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PROCESS AS ORIGINAL

	Q	Q	N
Form	J	J	v

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)

(2012

Open to Public

	rtment of the	ne Treasury e Service	► The on	ganization ma	ay have to use	a copy of	this return to s	atisfy state re	porting	requirements		Inspec	tion
			endar year, or				/1/2012	, and e			/2013	······	
В	Check if a	pplicable	C Name of organ	nization M	atthew 25, Ir	nc				D Employer	Identification	on number	
	Address d	hange	Doing Busines	s As						35-1484951			
	Name cha	nge	Number and s	treet (or PO bo	ox if mail is not de	livered to st	reet address)	Room/suite		E Telephone	number		
=	nitial retu		413 E Jeffers	son Blvd	and ZID code					260-426-32	50		
=	Terminate	1	•	OSI Office, State	, and zir code		IN	46802-	2201	G Gross rece	unte S		2.697,787
=	Amended	1	Fort Wayne				IIN	40002-					
Ш,	Application	n pending	F Name and ad			DL.4 E.	-4.142a	40000	1	this a group retui		=	Mo
					BE Jefferson	BIVO, FO			1	e all affiliates inc			es No
1 1	ax-exemp	ot status	X 501(c)(3)	501(c)	() ◀ ((insert no)	4947(a)(1)	or 527	1 "	"No " attach a lis	t, (see instri	ictions)	
7 1	Nebsite	: 🟲 ww	w Matthew25o	nline org					H(c) Gr	oup exemption r	umber 🟲		
KF	orm at or	ganızatıon	X Corporat	on 🔲 Trust	Associate	on 🔲 O	ther >	L Ye	ar of form	atron. 1980	M State	of legal domi	cie IN
P	art I	Sui	mmary										
	1		lescribe the or	ganization's	mission or m	ost signif	icant activities	s: Prov	nde me	dical, dental	and optic	al care	
		or acces	ss to care for i	ndividuals u	nable to recei	ive care e	Isewhere (Me	edical - scre	enings,				
93		minor tre	eatment, assis	tance with p	prescriptions	& lab test	s, physicals a	ind educatio	n. Deni	al			
Activities & Governance		- examır	nations, cleani	ngs and ext	ractions Opti	cal - prov	ide primary o	ptometric se	ervices.)		- <i></i>	
9 4 6	2	Check tl	his box ▶	I if the orga	inization disco	ontinued i	ts operations	or disposed	of mor	e than 25% o	of its net a	assets	
•5	3		of voting mer	-			•				3		17
8	4	Number	of independe	nt voting me	embers of the	governin	g body (Part \	VI, line 1b)			4		17
¥	5		mber of individ								5		40
Ą	6	Total nu	mber of volun	teers (estima	ate if necessa	ary) .		-			6		550
	7a	Total un	related busine	ess revenue	from Part VIII	I, column	(C), line 12				7a		
	b	Net unre	elated busines	s taxable in	come from Fo	orm 990-1	, line 34	·_·	,		7b		
						~ (10000	1.1		Prior Year		Current	
9	8		utions and gra	•		\cdot \mathcal{O}	10820	14 · ·	<u> </u>	1,923			1,995,907
Revenue	9	-	n service reve	•		. ——					3,380		71,289
æ	10		ent income (P						<u> </u>		3,250		80,863
	11		evenue (Part V						<u> </u>		0,462		29,333
	12		enue—add line					ie 12)	 	2,144			2,177,392
	13 14		and similar an					•		433	3,628		451,499
	15		s paid to or for , other compen							1,438			1,381,005
Expenses	16a	Profess	, obiei compen ional fundraisi	na foes (Pai	rt IX column	/Al line 1		/ED	1	1,430	, ,300		1,301,000
5	b		ndraising expe					134:095	 		- 		
页	17		xpenses (Part						1	388	3,192		353.434
	18		penses Add I					255 IP	<u> </u>	2,260			2,185,938
	19		e less expens			1361		255			6,661		-8,546
ō							YOULVI		Begin	ning of Current		End of	
Assets		Total as	sets (Part X, I	ine 16)			GDEN.			4 118	3,902		4,157,497
_ ∵ ₹	121	Total lia	bilities (Part X	, line 26)							5,223		134,897
Ž	22	Net ass	ets or fund ba	lances Subf	tract line 21 fr	rom line 2	20			3,982	2,679		4,022,600
P	art II	Sig	nature Blo	ck									
			ry Ideclare that It										
and	belief, it r	s true, come	ect, and complete	Declaration of	preparer (other th	ian officer) is	based on all info	rmation of whi	h prepan	er has any knowt			
Sig	gn		- 4	<u> </u>							3/:	26/2014	
He			Signature of office			U				Date			
			Wallace Wet					I rea	surer				
		I Pon	Type or print nam			Preparer's si	Capture		Da	- T		PTIN	
Pa	id		/ p= p. operoi 6		1.	.opuidia Si	gater 6		Jos		neck	d PIN	
	eparer										elf-employe	d	
	e Only		n's name				-			Firm's EIN			
-50	· · · · ·	, , , , , ,	n's address >							Phone no			
Ma	v the IR		ss this return v	with the oren	arer shown a	bove? (sc	e instruction	e)		1. 110110 110			
	,		JO UNG (CUUITI V	na me prep	GIGI SIIUWII d	0046 (26	e manucion:	3)			<u> </u>	Yes	No.

For Paperwork Reduction Act Notice, see the separate instructions.

Cis Image - Do Not Correspond for Signature

Form **990** (2012)

517



	90 (2012)	Matthew 25, Inc.	35-1484951	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Matthew	escribe the organization's mission: 25's mission is to provide medical, dental and optical care or access to care for als unable to receive care elsewhere		
2	the pnor	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	. Yes	X No
3	Did the d	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported		
4a	Provide elsewher tests, phocare - pro	re (Medical care - medical screening, minor treatment, assistance with prescriptions & lab		
4b) (Expenses \$ Including grants of \$) (Reven		
				••••

4c	(Code) (Expenses \$ Including grants of \$) (Reven	ue \$)

		••••••••••••••••••••••••••••••	**************	
4d		ogram services (Describe in Schedute O.)	0.)	
4e	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$ ogram service expenses > 1,893,929	0)	

Form **990** (2012)

]	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		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	١ , ا		
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,)]]
	Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	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,	1 1		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			J
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		X
9	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			}
	Schedule D, Part VI	11a	X	_
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
G	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1113		 ^-
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	42-	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	_X	-
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ا مه ا		
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	''		X
	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	\Box		
	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
ZUA L	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2012) Matthew 25, Inc	35-1484951	P	age 4
Par	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			ļ
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	22	1	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		 	X
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		i	
	24b through 24d and complete Schedule K. If "No," go to line 25.	. 24a		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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? If "Yes," complete Schedule L, Part I	25a		X
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	İ	ļ	
	990-EZ? If "Yes," complete Schedule L, Part I.	. 25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			i
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			[
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		"
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	├	X
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		1	
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		x `
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete	.		<u> </u>
	Schedule L. Part IV.	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	1
	Part I	. 31	ـــــ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1	l	
	If "Yes," complete Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II.	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	!	x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	 ^`
•	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ь		
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>L</u> .	<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	1		
	VI	. 37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	. 38	<u> X</u>	·
		Form	990	(2012

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
`	Check it deficate a contains a response to any question in this rant V	 -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			\vdash
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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 40		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
ь	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		l	
_	account)?	4a	 	X
b	If "Yes," enter the name of the foreign country	ا ا	1	Į.
5 ~	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a		X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	╁	Î
C	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	<u>~~</u>	 -	+
, u	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	ļ	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			 ``
_	gifts were not tax deductible?	6Ь		1
7	Organizations that may receive deductible contributions under section 170(c).			1
а	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		Х
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			I
	required to file Form 8282?	7c	ــــــ	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Ь—	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		┼
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	l	l	Į.
	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?		۱ -	-
9	Sponsoring organizations maintaining donor advised funds.	_8_	 	+
ă	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:	<u>" </u>	<u> </u>	t
а	Initiation fees and capital contributions included on Part VIII, line 12	<u> </u>	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			j
р	Gross income from other sources (Do not net amounts due or paid to other sources	1 1	•)
	against amounts due or received from them)			
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		ĺ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لــــا	<u> </u>	ــــ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	└
k	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		-	
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 136			}
14a	Did the organization receive any payments for indoor tanning services during the tax year?		 	
. т о	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		X
	The state of the s	140	<i>i</i> '	1

Part VI Governance, Management, and Disclosure for each "Vis" response to lines 2 though 7b below and for a Not response to the 8d, by n 10b below, describe the crumaristances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are maternal differences in voting rights among members of the governing body, or if the governing body degree the process of the governing body or if the governing body degree the process of the governing body or if the governing body to an executive committee or semilar committee, explain in Schedule O 5 Enter the number of voting members included in line 1a, above, who are independent 1b 17 5 Did any offloor, director, trustee, or key employee have a family relationship or a business relationship with any other offlicer, director, trustee, or key employees to a management company or other person? 5 Did the organization delegate control over management duties customanly performed by or under the direct supervision of offliers, director, or trustees, or key employees to a management company or other person? 5 Did the organization have members and stockholders? 5 Did the organization have members and stockholders? 6 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? 6 Are any operanace decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Are any operanace decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization have members and the companization of the companization of the organization have members and the organization have members and the organization have members and the organization have	Form 9	90 (2012) Matthew 25, Inc. 35-14	84951	P	_{вде} 6
Response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Del any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3	Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No		
Check if Schedule Q contains a response to any question in this Part VI. Exterior N. Governing Body and Management		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructio	ons
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Pant VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	ıplo	oyee	s, t	lighest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		y que	esti	on i	n th	nis P	art	VII		
Section A.	Officers, Directors, Trustees, Key E										
1a Complete	this table for all persons required to be									with or within the	
organization's											
• List all	of the organization's current officers, di	rectors, trustees	(whe	the	rinc	livid	iuals	or o	rganizations), re	gardless of amo	unt
of compensat	ion Enter -0- in columns (D), (E), and (F) If no compens	ation	wa	s pa	ud					
• List all	of the organization's current key emplo	yees, if any. See	ınstr	uct	ons	for	defin	Itior	of "key employ	ee "	
• List the	organization's five current highest con	npensated emplo	byees	(ot	her	thar	n an e	offic	er, director, trust	ee, or key emplo	yee)
	reportable compensation (Box 5 of Fon and any related organizations	m vv-2 and/or Bo	OX / C) I F)rm	109	19-M1	SC)	or more than \$1	UU,UUU trom the	
-	,	w employees or	nd bio	hoc		~^	2222	~ d .	mpleyees who	racewad mare th	0.0
• 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 											
	n the following order individual trustees	or directors, ins	titutio	nal	trus	tee	s, off	icer	s; key employee:	s, highest	
_	employees, and former such persons.										
Check th	is box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	ny c	surrent officer, dir	ector, or trustee	
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	(A)	(B)	(40.			nou	than o	200	(D)	(5)	(E)
	Name and Title	Average	box,	unle	ss pe	LEOU	is both	an e	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any		$\overline{}$		(rect)	or/trust	lee)	compensation from	compensation from related	amount of other
		hours for related	Individual trustee or director	nsta	Office	é	3 8	Former	the	organizations	compensation
		organizations	ecto	ş	3		oye a	۳ ا	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	្រំនឹ	E	\	Ş	a a	1	}		and related organizations
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				•		1	Highest compensated employee				
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Director			Х					L			
(2) Thoma	s Blake, DDS	1 00					1				
Director			X		L_	L					
(3) Mark D	ixon	0 50				١.]				
Director			Х					<u> </u>			
(4) Mark Fr	ranke	1 00		Ī			l	1			
Director (5) Dan Ga	arman	0 50	<u> </u>		\vdash	_	 	⊢			 -
Director	1111011	0 50	х								
	s Gutwein, MD	1 50	^	┢	-	_		 			
President/Dire			х		\mathbf{x}			1			
(7) James		0.50			H		·	\vdash			
Director			X								
(8) Mary Le		1 50									
Secretary/Dire			Х		X						
(9) Timothy	Lynch, DDS	0 50									
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Director	0/25		X	Ш		Ш	<u> </u>	<u> </u>			
	O'Shaughnessy, MD	1 00	١ ,, ا				İ				
Director (12) Elaine I	Pontillo	0.50	_X_	-			ļ	_			
Director	- Criuno	0.50					i			<u> </u>	
(13) Cheryl	Rieves	0 50	Х		\vdash	\vdash	 	-			
Director		0.50	х								
	Schimmele, DDS	1 00	-^-		\vdash						
Director			×							ĺ	

Form 990 (2012)

Matthew 25, Inc.

35-1484951

Page 7

Section A. Officers, Directors, True	istees, Ney Em	pioye	es,		C)	gnes	t Co	mpensated Em	iployees (contin	ued)		
(A) Name and title	(B) Average hours per	box, office	unie: er an	Pos heck ss pe d a d	mon rson trect	e than o is both or/trust	ee)	(D) Reportable compensation	(E) Reportable compensation	•	(F) Estmate	of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	Or Bi	other inpense from th ganizat nd relati ganizati	ation le tion ted
(15) Wilburn Smith Director	1 00	х										***
(16) Chad Stuckey Director	1 00	х										
(17) Wallace Wetherill	1.50										7	
Treasurer/Director (18) Nancy Schenkel	36 00	Х		Х	-				. · · · ·			
CEO				х				73,278			1	1,937
(19) Susan Eisenhauer (new CEO effective 10/1/13 CEO_	40 00			x								
(20) Bradley Isbister, MD	40 00		_	\hat{\tau}						 		
Medical Director (21) Valerie Lake, DDS	40 00				X			136,083				5,169
Dental Director	40 00				x			114,649			-	7,076
(22)												
(23)				-								
(24)									 -			
(25)												
1b Sub-total		J	' -	٠	l,		•	324,010	0	ļ	24	4,182
 Total from continuation sheets to Part VII, See Total (add lines 1b and 1c). 	ection A						•	0 324,010	0			<u>0</u> 4,182
Total number of individuals (including but not lir reportable compensation from the organization)		ted a		e) v	vho	recei	ved			<u>. </u>		1,102
3 Did the organization list any former officer, dire				loye	e, c	or high	nest	compensated			Yes	
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of				20.2	nd i	othar	con	pensation from		3	ļ —	X
the organization and related organizations greated individual.								•	n	4		x
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									ridual	5	_	X
Section B. Independent Contractors												
Complete this table for your five highest compe- compensation from the organization. Report co year.										tax		
(A) Name and business add	ress							(8) Description of ser	vices () nsation	1
							<u> </u>					0
							 					0
											_	0
2 Total number of independent contractors (inclu	ding but not limit	ed to	tho	150	ieto	d abo	,ve,	who received				0
2 lotal number of independent contractors (incu			,		.016	0		THIS ICOCITED				

35-14849<u>51</u>

Par	t VIII	_		con cuestice in th	o Dod VIII			
	`	Check if Schedule O contain	s a response to	any question in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1	a 0				
Contributions, Gifts, Grants and Other Similer Amounts	ь	Membership dues	1	b 0				
عَ ق	C	Fundraising events .	1	c 118,430	[
# F #	d	Related organizations .	. [1					ļ
18, C	e	Government grants (contribution	ns) 1	e 0				
P S	f	All other contributions, gifts, gra	ints, and		1		ì	1
di de		similar amounts not included ab	ove 1	f 1,877,477				
Cont	g	Noncash contributions included in	lines 1a-1f.	7,979				
ပေး	h	Total. Add lines 1a-1f		>	1,995,907		İ	
- 9				Business Code				
Program Service Revenue	2a	Dental fees		621300	36,787			
ě	b	Ontrad form		621300	3,206			
<u>i</u> C	¢	Dontal Clime denations		621300	12,127			
Š	d	Medical Clinic donations		621300	19,169			
Ę	e	· ·			0.			<u> </u>
g	f	All other program service reven	ue .		0			
4	g	Total. Add lines 2a-2f		<u> </u>	71,289		ļ	
	3	Investment income (including di	ividends, intere	st, and	}			
	}	other similar amounts)	-	▶	22,636		<u> </u>	
	4	Income from investment of tax-	oceeds >	0				
	5	Royalties .		<u> </u>	0		<u> </u>	
	ļ		(ı) Real	(ii) Personal			1	
	6a	Gross rents			ļ		l l	· (
	b	Less: rental expenses .						
	c	Rental income or (loss)		0 0				
	d	Net rental income or (loss)		<u> </u>	0			
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory	563,7	36 7,165	ļ			
	b	Less cost or other basis						
	ł	and sales expenses	512,67				1	
	C	Gain or (loss)	51,06	7,165			 	
	d	Net gain or (loss)			58,227		 	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18.	•	32,141				
Ę	b	Less direct expenses .		7,721	ll			
9	C	Net income or (loss) from funds			24,420			
	9a	Gross income from gaming acti						
	1	See Part IV, line 19 .		0				Į.
	b	Less direct expenses	-	0				
	С	Net income or (loss) from gamil	ng activities		0			
	10a	Gross sales of inventory, less						1
		returns and allowances		0				
	þ	Less cost of goods sold		0			1	
	С	Net income or (loss) from sales	of inventory	<u></u>	0			
		Miscellaneous Revenue		Business Code				
	11a	Other revenue		621300	4,913			
	ь				0			
	С				0			
	d	All other revenue			0		1	T
	е	Total. Add lines 11a-11d .		>	4,913			
	12	Total revenue. See instructions	•		2 177 202			<u></u>

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	Check if Schedule O contains a response to any q			·	
	not include amounts reported on lines 6b, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	451,499	451,499		j
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	390,544	307,292	57,308	25,944
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o)			
7	Other salanes and wages .	767,083	706,543	9,401	51,139
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o[
9	Other employee benefits	142,669	131,378		11,291
10	Payroll taxes	80,709	71,388	4,165	5,156
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
c	Accounting	6,570		6,570	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	10,351		10,351	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	16,500	10,000		6,500
12	Advertising and promotion	0			
13	Office expenses	83,442	34,293	16,487	32,662
14	Information technology	46,005	45,412	570	23
15	Royaltres	0			
16	Occupancy	82,302	59,669	22,057	576
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	3,499	3,499		
20	Interest	0			
21	Payments to affiliates	o			
22	Depreciation, depletion, and amortization	98,116	71,134	26,295	687
23	Insurance	5,903	1,822	4,065	16
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		į	İ	ļ
	line 24e amount exceeds 10% of line 25, column		j		
	(A) amount, list line 24e expenses on Schedule O)		j	İ	!
а	Bureau & association dues	645		645	
b	Business meals	101			101
c		0			
ď		ō			
e	All other expenses	0			
25_	Total functional expenses. Add lines 1 through 24e	2,185,938	1,893,929	157,914	134,095
26	Joint costs. Complete this line only if the		.,000,020	- 107,55.1	.0.,000
	organization reported in column (B) joint costs				
	from a combined educational campaign and		+		
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	\		1	
	TOROWING GOT SUPER FRANCE CONTRACT .				Form 990 (2012)

35-1484951

1		,	Check if Schedule O contains a response to	any ques	tion in this Part X .			
Cash—non-interest-bearing 100,629 1 69,887								
2 Savings and temporary cash investments		1	Cash—non-interest-bearing .				1	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officars, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)II), person 4657chedule L 7 Notes and toans receivable, net 8 Novel and toans receivable, net 9 Prepaid expenses and deferred charges 10a Loans receivable, net 10b Less accumulated depreciation 10b 1,549,920 2,291,771 10c 2,188,493 11 Investments—position y traded securities 10b 1,549,920 2,291,771 10c 2,188,493 12 Investments—other securities See Part IV, line 11 0,137,581 13 Investments—other securities See Part IV, line 11 0,137,581 14 Intargible assets 15 Charles assets See Part IV, line 11 0,13 0,14 0,15 0,15 0,15 0,15 0,15 0,15 0,15 0,15		2			[287,035	2	453,780
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustices, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other dequalified persons (as defined under section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in section 4958(p(1)), persons described in the section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons described and section 4958(p(1)), persons 4958(p(1)), persons 4958(p(1)), persons	j	3	The state of the s	_			3	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(I)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 50(c)(9) voluntary employees beneficiary organizations tension of section 50(c)(9) voluntary employees the employees and sponsoring organizations that do not follow \$FAS 117 (ASC958), check here Trustees, key employees, and deferred near pass to the part is organizations that do not follow \$FAS 117 (ASC958), check here Trust experts or specified securities Total residual for capital sur-plus, or fund balances Total residual for capital sur-plus, or fund balances Total residual for capital sur-plus, or fund building, or equipment fund Total research and capital sur-plus, or fund balances Total residual for capital sur-plus, or fund building, or equipment fund Total research and complete lines 3 through 25 check here Total residual for the passes in the fund or capital sur-plus, or fund building, or equipment fund Total research and complete lines 3 through 25 check here Total residual for the passes in the fund or fund and complete lines 37 through 25 check here Total research and consequence or fund the parties of the passes in the fund or fund the parties of the passes in the fund or fund the parties of the passes in the fund or fund the parties of the fund the parties of the fund parties Total research and ones payable to unrelated third parties Total research and ones payable to unrelated third parties Total research of the payables to current fund the parties of the]	4			. Г	431	4	586
Complete Part II of Schedule L	j	5	Loans and other receivables from current and f	former offic	cers, directors,			
Canas and other receivables from other dequalified persons (as defined under section 4958(p(1)), persons described in section 4958(p(3)(8), and contributing employers and sponsoring organizations of section 501(p(9) voluntary employees beneficary organizations (see instructions). Complete Part II of Schedule L	1		trustees, key employees, and highest compens	sated empl	loyees			
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	1		Complete Part II of Schedule L		. [5	
sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part I of Schedule L	1	6	Loans and other receivables from other disqualified pers	sons (as defi	ned under section			
organzations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 104 Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 105 Less accumulated deprecation 106 Loand, buildings, and equipment cost or other basis Complete Part IV of Schedule D 107 Loand, buildings, and equipment cost or other basis Complete Part IV of Schedule D 108 Jay 1970 Loand 11 Linvestments—publicly traded securities 110 Investments—publicly traded securities 111 Investments—publicly traded securities 112 Investments—program-related See Part IV, line 11 113 Investments—program-related See Part IV, line 11 114 Intangible assets 115 Olter assets See Part IV, line 11 116 Total assets. Add lines 1 through 15 (must equal line 34) 117 Accounts payable and accrued expenses 118 Grants payable 119 Deferred revenue 120 Tax-exempt bond liabilities 121 Escrow or custodial account Itability Complete Part IV of Schedule D 122 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 121 Escrow or custodial account Itability Complete Part IV of Schedule D 122 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 120 Total liabilities, Add lines 17 through 25 100 Complete lines 27 through 29, and lines 33 and 34. 101 Complete lines 30 through 34. 102 Companizations that follow SFAS 117 (ASC 958), check here PM and complete lines 30 through 34. 103 Capital stock or trust principal, or current funds 104 Complete lines 30 through 34. 105 Capital stock or trust principal, or current funds 106 Capital stock or trust principal, or current funds 107 Capital stock or trust principal, or current funds 108 Capital stock or trust principal, or current funds 1	i		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contribu	iting employers and			
Prepard expenses and deferred charges 10,155 9 9,970			sponsoring organizations of section 501(c)(9) voluntary e	employees' l	beneficiary			
Prepard expenses and deferred charges 10,155 9 9,970	ध		organizations (see instructions). Complete Part II of Scho	edule L			6	
Prepard expenses and deferred charges 10,155 9 9,970	386	7	Notes and loans receivable, net		. [0	7	0
10a	ď	8	Inventories for sale or use		. [8	
ther basis Complete Part VI of Schedule D b Less accumulated depreciation 10b		9	Prepaid expenses and deferred charges			10,156	9_	9,970
b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Investments—program-related See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule I. 21 Escrow or custodial account liabilities to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) 26 Other liabilities (including federal income tax, payables to related third parties) 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ 136,223 26 134,897 28 Temporanly restricted net assets 29 Permanently restricted net assets 20 Capital isbilities. Add lines 17 through 25 136,223 27 2,683,232 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 34 4,022,600		10a	Land, buildings, and equipment cost or					
11 Investments—publicly traded securities 1,080,130 11 1,137,581 12 Investments—other securities See Part IV, line 11 0 12 0 0 13 0 0 14 0 0 14 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0			other basis Complete Part VI of Schedule D	10a	3,748,413			
12 Investments—other securities See Part IV, line 11 0 12 0 0 13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 14 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 16 4,157,497 17 Accounts payable and accrued expenses 136,223 17 134,897 18 Grants payable 18 0 0 18 0 0 18 0 0 0 0 0 0 0 0 0		b	Less accumulated depreciation	10b	1,549,920	2,291,771	10c	2,198,493
13 Investments—program-related See Part IV, line 11 0 13 0 0 14 10 0 15 0 0 15 0 0 16 16 16 Total assets. See Part IV, line 11 0 15 0 0 15 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,118,902 16 4,157,497 18 Grants payable and accrued expenses 136,223 17 134,897 18 Deferred revenue 19 0 0 0 0 0 0 0 0 0		11	Investments—publicly traded securities .			1,080,130	11	1,137,581
14		12	Investments—other securities See Part IV, line	e 11		0	12	0
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes 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 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 2 (2620,620 27 2,683,232 28 Temporanily restricted net assets Corganizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. Unrestricted net assets Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations		13	Investments—program-related See Part IV, lin	ie 11	Ĺ	0	13_	0
16		14	Intangible assets		[0	14	0
17		15	Other assets See Part IV, line 11		. L		15	
18		16	Total assets. Add lines 1 through 15 (must equ	ual line 34)			
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account hability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities, and there liabilities are not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here		17	Accounts payable and accrued expenses			136,223		134,897
Tax-exempt bond liabilities. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here □ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Organizations that do not follow SFAS 117 (ASC958), check here □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. 20 21 22 23 24 25 25 27 2683,232 27 2683,232 28 29 29 29 20 20 21 22 23 24 25 26 27 2683,232 27 2683,232 28 29 29 29 20 20 21 22 23 24 25 26 27 2683,232 27 2683,232 28 29 29 29 20 20 21 22 23 24 25 26 27 2683,232 27 27 27 28 28 29 29 29 29 20 20 20 21 21 22 22 22 23 24 25 26 27 2683,232 28 29 29 29 20 20 20 21 21 22 22 22 28 28 29 29 20 20 21 21 22 22 22 23 24 25 25 26 27 2683,232 28 29 29 29 20 20 20 20 21 21 22 22 20 21 22 22		18	• •		-		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		19	Deferred revenue				19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. 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. Total liabilities, Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here Torganizations that follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117 (ASC 958), check here Torganizations that do not follow SFAS 117		•	Tax-exempt bond liabilities					
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3,982,679 33 4,022,600	≥t A	32			}-		_	
	ž	1	=			3.982.679	_	4.022.600
		34	Total liabilities and net assets/fund balances	<u> </u>				

Form	990 (2012) Matthew 25, Inc	35-	1484951	Pac	_{je} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,177	7,392
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,938
3	Revenue less expenses Subtract line 2 from line 1	3			3,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,982	2,679
5	Net unrealized gains (losses) on investments	5		48	3,467
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		4,022	2,600
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		'
	Schedule O				i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		\ \		1
ь	Were the organization's financial statements audited by an independent accountant?		2b	x ·	١
	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		1 1		
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?		2c	X	- 1
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	<u> </u>	 ,
	Schedule O				
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			•	نــ ا
3a	the Single Audit Act and OMB Circular A-133?		3a		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		34		 ^-
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		1
	Todance dealer a desire, explain my in excession of the second diff diapartation to undergo such adults		استنتسا	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

Matthew 2	25, Inc								35-14	184951		
Part I			arity Status (All org						nstruction	ns		
The organ	nization is not	a private founda	tion because it is (For	lines 1 thr	rough 11, d	check onl	y one box	.)				
1 []	A church, cor	nvention of churc	ches, or association of	churches	described	ın sectio	n 170(b)(1)(A)(i).				
2	A school des	cribed in sectio r	170(b)(1)(A)(ii). (Atta	ich Sched	ule E)							
3 🗌	A hospital or	a cooperative he	ospital service organiza	ation desc	nbed in se	ection 17	D(b)(1)(A)	(iii).				
4		search organizat me, city, and sta	ion operated in conjunte	ction with	a hospital	describe	d ın sectio	on 170(b)	(1)(A)(iii).	Enter ti	1e	
5	•		the benefit of a college Complete Part II)	e or univer	sity owned	d or opera	ated by a	governme	ntal unit d	lescribe	t	
6	A federal, sta	te, or local gove	rnment or government	al unit des	scribed in s	section 1	70(b)(1)(A	4)(v).				
7 X	•	•	receives a substantial	•	support f	rom a gov	vernmenta	ıl unit or fr	om the ge	eneral p	ublic	
8	A community	trust described	in section 170(b)(1)(A)(vi). (Cor	nplete Par	t II)						
9 🗍	An organizati receipts from support from acquired by	ion that normally activities relate gross investme the organization	receives (1) more that d to its exempt function nt income and unrelate after June 30, 1975 S	an 33 1/3% ns—subject d busines see sectio	6 of its sup ct to certai ss taxable n 509(a)(2	oport from in excepti income (le 2). (Comp	ons, and (ess sectio lete Part I	(2) no moi n 511 tax II)	re than 33	1/3% o	f its	5
10												
11 [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—Non-functionally integrated											
•	persons other		n managers and other								ection	
f			ı written determination	from the I	RS that it	is a Type	I, Type II,	or Type II	II supporti	ng		
	_	check this box			A							L.
g	following per		the organization accept	ted any gi	π or contri	pution fro	m any or i	ine				
	• • •		or indirectly controls, e	ither alone	e or toneth	er with m	ersons de	scabed in	(n)	1	Yes	No
			erning body of the sup		_	-			()	11g(l)		
	•	•	person described in (i)		,					11g(ii)		
	(iii) A 35%	controlled entity	of a person described	in (i) or (ıı) above?					11g(iii)		
<u>h</u>	Provide the f	ollowing informa	tion about the support	ed organiz	zation(s)				<u></u>	,		
	e of supported panization	(u) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in ∞((i) is	organization sted in your document?	the organ	you notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the S?	(vii) Am	ount of mo support	enetary
	····			Yes	No	Yes	No	Yes	No	<u> </u>		
(A)							1	ļ				
(B)				-			 -	 				
(B)										ļ		
(C)								<u> </u>		<u> </u>		
							ļ		ļ	<u> </u>		
(E)	· · ·									<u> </u>		
Total	ı						l]]	1		_

instructions

35-1484951 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 1,904,962 2,091,695 include any "unusual grants") 1,980,811 1,923,035 1,995,907 9.896.410 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1.904.962 2.091.695 1.980.811 1.923.035 1.995.907 9.896.410 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, 3,111,042 column (f) Public support. Subtract line 5 from line 4 6,785,368 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 1,904,962 2,091,695 1,980,811 1,923,035 1,995,907 9,896,410 7 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 31,706 26,005 35,098 26,807 22,636 142,252 sources . Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 Other income Do not include gain or 10 loss from the sale of capital assets 2,232 4,654 4,506 (Explain in Part IV.) . 2.778 4,913 19.083 Total support. Add lines 7 through 10 10,057,745 11 Gross receipts from related activities, etc. (see instructions) 286,886 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 14 67 46% Public support percentage from 2011 Schedule A, Part II, line 14. 67 44% 15 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization ▶Ⅸ 33 1/3% support test-2011. 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 10%-facts-and-circumstances test-2012. 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. 10%-facts-and-circumstances test-2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	o	o	o	0	o	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	اه	0	ا م			0
5	rts behalf The value of services or facilities		0	0	0		0
•	furnished by a governmental unit to the						
	organization without charge	o	o	0	0	ol	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	ı					
	exceed the greater of \$5,000 or 1% of the	_ [_	_		_	_
	amount on line 13 for the year	<u> </u>	0	0	0	0	0
C	Add lines 7a and 7b		0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
Sec	tion B. Total Support			L			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6	0	0	0	0	0	0
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	l	o	o	o	O.	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Į į					
	acquired after June 30, 1975	0	0	0	0	[o	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	_				_ [_
40	or not the business is regularly carried on .	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets.						
	(Explain in Part IV)	ا ا	0	0	o	ام	0
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12)	l ol	0	o	О	l ol	0
14	First five years. If the Form 990 is for the organization	ation's first, secon					<u>_</u>
	organization, check this box and stop here	•		•			▶ 🗌
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2011 Schedule A,			· · · · · · · · · · · · · · · · · · ·		16	0 00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c,			mn (f))		17	0.00%
18	Investment income percentage from 2011 Schedul					18	0.00%
19a	33 1/3% support tests—2012. If the organization	did not check the	box on line 14,	and line 15 is mi	ore than 33 1/3%	, and line 17 is	
h	not more than 33 1/3%, check this box and stop hi	ere. The organiza	ation qualifies as	a publicly suppo	rted organization	1	▶ [_]
b	33 1/3% support tests—2011. If the organization line 18 is not more than 33 1/3%, check this box or	aid not check a b	ox on line 14 or	line 19a, and line	16 is more than	1 33 1/3%, and	
20	line 18 is not more than 33 1/3%, check this box an						▶∐
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ns	▶∐

Schedule A (Form	n 990 or 990-EZ) 2012 Matthew 25, Inc	35-1484951	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations rec Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any add instructions).	quired by Part II. lin	e 10
Part II Line 10	0 Miscellaneous revenue not included in other revenue lines in Section B		
	······································		
•		•••••	
-	······································	•	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection

HARING	or ma organization		Embloyer identification number	
Matt	ew 25, Inc.		35-1484951	
Par		or Advised Funds or Other Sin	nilar Funds or Accounts. Complete	if
	the organization answered "Yes"		······································	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year .	(0,00.00 000000 10000	(4,7,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
2	Aggregate contributions to (during year)			
	• • •			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		A shaking at a same at the same	
5	Did the organization inform all donors and d	<u> </u>		٦
_	funds are the organization's property, subject			_ No
6	Did the organization inform all grantees, dor			
	used only for chantable purposes and not for		- — —	_
	purpose conferring impermissible private be	nefit?	Yes	No
Par	II Conservation Easements. Corr	plete if the organization answere	d "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held			
•	Preservation of land for public use (e.g., red		ervation of an historically important land ar	702
	7		• •	Ca
	Protection of natural habitat	Presi	ervation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation cor	tribution in the form of a conservation	
	easement on the last day of the tax year.	·		
	,		Held at the End of the To	ax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation eas	sements	2b	
¢	Number of conservation easements on a ce		2c	
d	Number of conservation easements include	• •		
_	historic structure listed in the National Regis	•	. 2d	
3	Number of conservation easements modifie			
•	during the tax year	a, a amoremos, renedeca, examganorios	or torrinated by the organization	
4	Number of states where property subject to	conservation easement is located	•	
5	Does the organization have a written policy		pection handling of	
•	violations, and enforcement of the conserva		Yes	No.
6	Staff and volunteer hours devoted to monitor		L	~0
•	Starrain volunteer nours devoted to mornite	ang, mapeoing, and emorang conser	valion easements during the year	
7	Amount of expenses incurred in monitoring,	intracting and anteroise conseniation	n accompate during the vices	
•	► \$	inspecting, and emorang conservation	n easements during the year	
		on tine 2(d) about actual, the continu		
8	Does each conservation easement reported	on line 2(d) above satisfy the require		٦
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·	_ No
9	In Part XIII, describe how the organization re	eports conservation easements in its r	evenue and expense statement, and	
	balance sheet, and include, if applicable, the		in's financial statements that describes	
	the organization's accounting for conservation			
Par	Organizations Maintaining Collection		Ather Similar Assets.	
	Complete if the organization answere			
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report	in its revenue statement and balance she	et
	works of art, historical treasures, or other sit	milar assets held for public exhibition.	education, or research in furtherance	
	of public service, provide, in Part XIII, the te	xt of the footnote to its financial staten	ents that describes these items	
b	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), to report in the	s revenue statement and balance sheet	
	works of art, historical treasures, or other sir	milar assets held for public exhibition	education, or research in furtherance	
	of public service, provide the following amou	ints relating to these items		
	(i) Revenues included in Form 990, Part VII	Il line 4	▶ €	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of	art historical treasures or other armit	ar accete for financial accessories the	
-	following amounts required to be reported u	nder SEAS 116 (ASC 050) salation to	book towar	
а	Revenues included in Form 990, Part VIII, III		_	
b	Assets included in Form 990, Part X	ne 1	· · · · · · > \$	
	Aggets induced in Louis 220' Latt V	•	• \$	

	dis D (Form 990) 2012 Maπnew 25, Inc			_			<u>35-1484</u>		Page	2
Part		Collections of A	Art, Hist	orical Tr	easures, or	Other	Similar Asse	ts (conti	nued)	
3.	Using the organization's acquisition, acc	ession, and other	records, r	check any	of the following	that a	re a significant			
	use of its collection items (check all that	apply)					_			
а	Public exhibition		d [Loan	or exchange pr	ograms				
b	Scholarly research		e 🗌	Other			*			
С	Preservation for future generation	S								
4	Provide a description of the organization		explain h	ow they fu	irther the organ	ization'	s exempt purpo	ose in		
	Part XIII		•		- 0					
5	During the year, did the organization soli									
	assets to be sold to raise funds rather th	an to be maintain	ed as part	t of the org	ganization's col	lection?)	Yes	3 L No	>
Part	IV Escrow and Custodial Arran	ngements. Com	plete if t	he organ	ization answ	ered "\	es" to Form	990, Par	t	
	IV, line 9, or reported an amou	unt on Form 990), Part X	line 21						
1a	Is the organization an agent, trustee, cus	stodian or other in	termediar	y for contr	ibutions or othe	er asset	ts not			
	included on Form 990, Part X?							Yes	i 🔲 No	>
b	If "Yes," explain the arrangement in Part	XIII and complete	the follow	wing table						
						L		Amount		_
C	Beginning balance	-	-			1c				0
d	Additions during the year		•			1d				
е	Distributions during the year			•		1e				
f	Ending balance	•				1f	L			0
2a	Did the organization include an amount				-	-		Yes	s 🔀 No)
b	If "Yes," explain the arrangement in Part	XIII Check here i	f the expl	anation ha	as been provide	d in Pa	ırt XIII			
Part	V Endowment Funds. Complet	te if the organiza	ation ans	swered "	Yes" to Form	990, P	art IV, line 10	l		
		(a) Current year	(b) Pro	or year	(c) Two years be	ick (d	i) Three years back	(e) Fou	r years back	
1a	Beginning of year balance .	1,080,130		987,926	1,073,	379	918, 18	9	917,55	52
b	Contributions			0		449	121,08	3	3,58	30
C	Net investment earnings, gains,	Ì			1	j		Ì		
	and losses .	131,175		163,769	-14,	312	102,34	3	45,60	<u>)2</u>
d	Grants or scholarships									_
е	Other expenditures for facilities	22.22					== .=	ا		
	and programs	63,373		61,646		023	58,42		40,53	
f	Administrative expenses .	10,351 1,137,581		9,919	987.	567	9,80		8,01	
g 2	End of year balance Provide the estimated percentage of the						1,073,37	91	918,18	<u> </u>
~ a	Board designated or quasi-endowment	•	% %	iine ig, w	idititi (a)) tielo	as.				
b	Permanent endowment	8%								
c	Temporarily restricted endowment	92%								
	The percentages in lines 2a, 2b, and 2c	should equal 1009	%							
3a	Are there endowment funds not in the po			n that are	held and admi	nistered	for the			
	organization by								Yes No	<u> </u>
	(i) unrelated organizations .				-			3a(i)	X	
	(li) related organizations.	• •	-				-	3a(ii)		
ь	If "Yes" to 3a(II), are the related organiza							_3b		
4	Describe in Part XIII the intended uses of									
Part										—
	Description of property	(a) Cost or oti			st or other s (other)		cumulated reciation	(d) Boo	ok value	
1a	Land	,	0	5431	333,607				333,60	77
b	Buildings	———	0		2,822,380		981,701		1,840,67	
C	Leasehold improvements		0		2,822,380		961,701		1,040,07	0
d	Equipment		0		546,255		526,436	· · · · · · · · · · · · · · · · · · ·	19,81	
e	Other		0		46,171		41,783		4.38	
	. Add lines 1a through 1e. (Column (d) me	ust equal Form 99	0, Part X.	column (l		~	▶		2,198,49	
				 -						_

Schedule Q (Form 990) 2012 Matthew 25, Inc		;	35-1484951 Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests .	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relat	ed. See Form 990, Part X	I, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	
(1)			
(2)			
(4)			
_(5)			
(6)			
			······
(8)			
(9)		1	
(10)	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		<u></u>	
Part IX Other Assets. See Form 990,	a) Description		(b) Book value
(1)	a) Description		(D) BOOK VAIDE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co	l (B) line 15)	. .	0
Part X Other Liabilities. See Form 99	90, Part X, line 25		
1. (a) Description of liability	(b) Book value		1
(1) Federal income taxes	0		
(2)			1
(3)	<u></u>		·
(4)			i
(5)			İ
(6)	, ,		1
			j
(8)			1
(9)			
(10)			ŧ:
(11)			ļ i
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	0	L.,	<u> </u>
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of	the footnote to the organization's f	inancial statements that reports the orga	anization's liability
for uncertain tax positions under FIN 48 (ASC 740) Check he	re if the text of the footnote has be	en provided in Part XIII .	. X

Sched	ute D (Form 990) 2012 Matthew 25, Inc			35-1484951	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Revenue per	Return	
1.	Total revenue, gains, and other support per audited financial statements			1	10,717,763
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	48,467	i	
b	Donated services and use of facilities	2b	8,511,894		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,560,361
3	Subtract line 2e from line 1			3	2,157,402
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,297		
b	Other (Describe in Part XIII.)	4b	8,693		
c	Add lines 4a and 4b		0,000	4c	19,990
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	·	5	2,177,392
Pari		nts W	ith Expenses of		2,111,002
1	Total expenses and losses per audited financial statements	,,,,,,,	itil Expendes p	1	10,677,842
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•			10,017,042
a	Donated services and use of facilities	2a	8,511,894	1	
b	Pnor year adjustments	2b	0,011,004	ľ	
c	Other losses	2c		j	
d	Other (Describe in Part XIII.)	2d]	
e	Add lines 2a through 2d			2e	8,511,894
3	Subtract line 2e from line 1			3	2,165,948
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	•		2, 100,540
4	Investment expenses not included on Form 990, Part VIII, line 7b	امها	11 207	1	
a	Other (Describe in Part XIII.)	4a 4b	11,297	ĺ	
b	Add lines 4a and 4b	<u> 40 </u>	8,693		40.000
C			·	4c	19,990
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		· · · · ·		2,185,938
	XIII Supplemental Information		- 4 4. D 1) t		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part		•		26,
	V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also	comp	ete this part to prov	ide any	
additi	onal information				
Part \	/ Line 4 Annual distributions from the endowment funds are used to help support t	he			
, - 211	Elito 47 winds distribution from the distribution said and dood to help support		•••••••••••••••••••••••••••••••••••••••		
opera	itions of the medical, dental, and optical clinics				
Part >	Cline 2 The Organization is exempt from income tax under Section 501(c)(3) of the	ne			
Intern	al Revenue Code, and qualifies for the 50% charitable contributions deduction				
•• •	The Occasional and the boundary of the contract of the contrac				
	tion. The Organization has been classified as an organization that is not a private				
found	lation under Section 509(a) of the Internal Revenue Code. The Organization's inco	ome			
tax fil	ings are subject to audit by various taxing authorities. The Organization is no				
longe	r subject to income tax examinations by taxing authorities for tax years ending on	or			
				Schedule D (Form 990) 2012

Schedule D (Form	990) 2012	Matthew 25, Inc					35-14849	951	Page 5
Part XIII	Supple	emental Inform	ation (continu	ued)				<u> </u>	
before Septem	nber 30, 20	009,	••••		••••				
Dani VI I	h Difference	ce between direct	ovnoncos for h	adenicios sus					
Part XI Line 40	o Dillerent	æ between direct	expenses for id	inuraising eve	ints reported t)II			
audited finance	ial stateme	ents and direct ex	penses for fund	Iraising events	s reported on	Form			
	:-: -:::::::::::::::::::::::::::::::		C	armia mini					
990, Part VIII,	Line 8b		••••••						
Part XII Line 4	b Defferer	nce between direc	t expenses for	fundraising ev	ents reported	on			
			nanna far fund			C			
audited financ	ai statem	ents and direct ex	penses ioi iuno	iraising event	s reported on	roim			
990, Part VIII,	Line 8b								
	7247277								
								·	·
			****		·		•		•••
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization enswered "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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

Matth	ew 25, Inc					35-148	
Par	Fundraising Activities. (Form 990-EZ filers are no				ered "Yes" to For	ກ 990, Part IV, lin	e 17
	Indicate whether the organization				og activities. Check	all that annly	
a	Mail solicitations				of non-government g		
ь	Internet and email solicitations				of government grants		
С	Phone solicitations				raising events		
d	In-person solicitations				-		
2a	Did the organization have a writter	or oral agreeme	ent with any	individual	(including officers, o	lirectors, trustees o	<u> </u>
	key employees listed in Form 990,			•			Yes No
b	If "Yes," list the ten highest paid in			ers) pursu	ant to agreements u	inder which the fund	traiser is
	to be compensated at least \$5,000	by the organizat	tion				
		1	1			(2) 4	
	(I) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	, , ,		utions?	from activity	fundraiser listed in col (i)	organization
			Yes	No			·
1							
			 		0	0	0
2					0	0	0
3					0	0	0
4							
					0	0	0
					0	0	0
6					0	0	0
7	-				o	o	0
8					0	0	0
9							
10			-			0	0
			<u> </u>		0	0	0
Total				•	o	0	0
3	List all states in which the organiza	tion is registered	or licensed	to solicit	contributions or has	been notified it is e	
	registration or licensing						
					· · · · · · · · · · · · · · · · · · ·		
	·						

		(Form 990 or 990-EZ) 2012 M.	atthew 25, Inc.			35-1484951 Page 2
Pa	irt II		Complete if the organiz	ation answered "Yes"	to Form 990, Part IV,	line 18, or reported
•		more than \$15,000 of feetents with gross received	-	_	ome on Form 990-EZ	., lines 1 and 60 List
П		events with gross rece	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Art & Soul	Walk/Run	NONE	(add col (a) through
		Į.	(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	131,205	19,366	0	150,571
2	2	Less Contributions.	104,390	14,040	0	118,430
	3	Gross income (line 1 minus line 2)	26,815	5,326	0	32,141
	4	Cash prizes .			0	0
	5	Noncash prizes			0	0
enses	6	Rent/facility costs	2,553		0	2,553
Direct Expenses	7	Food and beverages			0	0
Direc	8	Entertainment			0	0
	9	Other direct expenses	3,098	2,070	0	5,168
	10 11	Direct expense summary Add Net income summary Combin				(7,721) 24,420
Pa	rt III), Part IV, line 19, or re	
		than \$15,000 on Form			<u> </u>	·
Revenue	·		(a) Bingo	(b) Pull tabe/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
lirect (4	Rent/facility costs .				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary Add	lines 2 through 5 in colur	nn (d) .		(0)
l	8	Net gaming income summary	Combine line 1 column	s and line 7	.	0
9	a Is	Enter the state(s) in which the org s the organization licensed to op i "No," explain	ganization operates gamir erate gaming activities in	ng activities. each of these states?		Yes No
10	a V b If	Vere any of the organization's ga				Yes No
						G (Form 990 or 990-EZ) 2012

Sched	ule G (Form 990 or 990-EZ) 2012 Matthew 25, Inc	35-1484951 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in:	1 1
a	The organization's facility.	13a %
ь	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 ▶	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ 0 and the amount of gaming revenue retained by the third party \blacktriangleright \$ 0	
С	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	
	Director/officer Employee Independent contractor	
17 a b	Mandatory distributions: Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? 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	_ 0
Part	Supplemental information. Complete this part to provide the explanations required by P (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp provide any additional information (see instructions).	
-		
	······································	
.		
-		

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Matthew 25, Inc

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

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

► Attach to Form 990.

nspection	nber	51
, In	tiffication nur	35-1484951
	Employer identification number	

Part II	Grants and Other Assistance to Gover Part IV, line 21, for any recipient that reco	Assistance to any recipient t	Governments a	nd Organizations is than \$5,000 Part I	in the United State	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV, fine 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	ganization answered needed.	1 "Yes" to Form 990
1 (a) Nam	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
€								
(2)								
6								
(9)								
(5)								
(9)								
(J)								
(8)								
(8)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.	501(c)(3) and greations lister	overnment organiza	sted in th	1 table		A A	O
ı								>

For Paperwork Reduction Act Notice, see the instructions for Form 990. (HTA)

Schedule I (Form 990) (2012)

35-1484951

Matthew 25, Inc Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Free medical, dental optical care Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of vehuation (book, FMV, appreisal, other) Book 451,499 (d) Amount of non-cash assistance Part I Line 2 Patients have to meet income eligibility requirements in order to receive free care. (c) Amount of cash grant Part III can be duplicated if additional space is needed. 25,737 (b) Number of recipients 1 Free medical, dental & optical care to patients (a) Type of grant or assistance information Part IV Part III

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Matthew 25, Inc.

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

Open To Public Inspection

Employer identification number

35-1484951

Part I **Types of Property** (c) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art—Historical treasures Art-Fractional interests 3 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 Х 7,979 Fair market value Securities—Closely held stock 10 Securities-Partnership, LLC, 11 or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution-Historic structures Qualified conservation 14 contribution-Other 15 Real estate—Residential 16 Real estate—Commercial 17 Real estate—Other. 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Х 8,762 21 Taxidermy

12

500

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 Acknowledgment

Х

Х

30a 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? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is

	30a	
!	31	- x -
	32a	X
		:

Yes

No

29

checked, describe in Part II

22

23

24

25

26

27 28 Historical artifacts

Scientific specimens.

Archeological artifacts

Other ▶ (Catered items)

Other ► (Printed materials)

Other ▶ (_____)

	m 990) (2012) Matthew 25, Inc. 35-1484951 Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I Line 2	0 The Organization receives prescription drugs from manufacturers for its
patients' ass	istance program. The value 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 \$7,875,600. The Organization also
received a nu	umber of in-kind contributions of medical supplies with an estimated value of
\$12,000	
Part I Line 2	5 The Organization received catered services valued at approximately \$9,000
for a fundrais	sing event held during the tax year. The value of the catered services was
recorded an	an in-kind contribution by the Organization.
Part I Line 26	5 The Organization received printed materials valued at approximately \$3,100
for a fundrais	sing event held during the tax year. The value of the printed materials was
recorded as	an ın-kind contribution by the Organization.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Matthew 25 Inc

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

Attach to Form 990 or 990-EZ.

Employer identification number

35-1484951

Form 990 Part VI Section B Line 11b 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 8 Line 15a Every January, the Board of Directors reviews, evaluates,
and establishes the compensation package for the 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
Form 990 Part XI Line 5 The amount reported on Line 5 represents the unrealized gains on
securities held by the organization for the tax year.