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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning 10/1/2009 , and ending 9/30/2010																			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Name of organization Matthew 25, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 413 E Jefferson Blvd. City or town, state or country, and ZIP + 4 Fort Wayne IN 46802-3201 </td> <td style="width:15%; vertical-align: top;"> D Employer identification number 35-1484951 E Telephone number 260-426-3250 </td> <td style="width:70%; vertical-align: top;"> G Gross receipts \$ 2,849,124 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> F Name and address of principal officer Nancy K Schenkel 413 E. Jefferson Blvd., Fort Wayne, IN 46802 </td> </tr> <tr> <td colspan="3"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3"> J Website: ▶ www.Matthew25online.org </td> </tr> <tr> <td colspan="3"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation 1980 </td> <td> M State of legal domicile IN </td> </tr> </table>	C Name of organization Matthew 25, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 413 E Jefferson Blvd. City or town, state or country, and ZIP + 4 Fort Wayne IN 46802-3201	D Employer identification number 35-1484951 E Telephone number 260-426-3250	G Gross receipts \$ 2,849,124 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	F Name and address of principal officer Nancy K Schenkel 413 E. Jefferson Blvd., Fort Wayne, IN 46802			I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ www.Matthew25online.org			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1980		M State of legal domicile IN
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Part I Summary

1 Briefly describe the organization's mission or most significant activities Provide medical, dental and optical care or access to care for individuals unable to receive care elsewhere (Medical care - medical screening, minor treatment, assistance with prescriptions & lab tests, physicals and education Dental care - examinations, cleanings and extractions. Optical care - provide primary optometric and ophthalmology services)									
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets									
3 Number of voting members of the governing body (Part VI, line 1a)		3							18
4 Number of independent voting members of the governing body (Part VI, line 1b)		4							18
5 Total number of employees (Part V, line 2a)		5							45
6 Total number of volunteers (estimate if necessary)		6							500
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		7a							0
b Net/unrelated business taxable income from Form 990-T, line 34		7b							0
Revenue									
8 Contributions and grants (Part VIII, line 1h)						Prior Year		Current Year	
9 Program service revenue (Part VIII, line 2g)						1,904,962		2,091,695	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						30,652		80,458	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						-149,637		57,016	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)						6,095		-712	
						1,792,072		2,228,457	
Expenses									
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)						360,888		402,876	
14 Benefits paid to or for members (Part IX, column (A), line 4)						0		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						1,411,710		1,326,406	
16a Professional fundraising fees (Part IX, column (A), line 11e)						0		0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,925									
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)						460,289		458,806	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)						2,232,887		2,188,088	
19 Revenue less expenses. Subtract line 18 from line 12						-440,815		40,369	
Net Assets or Fund Balances									
20 Total assets (Part X, line 16)						Beginning of Current Year		End of Year	
21 Total liabilities (Part X, line 26)						4,274,325		4,353,532	
22 Net assets or fund balances. Subtract line 21 from line 20						267,509		239,596	
						4,006,816		4,113,936	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
Sign Here		5/11/2011	
	Signature of officer	Date	
	Wallace Wethenill	Treasurer	
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
		Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

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

Form **990** (2009)

6/17 8

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Matthew 25's mission is to provide medical, dental and optical care or access to care for individuals unable to receive care elsewhere

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,893,150 including grants of \$ 0) (Revenue \$ 80,458)

Provide medical, dental and optical care or access to care for individuals unable to receive care elsewhere

(Medical care - medical screening, minor treatment, assistance with prescriptions & lab tests, physicals

and education. Dental care - examinations, cleanings and extractions. Optical care - provide primary

optometric and ophthalmology services.) There were approximately 29,900 patient visits this fiscal year.

Donated goods and services = \$7,503,410.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 1,893,150

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?	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? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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.	2a	45
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X
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).		
a	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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 18	
b Enter the number of voting members that are independent	1b 18	
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Robert L. Lemon 260-426-4124
413 E. Jefferson Blvd, Fort Wayne, IN 46802-3201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dennis Becker President/Director	1.	X		X				0	0	0
Thomas Blake, DDS Director	0.5	X						0	0	0
Dan Garman Director	0.5	X						0	0	0
Thomas Gutwein, MD Director	1.	X						0	0	0
Gloria Humphreys Director	0.5	X						0	0	0
James Kitchens Director	0.5	X						0	0	0
Ted Kurek Director	0.5	X						0	0	0
Mary Lewis Secretary/Director	1.	X		X				0	0	0
Timothy Lynch, DDS Director	1.	X						0	0	0
Michael Mastrangelo, MD Director	0.5	X						0	0	0
Andrew O'Shaughnessy, MD Director	0.5	X						0	0	0
Elaine Pontillo Director	0.5	X						0	0	0
Steven Schimmele, DDS Director	0.5	X						0	0	0
William Shustowski Director	1.	X						0	0	0
Wilburn Smith Director	1.	X						0	0	0
Karen Springer, RN Director	0.5	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Chad Stuckey Director	1.	X						0	0	0
Wallace Wetherill Treasurer/Director	1.	X		X				0	0	0
Nancy Schenkel Administrator	36.			X	X			76,730	0	0
Jeffrey Walker, MD Medical Director	40.				X	X		119,384	0	0
1b Total								196,114	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 69,135				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,022,560				
	g	Noncash contributions included in lines 1a-1f: \$	127,994				
	h	Total. Add lines 1a-1f		2,091,695			
Program Service Revenue			Business Code				
	2a	Dental fees	621300	30,931	30,931		
	b	Optical fees	621300	4,303	4,303		
	c	Dental Clinic donations	621300	21,947	21,947		
	d	Medical Clinic donations	621300	23,277	23,277		
	e		0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		80,458			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,005			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			639,588	0			
	b	Less: cost or other basis and sales expenses	606,370	2,207			
	c	Gain or (loss)	33,218	-2,207			
	d	Net gain or (loss)		31,011			
	8a	Gross income from fundraising events (not including \$ 60,535 of contributions reported on line 1c). See Part IV, line 18	a 8,600				
	b	Less: direct expenses	b 12,090				
	c	Net income or (loss) from fundraising events		-3,490			
	9a	Gross income from gaming activities. See Part IV, line 19.	a 0				
b	Less: direct expenses	b 0					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a 0					
b	Less: cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	Other revenue	621300	2,778	2,778			
b		0				
c		0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		2,778				
12	Total revenue. See instructions		2,228,457	83,236	0	0	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).****Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	402,876	402,876		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	296,060	228,757	44,869	22,434
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	801,667	744,798	7,678	49,191
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	146,481	137,168		9,313
10 Payroll taxes	82,198	72,699	4,020	5,479
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	6,900		6,900	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,872		9,872	
g Other	26,815	20,815		6,000
12 Advertising and promotion	0			
13 Office expenses	87,393	32,804	23,906	30,683
14 Information technology	47,197	45,844	1,318	35
15 Royalties	0			
16 Occupancy	74,667	54,132	20,012	523
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,906	1,906		
20 Interest	10,058	7,253	2,735	70
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	171,023	123,992	45,834	1,197
23 Insurance	22,025	20,106	1,919	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Bureau & association dues	950		950	
b	0			
c	0			
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	2,188,088	1,893,150	170,013	124,925
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year			(B) End of year	
Assets	1 Cash—non-interest-bearing		27,726	1		84,849
	2 Savings and temporary cash investments		103,622	2		152,839
	3 Pledges and grants receivable, net		394,000	3		379,500
	4 Accounts receivable, net		900	4		0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	6		
	7 Notes and loans receivable, net		0	7		0
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges		17,254	9		20,047
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,802,368			
	b Less: accumulated depreciation	10b	1,233,175			
	11 Investments—publicly traded securities		980,269	11		1,139,803
	12 Investments—other securities. See Part IV, line 11		0	12		0
	13 Investments—program-related. See Part IV, line 11		0	13		0
	14 Intangible assets		0	14		0
	15 Other assets. See Part IV, line 11		14,598	15		7,301
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,274,325	16		4,353,532	
Liabilities	17 Accounts payable and accrued expenses		85,611	17		112,698
	18 Grants payable			18		
	19 Deferred revenue			19		
	20 Tax-exempt bond liabilities		0	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22		
	23 Secured mortgages and notes payable to unrelated third parties		181,898	23		126,898
	24 Unsecured notes and loans payable to unrelated third parties		0	24		0
	25 Other liabilities. Complete Part X of Schedule D		0	25		0
	26 Total liabilities. Add lines 17 through 25		267,509	26		239,596
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets		2,730,522	27		2,645,090
	28 Temporarily restricted net assets		1,276,294	28		1,468,846
	29 Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds			30		
	31 Paid-in or capital surplus, or land, building, or equipment fund			31		
	32 Retained earnings, endowment, accumulated income, or other funds			32		
	33 Total net assets or fund balances.		4,006,816	33		4,113,936
	34 Total liabilities and net assets/fund balances.		4,274,325	34		4,353,532

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Matthew 25, Inc.

Employer identification number

35-1484951

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,833,558	3,198,759	1,925,808	1,904,962	2,091,695	12,954,782
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	3,833,558	3,198,759	1,925,808	1,904,962	2,091,695	12,954,782
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,453,786
6 Public support. Subtract line 5 from line 4.						8,500,996

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,833,558	3,198,759	1,925,808	1,904,962	2,091,695	12,954,782
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,204	28,260	30,050	31,706	26,005	145,225
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,360	2,030	1,814	2,232	2,778	10,214
11 Total support. Add lines 7 through 10						13,110,221
12 Gross receipts from related activities, etc. (see instructions)					12	181,311
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	64.84%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	66.77%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐
- b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II Line 10 Miscellaneous income for copying patients' records, etc.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Matthew 25, Inc.

Employer identification number

35-1484951

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	918,189	917,552			
b Contributions	121,083	3,580			
c Net investment earnings, gains, and losses	102,343	45,602			
d Grants or scholarships					
e Other expenditures for facilities and programs	58,429	40,533			
f Administrative expenses	9,807	8,012			
g End of year balance	1,073,379	918,189			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment %

b Permanent endowment 7%

c Term endowment 93%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	333,607		333,607
b Buildings	0	2,822,920	731,482	2,091,438
c Leasehold improvements	0	0	0	0
d Equipment	0	602,170	461,043	141,127
e Other	0	43,671	40,650	3,021
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,569,193

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
.	0	
.	0	
.	0	
.	0	
.	0	
.	0	
.	0	
.	0	
.	0	
.	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Beneficial interest in irrevocable trust	7,301
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,301

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,228,457
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,188,088
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	40,369
4	Net unrealized gains (losses) on investments	4	66,751
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	66,751
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	107,120

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

1	Total revenue, gains, and other support per audited financial statements	1	9,788,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	66,751
b	Donated services and use of facilities	2b	7,503,410
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,570,161
3	Subtract line 2e from line 1	3	2,217,994
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,463
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	10,463
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,228,457

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

1	Total expenses and losses per audited financial statements	1	9,681,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,503,410
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,503,410
3	Subtract line 2e from line 1	3	2,177,625
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,463
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	10,463
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,188,088

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 Annual distributions from the endowment funds are used to help support the

operations of the medical, dental, and optical clinics.

Part X Line 2 On October 1, 2009, the Organization adopted FASB ASC 740-10, formerly FIN

48-3, "Accounting for Uncertainty in Income Taxes." The Organization is exempt from income

tax under Section 501(c)(3) of the Internal Revenue Code, and qualifies for the 50%

charitable contributions deduction limitation. The Organization has been classified as an

organization that is not a private foundation under Section 509(a) of the Internal Revenue

Part XIV Supplemental Information (continued)

Code. _____

Part X Line 1 The Organization's income tax filings are subject to audit by various taxing

authorities. The Organization's open audit periods include years ending September 30, 2007

- 2010.

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

2009

Open To Public
Inspection

Name of the organization

Matthew 25, Inc

Employer identification number

35-1484951

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Walk/Run (event type)	(b) Event #2 Art & Soul Event (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	46,635	22,500	0	69,135
	2 Less: Charitable contributions	39,035	21,500	0	60,535
	3 Gross income (line 1 minus line 2)	7,600	1,000	0	8,600
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	4,894	7,196	0	12,090
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12,090)
	11 Net income summary. Combine line 3, column (d), and line 10				-3,490

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				0

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$ 0		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

▶ Attach to Form 990.

Name of the organization

Employer Identification number

Matthew 25. Inc.

35-1484951

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Grants and Other Assistance to Governments and Organizations In the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

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

(HTA)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Use Part IV and Schedule I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV, XXV, XXVI, XXVII, XXVIII, XXIX, XXX, XXXI, XXXII, XXXIII, XXXIV, XXXV, XXXVI, XXXVII, XXXVIII, XXXIX, XL, XLI, XLII, XLIII, XLIV, XLV, XLVI, XLVII, XLVIII, XLIX, L, LI, LII, LIII, LIV, LV, LVI, LVII, LVIII, LIX, LX, LXI, LXII, LXIII, LXIV, LXV, LXVI, LXVII, LXVIII, LXIX, LXX, LXXI, LXXII, LXXIII, LXXIV, LXXV, LXXVI, LXXVII, LXXVIII, LXXIX, LXXX, LXXXI, LXXXII, LXXXIII, LXXXIV, LXXXV, LXXXVI, LXXXVII, LXXXVIII, LXXXIX, XLX, LLI, LLII, LLIII, LLIV, LLV, LLVI, LLVII, LLVIII, LLIX, LLX, LLXI, LLXII, LLXIII, LLXIV, LLXV, LLXVI, LLXVII, LLXVIII, LLXIX, LLXX, LLXXI, LLXXII, LLXXIII, LLXXIV, LLXXV, LLXXVI, LLXXVII, LLXXVIII, LLXXIX, LLXXX, LLXXXI, LLXXXII, LLXXXIII, LLXXXIV, LLXXXV, LLXXXVI, LLXXXVII, LLXXXVIII, LLXXXIX, LLLI, LLLII, LLLIII, LLLIV, LLLV, LLLVI, LLLVII, LLLVIII, LLLIX, LLLX, LLLXI, LLLXII, LLLXIII, LLLXIV, LLLXV, LLLXVI, LLLXVII, LLLXVIII, LLLXIX, LLLXX, LLLXXI, LLLXXII, LLLXXIII, LLLXXIV, LLLXXV, LLLXXVI, LLLXXVII, LLLXXVIII, LLLXXIX, LLLXXX, LLLXXXI, LLLXXXII, LLLXXXIII, LLLXXXIV, LLLXXXV, LLLXXXVI, LLLXXXVII, LLLXXXVIII, LLLXXXIX, LLLLI, LLLLII, LLLLLIII, LLLLLIV, LLLLLV, LLLLLVI, LLLLLVII, LLLLLVIII, LLLLLIX, LLLLLX, LLLLLXI, LLLLLXII, LLLLLXIII, LLLLLXIV, LLLLLXV, LLLLLXVI, LLLLLXVII, LLLLLXVIII, LLLLLXIX, LLLLLXX, LLLLLXXI, LLLLLXXII, LLLLLXXIII, LLLLLXXIV, LLLLLXXV, LLLLLXXVI, LLLLLXXVII, LLLLLXXVIII, LLLLLXXIX, LLLLLXXX, LLLLLXXXI, LLLLLXXXII, LLLLLXXXIII, LLLLLXXXIV, LLLLLXXXV, LLLLLXXXVI, LLLLLXXXVII, LLLLLXXXVIII, LLLLLXXXIX, LLLLLLI, LLLLLLLII, LLLLLLLIII, LLLLLLLIV, LLLLLLLV, LLLLLLLVI, LLLLLLLVII, LLLLLLLVIII, LLLLLLLIX, LLLLLLLX, LLLLLLLXI, LLLLLLLXII, LLLLLLLXIII, LLLLLLLXIV, LLLLLLLXV, LLLLLLLXVI, LLLLLLLXVII, LLLLLLLXVIII, LLLLLLLXIX, LLLLLLLXX, LLLLLLLXXI, LLLLLLLXXII, LLLLLLLXXIII, LLLLLLLXXIV, LLLLLLLXXV, LLLLLLLXXVI, LLLLLLLXXVII, LLLLLLLXXVIII, LLLLLLLXXIX, LLLLLLLXXX, LLLLLLLXXXI, LLLLLLLXXXII, LLLLLLLXXXIII, LLLLLLLXXXIV, LLLLLLLXXXV, LLLLLLLXXXVI, LLLLLLLXXXVII, LLLLLLLXXXVIII, LLLLLLLXXXIX, LLLLLLLLI, LLLLLLLLLII, LLLLLLLLLIII, LLLLLLLLLIV, LLLLLLLLLV, LLLLLLLLLVI, LLLLLLLLLVII, LLLLLLLLLVIII, LLLLLLLLLIX, LLLLLLLLLX, LLLLLLLLLXI, LLLLLLLLLXII, LLLLLLLLLXIII, LLLLLLLLLXIV, LLLLLLLLLXV, LLLLLLLLLXVI, LLLLLLLLLXVII, LLLLLLLLLXVIII, LLLLLLLLLXIX, LLLLLLLLLXX, LLLLLLLLLXXI, LLLLLLLLLXXII, LLLLLLLLLXXIII, LLLLLLLLLXXIV, LLLLLLLLLXXV, LLLLLLLLLXXVI, LLLLLLLLLXXVII, LLLLLLLLLXXVIII, LLLLLLLLLXXIX, LLLLLLLLLXXX, LLLLLLLLLXXXI, LLLLLLLLLXXXII, LLLLLLLLLXXXIII, LLLLLLLLLXXXIV, LLLLLLLLLXXXV, LLLLLLLLLXXXVI, LLLLLLLLLXXXVII, LLLLLLLLLXXXVIII, LLLLLLLLLXXXIX, LLLLLLLLLLI, LLLLLLLLLLLII, LLLLLLLLLLLIII, LLLLLLLLLLLIV, LLLLLLLLLLLV, LLLLLLLLLLLVI, LLLLLLLLLLLVII, LLLLLLLLLLLVIII, LLLLLLLLLLLIX, LLLLLLLLLLLX, LLLLLLLLLLLXI, LLLLLLLLLLLXII, LLLLLLLLLLLXIII, LLLLLLLLLLLXIV, LLLLLLLLLLLXV, LLLLLLLLLLLXVI, LLLLLLLLLLLXVII, LLLLLLLLLLLXVIII, LLLLLLLLLLLXIX, LLLLLLLLLLLXX, LLLLLLLLLLLXXI, LLLLLLLLLLLXXII, LLLLLLLLLLLXXIII, LLLLLLLLLLLXXIV, LLLLLLLLLLLXXV, LLLLLLLLLLLXXVI, LLLLLLLLLLLXXVII, LLLLLLLLLLLXXVIII, LLLLLLLLLLLXXIX, LLLLLLLLLLLXXX, LLLLLLLLLLLXXXI, LLLLLLLLLLLXXXII, LLLLLLLLLLLXXXIII, LLLLLLLLLLLXXXIV, LLLLLLLLLLLXXXV, LLLLLLLLLLLXXXVI, LLLLLLLLLLLXXXVII, LLLLLLLLLLLXXXVIII, LLLLLLLLLLLXXXIX, LLLLLLLLLLLLI, LLLLLLLLLLLLLII, LLLLLLLLLLLLLIII, LLLLLLLLLLLLLIV, LLLLLLLLLLLLLV, LLLLLLLLLLLLLVI, LLLLLLLLLLLLLVII, LLLLLLLLLLLLLVIII, LLLLLLLLLLLLLIX, LLLLLLLLLLLLLX, LLLLLLLLLLLLLXI, LLLLLLLLLLLLLXII, LLLLLLLLLLLLLXIII, LLLLLLLLLLLLLXIV, LLLLLLLLLLLLLXV, LLLLLLLLLLLLLXVI, LLLLLLLLLLLLLXVII, LLLLLLLLLLLLLXVIII, LLLLLLLLLLLLLXIX, LLLLLLLLLLLLLXX, LLLLLLLLLLLLLXXI, LLLLLLLLLLLLLXXII, LLLLLLLLLLLLLXXIII, LLLLLLLLLLLLLXXIV, LLLLLLLLLLLLLXXV, LLLLLLLLLLLLLXXVI, LLLLLLLLLLLLLXXVII, LLLLLLLLLLLLLXXVIII, LLLLLLLLLLLLLXXIX, LLLLLLLLLLLLLXXX, LLLLLLLLLLLLLXXXI, LLLLLLLLLLLLLXXXII, LLLLLLLLLLLLLXXXIII, LLLLLLLLLLLLLXXXIV, LLLLLLLLLLLLLXXXV, LLLLLLLLLLLLLXXXVI, LLLLLLLLLLLLLXXXVII, LLLLLLLLLLLLLXXXVIII, LLLLLLLLLLLLLXXXIX, LLLLLLLLLLLLLLI, LLLLLLLLLLLLLLLII, LLLLLLLLLLLLLLLIII, LLLLLLLLLLLLLLLIV, LLLLLLLLLLLLLLLV, LLLLLLLLLLLLLLLVI, LLLLLLLLLLLLLLLVII, LLLLLLLLLLLLLLLVIII, LLLLLLLLLLLLLLLIX, LLLLLLLLLLLLLLLX, LLLLLLLLLLLLLLLXI, LLLLLLLLLLLLLLLXII, LLLLLLLLLLLLLLLXIII, LLLLLLLLLLLLLLLXIV, LLLLLLLLLLLLLLLXV, LLLLLLLLLLLLLLLXVI, LLLLLLLLLLLLLLLXVII, LLLLLLLLLLLLLLLXVIII, LLLLLLLLLLLLLLLXIX, LLLLLLLLLLLLLLLXX, LLLLLLLLLLLLLLLXXI, LLLLLLLLLLLLLLLXXII, LLLLLLLLLLLLLLLXXIII, LLLLLLLLLLLLLLLXXIV, LLLLLLLLLLLLLLLXXV, LLLLLLLLLLLLLLLXXVI, LLLLLLLLLLLLLLLXXVII, LLLLLLLLLLLLLLLXXVIII, LLLLLLLLLLLLLLLXXIX, LLLLLLLLLLLLLLLXXX, LLLLLLLLLLLLLLLXXXI, LLLLLLLLLLLLLLLXXXII, LLLLLLLLLLLLLLLXXXIII, LLLLLLLLLLLLLLLXXXIV, LLLLLLLLLLLLLLLXXXV, LLLLLLLLLLLLLLLXXXVI, LLLLLLLLLLLLLLLXXXVII, LLLLLLLLLLLLLLLXXXVIII, LLLLLLLLLLLLLLLXXXIX, LLLLLLLLLLLLLLLLI, LLLLLLLLLLLLLLLLLII, LLLLLLLLLLLLLLLLLIII, LLLLLLLLLLLLLLLLLIV, LLLLLLLLLLLLLLLLLV, LLLLLLLLLLLLLLLLLVI, LLLLLLLLLLLLLLLLLVII, LLLLLLLLLLLLLLLLLVIII, LLLLLLLLLLLLLLLLLIX, LLLLLLLLLLLLLLLLLX, LLLLLLLLLLLLLLLLLXI, LLLLLLLLLLLLLLLLLXII, LLLLLLLLLLLLLLLLLXIII, LLLLLLLLLLLLLLLLLXIV, LLLLLLLLLLLLLLLLLXV, LLLLLLLLLLLLLLLLLXVI, LLLLLLLLLLLLLLLLLXVII, LLLLLLLLLLLLLLLLLXVIII, LLLLLLLLLLLLLLLLLXIX, LLLLLLLLLLLLLLLLLXX, LLLLLLLLLLLLLLLLLXXI, LLLLLLLLLLLLLLLLLXXII, LLLLLLLLLLLLLLLLLXXIII, LLLLLLLLLLLLLLLLLXXIV, LLLLLLLLLLLLLLLLLXXV, LLLLLLLLLLLLLLLLLXXVI, LLLLLLLLLLLLLLLLLXXVII, LLLLLLLLLLLLLLLLLXXVIII, LLLLLLLLLLLLLLLLLXXIX, LLLLLLLLLLLLLLLLLXXX, LLLLLLLLLLLLLLLLLXXXI, LLLLLLLLLLLLLLLLLXXXII, LLLLLLLLLLLLLLLLLXXXIII, LLLLLLLLLLLLLLLLLXXXIV, LLLLLLLLLLLLLLLLLXXXV, LLLLLLLLLLLLLLLLLXXXVI, LLLLLLLLLLLLLLLLLXXXVII, LLLLLLLLLLLLLLLLLXXXVIII, LLLLLLLLLLLLLLLLLXXXIX, LLLLLLLLLLLLLLLLLLI, LLLLLLLLLLLLLLLLLLLII, LLLLLLLLLLLLLLLLLLLIII, LLLLLLLLLLLLLLLLLLLIV, LLLLLLLLLLLLLLLLLLLV, LLLLLLLLLLLLLLLLLLLVI, LLLLLLLLLLLLLLLLLLLVII, LLLLLLLLLLLLLLLLLLLVIII, LLLLLLLLLLLLLLLLLLLIX, LLLLLLLLLLLLLLLLLLLX, LLLLLLLLLLLLLLLLLLLXI, 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LLLLLLLLLLLLLLLLLLLLLXII, LLLLLLLLLLLLLLLLLLLLLXIII, LLLLLLLLLLLLLLLLLLLLLXIV, LLLLLLLLLLLLLLLLLLLLLXV, LLLLLLLLLLLLLLLLLLLLLXVI, LLLLLLLLLLLLLLLLLLLLLXVII, LLLLLLLLLLLLLLLLLLLLLXVIII, LLLLLLLLLLLLLLLLLLLLLXIX, LLLLLLLLLLLLLLLLLLLLLXX, LLLLLLLLLLLLLLLLLLLLLXXI, LLLLLLLLLLLLLLLLLLLLLXXII, LLLLLLLLLLLLLLLLLLLLLXXIII, LLLLLLLLLLLLLLLLLLLLLXXIV, LLLLLLLLLLLLLLLLLLLLLXXV, LLLLLLLLLLLLLLLLLLLLLXXVI, LLLLLLLLLLLLLLLLLLLLLXXVII, LLLLLLLLLLLLLLLLLLLLLXXVIII, LLLLLLLLLLLLLLLLLLLLLXXIX, LLLLLLLLLLLLLLLLLLLLLXXX, LLLLLLLLLLLLLLLLLLLLLXXXI, LLLLLLLLLLLLLLLLLLLLLXXXII, LLLLLLLLLLLLLLLLLLLLLXXXIII, LLLLLLLLLLLLLLLLLLLLLXXXIV, LLLLLLLLLLLLLLLLLLLLLXXXV, LLLLLLLLLLLLLLLLLLLLLXXXVI, LLLLLLLLLLLLLLLLLLLLLXXXVII, LLLLLLLLLLLLLLLLLLLLLXXXVIII, LLLLLLLLLLLLLLLLLLLLLXXXIX, LLLLLLLLLLLLLLLLLLLLLLI, LLLLLLLLLLLLLLLLLLLLLLLII, LLLLLLLLLLLLLLLLLLLLLLLIII, LLLLLLLLLLLLLLLLLLLLLLLIV, LLLLLLLLLLLLLLLLLLLLLLLV, LLLLLLLLLLLLLLLLLLLLLLLVI, LLLLLLLLLLLLLLLLLLLLLLLVII, L

Part III Line 1 Patients have to meet income eligibility requirements in order to receive free care.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Matthew 25, Inc.

Employer identification number

35-1484951

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	127,994	Fair market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10,932	0	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()		0	0	
26 Other ► ()		0	0	
27 Other ► ()		0	0	
28 Other ► ()		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I Line 20 The organization receives prescription drugs from manufacturers for its

patients' assistance program and its prescription medications program. The values of the

prescription drugs are recorded as in-kind contributions by the organization. The

estimated value of the in-kind contributions of prescription drugs for this tax year was

approximately \$6,683,835. The organization also received a number of in-kind contributions

of medical and dental supplies with an estimated value of \$29,000.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Matthew 25, Inc.

Employer identification number
35-1484951

Form 990 Part VI Section A Line 10 The tax return was reviewed by the organization's Finance

Committee, signed by the Treasurer, and a copy of the tax return was made available at the

organization for review by the Board of Directors

Form 990 Part VI Section B Line 12c Every January, all members of the Board of Directors are

required to sign a statement that they have no conflicts of interest

Form 990 Part VI Section B Line 15a Every January, the Board of Directors reviews, evaluates,

and establishes the compensation package for the Administrator (CEO) of the organization.

Form 990 Part VI Section B Line 15b Every January, the Board of Directors reviews, evaluates,

and establishes the compensation packages for the Medical Director, Dental Director, and the

Optometrist

Form 990 Part VI Section C Line 19 The tax return is available on the organization's website

The tax return, financial statements and governing body documents are made available to the

public upon request.