITH ANY NECESSARY

CHANGES BEING INCORPORATED IN THE FORM 990 AS APPROPRIATE. THE UPDATED

DRAFT OF THE FORM 990 (INCLUDING REQUIRED SCHEDULES) WILL BE DISTRIBUTED TO

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization MATTHEW 25

Employer identification number 26-0467321

EVERY VOTING MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

EACH DIRECTOR, PRINCIPAL OFFICER, COMMITTEE MEMBER, AND EMPLOYEE SHALL

ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: HAS RECEIVED A COPY OF
THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS
AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS MATTHEW 25 IS CHARITABLE
AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY
IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

MATTHEW 25 ALSO CONDUCTS PERIODIC REVIEWS TO ENSURE COMPLIANCE. ANY
CONFLICTS THAT EXIST WILL BE NOTED IN THE MINUTES. IF A CONFLICT DOES ARISE
AND IT IS APPROPRIATE A COMMITTEE OF DISINTERESTED PERSONS MAY BE
ESTABLISHED TO INVESTIGATE ALTERNATIVES. IF A MORE ADVANTAGEOUS TRANSACTION
THAT DOES NOT CAUSE A CONFLICT OF INTEREST CAN BE LOCATED THROUGH
REASONABLE EFFORTS IT WILL BE PURSUED AS A VIABLE OPTION. THE CONFLICTED
PARTY WILL NOT VOTE ON THE CONFLICTED TRANSACTION AND WILL LEAVE THE
MEETING DURING ANY DISCUSSION ON THE TOPIC.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR SHALL BE PERIODICALLY REVIEWED BY

THE EXECUTIVE COMMITTEE TO DETERMINE WHETHER COMPENSATION ARRANGEMENTS AND

BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE

RESULT OF ARM'S LENGTH BARGAINING. SALARY RECOMMENDATIONS ARE TAKEN TO THE

BOARD FOR APPROVAL. THE REVIEW PROCESS WAS LAST COMPLETED IN 2023.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization  MATTHEW 25	Employer identification number 26-0467321
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DEPRECIATION ON CAPITALIZED DONATED SERVICES	-3,775.
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
FOUNDATION	5,930.
TOTAL TO FORM 990, PART XI, LINE 9	2,155.
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES TO THE PROCEDURES USED BY THE AUDIT	OVERSIGHT
COMMITTEE.	