### **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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

» «Open to Public » \*Inspection

A F	or the 20	06 calendar year, or tax year beginning J	UL 1, 2006 a	nd endi	ng JUN 30,	2007	
Вс	heck if pplicable;	Piease C Name of organization				D Employer ide	ntification number
	- Address	label or MATTHEW 25, INCORPOR	אשביט			58-16	72611
H	change Name	print or P.O. box if mail is not specification.			Doom/ouite	E Telephone nu	
=	_ichange _initial	Specific P.O. BOX 158461	or delivered to street address)		Hoomysuite		moer 33-9577
⊨	_!retum ]Final	Instruc-	<del></del>			F Accounting method	
⊨	⊒retura ∏Amended		_8461			Other (specify)	
$\vdash$	⊥retum Applicati			S L	l and l are not appli		on 527 organizations.
	pending	must attach a completed Schedule A (Form 9	9Ó or 990-EZ).	1.			s? Yes X No
G V	Nebsite: 1	▶N/A			i(b) If "Yes," enter nu		
		ion type (check only one) ► X 501(c) ( 3 ) ◀ (Inser	t no.) 4947(a)(1) or		i(c) Are all affiliates in		· <del></del>
_		e la if the organization is not a 509(a)(3) suppo		5 ,	(If "No," attach a I(d) Is this a separate		
		re normally not more than \$25,000. A return is not requ			ganization cover	ed by a group ru	uling? Yes X No
		o file a return, be sure to file a complete return.	•		I Group Exemptio		N/A
					M Check ►	if the organization	n is not required to attach
L	Gross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	515,70		Sch. B (Form 99		
P	art I I	Revenue, Expenses, and Changes in	Net Assets or Fund	Balan	ces		
		Contributions, gifts, grants, and similar amounts received	ved:		-		
	a	Contributions to donor advised funds	·····	1a			
	b	Direct public support (not included on line 1a)	•••••	1b	106,4		
	C	Indirect public support (not included on line 1a)		10	246,4		
	d	Government contributions (grants) (not included on li	ne 1a)	1d	41,5		204 401
	е	Total (add lines 1a through 1d) (cash \$			16,102.		394,491.
	2	Program service revenue including government fees a				1 1	26,560.
	3	Membership dues and assessments				1	
	4	Interest on savings and temporary cash investments	1 1	8,476.			
	5	Dividends and interest from securities	CONTRACTOR 1	ı <u>.</u>	101,5	5	0,470.
	6 a	Gross rents SEE	<u> </u>				
	) b	Less; rental expenses					101,554.
9	c	• • •	6a	·····		) 5c	101,334.
Revenue	7	Other investment income (describe	(A) Securities	1 1	(B) Other	1 /	
ă	Ba	Gross amount from sales of assets other		8a	(a) Other		
		than inventory		8b			
	1	Less: cost or other basis and sales expenses  Gain or (loss) (attach schedule)		8c			
		Net gain or (loss), Combine line 8c, columns (A) and				8d	
	ا و ا	Special events and activities (attach schedule). If any					
	1 -	Gross revenue (not including \$					
	h	Less: direct expenses other than fundraising expense	es	9b			
		Net income or (loss) from special events. Subtract lin				1 1	
		Gross sales of inventory, less returns and allowances					
	b			10b			
	3		schedule). Subtract line 10b fr	om line	10a	100	
	11	Other revenue (from Part VII, line 103)					<15,373.>
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c					515,708.
_	13	Program services (from line 44, column (B))				13	433,643.
	14 15 16	Management and general (from line 44, column (C))					63,001.
	[ 15	Fundraising (from line 44, column (D))					25,263.
	<u>茶</u>   16	Payments to affiliates (attach schedule)				<b>I</b>	E01 007
_	17	Total expenses. Add lines 16 and 44, column (A)					521,907.
	υ 18	Excess or (deficit) for the year. Subtract line 17 from					<6,199.
3	Asset 20	Net assets or fund balances at beginning of year (fro					208,653.
2		Other changes in net assets or fund balances (attac					202,454.
Ŧ	21	Net assets or fund balances at end of year. Combine				[ 2]	Form 990 (2006)

Form 990 (2006)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •)					
	22a				
22b Other grants and allocations (attach schedule)	-				
(cash \$ 0 • noncash \$ 0 •					
	22b	·			
23 Specific assistance to individuals (attach					
schedule)	23	j			
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	55,613.	16,684.	22,245.	16,684.
_	234	33,013.	10,004.		10,004.
b Compensation of former officers, directors, key	055	0.	o .	0.	0.
employees, etc. listed in Part V-B	25b	· · ·		0.	<u> </u>
c Compensation and other distributions, not included	1 1				
above, to disqualified persons (as defined under	1 '				
section 4958(f)(1)) and persons described in					1
section 4958(c)(3)(B)	25c				<del></del>
28 Salaries and wages of employees not		220 401	222 270	16 110	•
included on lines 25a, b, and c	26	238,491.	222,379.	16,112.	0.
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines	1				
25a - 27	28				
29 Payroll taxes	29	21,993.	18,210.	2,507.	1,276.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	47,961.	40,493.		
34 Telephone	34	5,826.	3,496.	2,330.	
35 Postage and shipping	1	746.	72.	150.	524.
36 Occupancy	1	99,782.	96,307.	3,475.	
37 Equipment rental and maintenance		12,912.	11,621.	1,291.	)
38 Printing and publications					
39 Travel					
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)		2 222	2,411	541	. 86.
43 Other expenses not covered above (itemize)			•		
a INSURANCE	43	18,826.	15,588	2,146	1,092.
D JOB TRAINING	43	1 005	1,395		
DRUG TESTING	43	1 0 4 0	1,968		. 0.
d VEHICLE EXPENSE	43	0 400	2,726	<del></del>	
MISCELLANEOUS	43	1	293		
PROFESSIONAL FEES			0		
	43	<del></del>	<del>                                     </del>	3,102	<del></del>
9		¥	<del> </del>	<del>                                     </del>	
43g. (Organizations completing columns (B)-(D),	<b>'</b>		1		
	. 4	521,907.	433,643	. 63,001	. 25,263.
carry these totals to lines 13-15)			400,040	03,001	20,203.
Joint Costs. Check if you are following			anadad in (D) Draams	nvinos 2	Yes X No
Are any joint costs from a combined educational camp	-				N/A ;
If "Yes," enter (i) the aggregate amount of these joint			; (ii) the amount allocated		; ;
(iii) the amount allocated to Management and general 623011	Ψ	14/12 ; and	(iv) the amount allocated	เบา เทเบาชเอมเบิ จั	Form 990 (2006)
D1 1/2 D7					(01111 330 (2000)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose?  OVIDE EMERGENCY SHELTER TO HOMELESS	Program Service Expenses
All c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	THE ORGANIZATION PROVIDES SHELTER, FOOD AND OTHER ASSISTANCE TO HOMELESS PERSONS IN THE NASHVILLE/DAVIDSON CNTY, TN AREA. DURING THE FISCAL YEAR, 176 HOMELESS PERSONS WERE ASSISTED.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ THE ORGANIZATION ASSISTS HOMELESS PEOPLE WITH VOCATIONAL TRAINING AND JOB PLACEMENT. DURING THE FISCAL YEAR, APPROXIMATELY 64 HOMELESS PEOPLE WERE ASSISTED.	311,661.
- - c	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	121,982.
-d	(Grants and allocations \$ ) If this amount includes foreign grants, check here	- - - - - -
	(Grants and allocations \$ ) If this amount includes foreign grants, check here  Other program services (attach schedule)	- - -
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	]
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	433,643.
		Form 990 (2006)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.    45	Page 4	573641	8-16	5	DRATED	P	INCOR	MATTHEW 25, IN	2006) MAT						
Should be for end-of-year amounts only.   Beginning of year   End of year															
46   Savings and temporary cash investments   134,221. 48   140,955	ear				scription column	e d	within the	ed schedules and amounts wi ar amounts only.	re required, attached schedu Id be for end-of-year amoun	ere	e: W	Note			
46   Savings and temporary cash investments   134,221. 48   140,955		0.5		104 007				t-bearing	Cash - non-interest-hearing	45 Cash on					
47 a   Accounts receivable   47 a   47 b   47 c   47 b   47 c   48 a   Pledges receivable   48 a   b   Less: allowance for doubtful accounts   48 b   48 c   49   Grants receivable   49   49   49   49   49   49   49   4						••••		orary cash investments	Savings and temporary cas	9					
### B Less: allowance for doubtful accounts ### ### ### ### ### ### ### ### ### #	1001.	170	***	151/2210		••••	***************************************		,,						
48 a Pledges receivable b Less: allowance for doubtful accounts 48b 48c							47a	ole	Accounts receivable	1 A	47				
48 a   Pledges receivable   48 a   48 a   48 c   48 c   48 c   49 c			47c					or doubtful accounts	Less: allowance for doubtfo	L					
b Less: allowance for doubtful accounts 48b 48c  49 Grants receivable 49  50 a Receivables from current and former officers, directors, trustees, and key employees 50a  b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b  51 a Other notes and loans receivable 51a 51b 51c  52 Inventories for sale or use 762 • 52 78  53 Prepaid expenses and deferred charges 53  54 a Investments • publicly-traded securities											1				
## 49   Grants receivable   49   50 a   Receivables from current and former officers, directors, trustees, and key employees   50a   50a    ## Beceivables from other disqualified persons (as defined under section   4958(f)(1)) and persons described in section 4958(c)(3)(B)   50b    ## 51 a Other notes and loans receivable   51a   51b   51c    ## 52 Inventories for sale or use   762 • 52   78    ## 53 Prepaid expenses and deferred charges   53    ## 54 a Investments - publicly-traded securities   Cost   FMV   54a    ## 55 a Investments - other securities   55a    ## 10 Less: accumulated depreciation   55b   55c    ## 55 Investments - other   55c    ## 56 Investments - other   55c    ## 57 Investments - other   55c    ## 58 Investments - other						<u> </u>					48				
Receivables from current and former officers, directors, trustees, and key employees 50a  B Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 50b  Cother notes and loans receivable 51a  b Less: allowance for doubtful accounts 51b  conventories for sale or use 762 • 52 78  repaid expenses and deferred charges 53  Investments - publicity-traded securities  Cost FMV 54a  b Investments - other securities 55a  b Less: accumulated depreciation 55b  Less: accumulated depreciation 55c  Investments - other 55c											1				
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			49												
b Receivables from other disqualified persons (as defined under section  4958(f)(1)) and persons described in section 4958(c)(3)(B)  51 a Other notes and loans receivable  b Less: allowance for doubtful accounts  51b  52 Inventories for sale or use  53 Prepaid expenses and deferred charges  54 a Investments - publicly-traded securities  b Investments - other securities  55a  Cost FMV  54b  55c  56 Investments - other  55c  56 Investments - other  56b					ı						50				
4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b  51 a Other notes and loans receivable 51a 51b 51c  b Less: allowance for doubtful accounts 51b 51c  52 Inventories for sale or use 762 52 78  53 Prepaid expenses and deferred charges 53  54 a Investments - publicly-traded securities Cost FMV 54a 54a 55b 55 a Investments - other securities 55a 55c  b Less: accumulated depreciation 55b 55c  55 investments - other 55c			oua (												
51 a Other notes and loans receivable b Less: allowance for doubtful accounts 51 loventories for sale or use 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 54 a Investments - publicly-traded securities b Investments - other securities cost FMV 55 a Investments - land, buildings, and equipment: basis  b Less: accumulated depreciation 55b 55c 55c 55c 55c			50h								i	v			
b Less: anowance for dobution accounts  52 Inventories for sale or use  53 Prepaid expenses and deferred charges  54 a Investments - publicly-traded securities  55 Investments - other securities  55 Less: accumulated depreciation  55 Investments - other				<del></del>							51	Asset			
52 Inventories for sale or use			- 1	l l											
53 Prepaid expenses and deferred charges 54 a Investments - publicly-traded securities 55 Investments - Investment	781.		52	762.							52				
b Investments - other securities Cost FMV 54b  55 a Investments - land, buildings, and equipment: basis 55a  b Less: accumulated depreciation 55b  56 Investments - other 55b			53				• · • • • • • • • • • • • • • • • • • •	and deferred charges	Prepaid expenses and defe	F					
55 a Investments - land, buildings, and equipment: basis			54a		Cost FMV			olicly-traded securities	Investments - publicly-trad	a I	54				
equipment: basis			54b		Cost FMV	▶		er securities	Investments - other securit	b I					
b Less: accumulated depreciation 55b 55c 55c 56						,	1 1				55				
56 Investments - other						╁	55a	••••	equipment: basis	(	1				
56 Investments - other			55¢	3			552								
JU 18176281868185 ORIGI															
					70,370.										
57 a Land, buildings, and equipment: basis	3,884.	{	57c	10,35 <u>6</u> .	61,486.						"				
58 Other assets, including program-related investments											5				
(describe ►			58		)_										
59 Total assets (must equal line 74). Add lines 45 through 58		24	<b></b>		58	gh	s 45 throug	ist equal line 74). Add lines 45	Total assets (must equal		5				
Bu Accounts payable and accided expenses	668.			1,097.							6				
61 Grants payable											1 -				
62 Deferred revenue												s			
25 Coalls from Onicers, directors, mostees, and ney employees											6	ij			
64 a Tax-exempt bond liabilities											5   0	iabi			
65 Other liabilities (describe RESIDENT DEPOSITS ) 40,486.65 44,7	4,772.	4		40,486.	TS )	S	DEPOS	scribe RESIDENT D	Other liabilities (describe			_			
UU TOTAL HADINGES. ACC MICEGINES OF MICEGINE	<u>5,440.</u>	4	66	41,583.				Add lines 60 through 65	Total liabilities. Add line	<b>.</b>	1				
Organizations that follow SFAS 117, check here ► X and complete lines					nd complete lines	] ;	ere 🕨 🗓	llow SFAS 117, check here	anizations that follow SFA	rga					
67 through 69 and lines 73 and 74.	5 671	10		201 072							,	**			
67 Unrestricted 201,873.67 195,6 6,780.68 6,780.68 6,7	5,674. 6,780.									7	ë   (	ä			
68 Temporarily restricted 6, 780 68 6, 7	0,700.		-	0,100.							aia.	atar			
69 Permanently restricted				<del></del>							9	E T			
complete lines 70 through 74.					C and	, ,	neck nere			ırga	H.	, L			
70 Capital stock, trust principal, or current funds			1 1				ınds			n	ا ة	Č			
67 Unrestricted			71								Sets	9			
72 Retained earnings, endowment, accumulated income, or other funds			72								Ass	Acc			
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.	\n 4E4			222	r lines 70 through 72.	59 c	37 through 69	or fund balances. Add lines 67 th	Total net assets or fund ba	3	Se	¥ o			
(Column (A) must equal line 19 and column (B) must equal line 21)	02,454. 17,894.				e 21)	al li	) must equal	t equal line 19 and column (B) m	(Column (A) must equal line		_	_			
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 250, 236. 74 247, 8			14	250,236	es do and 73	d III	ances. Add	and net assets/fund balance	Total liabilities and net	4		_			

Form Pa	1 990 (2006) MATTHEW 25, INCORPORAT Reconciliation of Revenue per Audited Financi instructions.)			8-16 r Retur		
	Total revenue, gains, and other support per audited financial statement	ts	<del></del>	a	5	15,708.
b	Amounts included on line a but not on Part I, line 12:					-
1	Net unrealized gains on investments	b1	1			
2	Donated services and use of facilities	b2				
3	Recoveries of prior year grants	b3				
4	Other (specify):	h				
7	Add lines b1 through b4			b		0.
_	Subtract line b from line a			·····		15,708.
	Amounts included on Part I, line 12, but not on line a:		••••••			72077000
u -		ام	d			
1	Investment expenses not included on Part I, line 6b		<del>,</del>			
2	Other (specify):		<u></u>	d		0.
_	Add lines d1 and d2					515,708.
De	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Final	ncial Statements W	ith Expenses		um	313,700.
				-		521,907.
a	Total expenses and losses per audited financial statements		······································	a	<del>                                     </del>	321,307.
b	Amounts included on line a but not on Part I, line 17:	1.	. 1			
1	••····································	F	<u> </u>	₩		
2	Prior year adjustments reported on Part I, line 20	<u>L</u> b	2			
	Losses reported on Part I, line 20		3			
4	Other (specify):				1	•
	Add lines b1 through b4					0.
C	Subtract line b from line a			c		521,907.
d	Amounts included on Part I, line 17, but not on line a:	1	1			
1	Investment expenses not included on Part I, line 6b	<u>t</u>	1			
2	Other (specify):		12			_
	Add lines d1 and d2			d		0.
	Total expenses (Part I, line 17). Add lines c and d					521,907.
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we				er, direc	ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contrib employee plans & d compensat	utions to benefit leferred ion plans	(E) Expense account and other allowance
$\overline{R}$	DBERT L. JACKSON	EXECUTIVE DIF				
_	25 BENTON AVENUE			l		
_	ASHVILLE, TN 37215	40.00	55,613.	,	0.	l o.
_		DIRECTORS				
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Form 990 (2006)

	990 (2006) MATTHEW 25, INCORPOR	ATED		58-16736	541 n	E
Parl	V*A Current Officers, Directors, Trustees, and K	ey Employees (continu	red)	30-10/30	Yes	age 6 No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board			
	meetings			2		
	Are any officers, directors, trustees, or key employees listed in For				**	1
	isted in Schedule A, Part I, or highest compensated professional a	nd other independent contr	actors listed in Sci	nadula A		<b>∞</b> !
	Part II-A or II-B, related to each other through family or business related to the latest telephone and according to	ationships? If "Yes," attach	a statement that i	dentifies		
	the individuals and explains the relationship(s)	••••••••••••			75b	X
C	Do any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest c	ompensated empl	oyees	* *	
	isted in Schedule A, Part I, or highest compensated professional a	nd other independent contr	actors listed in Sci	hedule A,	& *	8
	Part II-A or II-B, receive compensation from any other organizations organization? See the instructions for the definition of 'related orga	ni-ntin- i		i i		
	if "Yes," attach a statement that includes the information described	****************			75c	X
		in the instructions.		<b>.</b>	75d	X
Par	V-B Former Officers, Directors, Trustees, and K	ev Employees That F	Received Com	pensation o	r Other	<u> </u>
	Benefits (If any former officer, director, trustee, or key e	employee received compens	sation or other ben	efits (described	d below) du	ring
	the year, list that person below and enter the amount of o	ompensation or other bene				ons.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	employee benefit	account	
	NONE	(-,	enter -0-)	plans & deferred compensation plan		
	·				<del></del>	
		•				
				<del>                                     </del>	<del> </del>	<del></del>
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802	VI Other Information (See the Instructions.)	<del></del>			Ye	s No
76	Did the organization make a change in its activities or methods of	conducting activities? If "Y	'es.' attach a deta	iled		
10	statement of each change				76	X
77	Were any changes made in the organizing or governing documen				77	X
	If "Yes," attach a conformed copy of the changes.	·				
78 a	Did the organization have unrelated business gross income of \$1	,000 or more during the yea	ar covered by this	return?	78a	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b	<del> </del>
79	Was there a liquidation, dissolution, termination, or substantial co				79	X.
80 a					ana	X
	membership, governing bodies, trustees, officers, etc., to any other the name of the organization N/A	ner exempt or nonexempt o	rganization?		80a	<b>→</b> ^-
t	If "Yes," enter the name of the organization ► N/A	and check whether it i	s exempt or	nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instruc			0	E 1000 -	
	Did the organization file Form 1120-POL for this year?				81b	X
					Form 99	90 (2006)

15.71.11.50	990 (2006) MATTHEW 25, INCORPORATED 58-16730	641	Р	age 7
Par	VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	L
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Ĺ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84h		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
đ	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<u> </u>	ـــــ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	1		İ
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?N/A	85h		
86	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on			
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a	<del></del>	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of		1	1
	section 512(b)(13)? If "Yes," complete Part XI	88b	1	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 : section 4912 ► 0 : section 4955 ► 0 .		180	
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	M		
	If "Yes," attach a statement explaining each transaction	89t	1	X
C	: Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	postions 4912 4955 and 4958	. 🔛		
(	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	. 89	e	X
1	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	. 89	f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	. 🐘		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 89	<u> </u>	<u> </u>
90	a List the states with which a copy of this return is filed ► NONE			
	h Number of employees employed in the pay period that includes March 12, 2006 90b			1
91	a The books are in care of ▶ ROBERT L JACKSON, EXECUTIVE DIRECTO Telephone no. ▶ 615-3	<u> 183-</u>	<u>-95</u>	<u> 17                                    </u>
	Located at ▶ 625 BENTON AVENUE, NASHVILLE, TN ZIP+4 ▶	372	04	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		<u> Y</u>	es N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91	*****	X
	If "Yes," enter the name of the foreign country > N/A	- 8	( I	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1000	130 1 140	× .
	and Financial Accounts.			
		F	orm 9	90 (200

Form 990 (2006) MATTHE Part VI Other Information (continuous)	W 25, I	NCORPO	RATED		58-1	1673641 Page 8
c At any time during the calendar year, o		-411-4-		- 6 (1) - 1.1 (2)		Yes No
If "Yes," enter the name of the foreign	country	ation mainta N	an office outside	of the United	i States?	91c X
92 Section 4947(a)(1) nonexempt charitat				Chack here		
and enter the amount of tax-exempt in	terest received	or accrued	during the tax yea	r Oneck nere	▶ 92	N/A
Part VII Analysis of Income-Pro	oducing Ac	tivities (S	ee the instructions.	)		217 22
Note: Enter gross amounts unless otherwise		Unrelated	business income		y section 512, 513, or 514	(5)
indicated.		(A)	(B)	(C)	(D)	(E) Related or exempt
93 Program service revenue:	L	Business code	Amount	sion	Amount	function income
a RESIDENT SERVICE FE	E [					7,628.
b RESIDENT PROGRAM FE	E					18,932.
c			· ·			
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government a	gencies					
94 Membership dues and assessments	_					
95 Interest on savings and temporary cash inve	estments					<del> </del>
96 Dividends and interest from securities				14	8,476.	
97 Net rental income or (loss) from real est	7000					
a debt-financed property	[					
b not debt-financed property	[					101,554.
98 Net rental income or (loss) from person						
99 Other investment income						
100 Gain or (loss) from sales of assets		_ [				
other than inventory						
101 Net income or (loss) from special even	1					
102 Gross profit or (loss) from sales of inve	ntory					
103 Other revenue:						
a MISCELLANEOUS						<15,373.
b						
c	I					
d		]				
<b>p</b>	Ì					
104 Subtotal (add columns (B), (D), and (E)	))			0.	8,476.	
105 Total (add line 104, columns (B), (D), a					<b>&gt;</b>	121,217.
Note: Line 105 plus line 1e, Part I, should e						
Part VIII Relationship of Activi	ties to the A	Accompl	ishment of Exe	mpt Purpo	oses (See the Instruct	ions.)
Line No. Explain how each activity for which	income is repor	ted in colum	n (E) of Part VII contri	buted important	try to the accomplishment	of the organization's
exempt purposes (other than by pr					<u></u>	
SEE STATEMENT	2					
		·				
Part IX Information Regardin	g Taxable S	Subsidiar	ies and Disreg	arded Enti	ties (See the instructi	ons.)
(A)	(B)	T	(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity o	Percentage of wnership interes	t	Nature of activities		Total income	End-of-year assets
NOT APPLICABLE		%				
		%				
		%				
		%	· <u>- · · · · · · · · · · · · · · · · · ·</u>			
Part X Information Regardin			ted with Perso	onal Benef	it Contracts (See the	he instructions.)
(a) Did the organization, during the year, rec						
(b) Did the organization, during the year, pay						
Note: If "Yes" to (b), file Form 8870 and					••••••	
			<del></del>			Form 990 (2006

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Form 990 Part X	2000 - Act 20 20 10 10		D NOV 1 6 2007	PAGE
rat.		<u> </u>	<u>58-167</u>	3641 p
	Information Regarding Transfers To and Fi controlling organization as defined in section 512(b)(13).	rom Controlled Entities N/A	. Complete only if the organiz	ation is a
	controlling organization as defined in section or 2 (b)(10).	N/A		Yes
106 Did	the reporting organization make any transfers to a controlled	entity as defined in section 51	2(b)(13) of the Code? If "Yes,"	• 163
CO	nolete the schedule below for each controlled entity.			
	(A) Name, address, of each	(B) Emptoyer	(C) Description of	(D) Amount
	controlled entity	Identification Number	transfer	transfe
a				
_				
ь				
_				
c				
	Totals			124
107 Die	the reporting organization receive any transfers from a contr	nllad antiny as daffaed is assti	======================================	Yes
	mplete the schedule below for each controlled entity.	saed entity as defined in socia	on 5 (2 log(15) of the 000e: 11	1 43,
	(A)	(B)	(C)	(D)
	Name, address, of each controlled entity	Employer Identification	Description of transfer	Amount
	- Control Control	Number		-
a				
.				
b				
		1		
c				
c				
c _	Totals			
				Ye
108 D	d the organization have a binding written contract in effect on			Ye
108 D	the organization have a binding written contract in effect on nuities described in question 107 above?	August 17, 2006, covering the	interest, rents, royalties, and	Ye
108 D	d the organization have a binding written contract in effect on nuities described in question 107 above?	August 17, 2006, covering the	interest, rents, royalties, and	Ye
108 D	d the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of preparer (other than officer) is based on all informs.	August 17, 2006, covering the	s, and to the best of my knowledge and	Ye
108 D	the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of prepare (other than officer) is based on all informs  Signature of officer	August 17, 2006, covering the accompanying schedules and statement tion of which preparer has any knowledge.	interest, rents, royalties, and s, and to the best of my knowledge and	Ye
108 D au Please Sign	the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of prepare (other than officer) is based on all informs  Signature of officer	August 17, 2006, covering the	interest, rents, royalties, and s, and to the best of my knowledge and	Ye
108 D si Please Sign Here	the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of preparer (other than officer) is based on all informs  Signature of officer  Robert L., Tacica Exec	August 17, 2006, covering the accompanying schedules and statement tion of which preparer has any knowledged through the control of the contr	e interest, rents, royalties, and so the best of my knowledge and to the best of my knowledge and Date  Date  Check if Preparer's St	belief, it is true, o
108 D ar Please Sign Here	the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of preparer (other than officer) is based on all informs  Signature of officer  Type or print name and title  Preparer's  Signature  Until Mall Sangletin	August 17, 2006, covering the accompanying schedules and statement attended the of which preparer has any knowledged the control of the contr	Date  Check if Preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers SS employed   A months to the best of my knowledge and preparers to	Delief, it is true, or O7
108 D si Please Sign Here	the organization have a binding written contract in effect on nuities described in question 107 above?  Under penalties of perjury, I declare that I have examined this return, including and complete Declaration of prepare (other than officer) is based on all informs  Signature of officer  Type or print name and title  Preparer's signature  DAVIDSON, GOLDEN & LU	August 17, 2006, covering the accompanying schedules and statement then of which preparer has any knowledged to the control of	Date  Check if Preparer's St	Delief, it is true, or O7

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

wattie of the organ	MATTHEW 25, INCORPORATED		1	58: <b>1</b> 6736	
Part I	Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, et	oloyees Other Than	Officers, Dire	ctors, and T	rustees
	Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & defarred compensation	(e) Expense account and othe allowances
NONE					
Total number of o	other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Ind (See page 2 of the instructions. List each one (whether individual			ional Servic	es
(	(a) Name and address of each independent contractor paid more t		(b) Type of	service	(c) Compensation
NONE					
		_			-
	others receiving over fessional services	. 0			
Part II-B		dependent Contract sional services, whether indiv		Services	
	(a) Name and address of each independent contractor paid more		(b) Type o	f service	(c) Compensation
NONE					
NONE				<u> </u>	
					<del> </del>

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Р	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1	20/03/2020	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?		<u> </u>	_X
t	Lending of money or other extension of credit?	2b		Х
	Furnishing of goods, services, or facilities?		<u> </u>	Х
(	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_2d	X	ļ
6	e Transfer of any part of its income or assets?	2e	<u> </u>	X
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	1		
	the organization determines that recipients qualify to receive payments.)	3a		X
- (	b Dd the organization have a section 403(b) annuity plan for its employees?	3b	<u> </u>	X
1	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	İ	ļ	
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<u> </u>	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	30	ļ	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	48		х
	b Did the organization make any taxable distributions under section 4966? N/A	4b		T
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year	•	N,	/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N.	/A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•		0
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the su organizatio the sup	n listed in   porting	(e) Amount of support
		or IRC section)	organiz governing d	ation's iocuments?	
			Yes	No	
Total			·	<b>&gt;</b>	

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 7 of the instructions.)

Page 4

r en	Note: You may use the	worksheet in the instr	uctions for converting	from the accrual to the	cash method of acco	unting.
beginn	lar year (or fiscal year ling in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	342,254.	347,721.	277,625.	331,457.	1,299,057.
	Membership fees received	0.	0.	•	0.	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	138,121.	94,119.	59,351.	44,270.	335,861.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		3,948.	1,979.	2,365.	
19	Net income from unrelated business		3/740.	1/3/3.	2,303.	14,540.
15	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	486,631.			378,092.	1,649,466.
24	Line 23 minus line 17	348,510.		279,604.		
25	Enter 1% of line 23	4,866.			<del>'                                    </del>	
26	Organizations described on lines 1				\$0000000	26,272.
b	•		=	•	\$33330000	
	unit or publicly supported organizat					
	Do not file this list with your return					1 010 605
3		test: Enter line 24, colum	n (e)		<u> 26c</u>	1,313,003.
d	Add: Amounts from column (e) for	lines: 18	14,548. 19 261	)		14,548.
_	Dublic surse of these Officers along the			)	26d	1 000 000
	Public support (line 26c minus line Public support percentage (line 2				······	0.0.0.0.
27	Organizations described on line 1					
27	records to show the name of, and the such amounts for each year:	total amounts received in N/A	each year from, each "dis	qualified person." Do not	file this list with your re	turn. Enter the sum of
,	and amount received for each year described in lines 5 through 11b, 2 the larger amount described in (1) (2005)	r, that was more than the as well as individuals.) Do or (2), enter the sum of t (2004)	arger of (1) the amount not file this list with you hese differences (the exc	on line 25 for the year or r return. After computing ess amounts) for each ye (2003)	(2) \$5,000. (Include in to the difference between to ar: N/A (2002)	he list organizations the amount received and
	c Add: Amounts from column (e) fo	riiiies: 15	· · · · · · · · · · · · · · · · · · ·	16	▶ 27	n/A
	17 d Add: Line 27a total		and line 27h total		27	12/2
	e Public support (line 27c total mini	us line 27d total)	and line 270 total	·····	≥ 27	12.72
	f Total support for section 509(a)(2	2) test: Enter amount on li	ne 23, column (e)	▶   271	N/A	
	g Public support percentage (					
	h Investment income percenta					
	Unusual Grants: For an organizal show, for each year, the name of the return. Do not include these grants	tion described in line 10, e contributor, the date and	I1, or 12 that received an I amount of the grant, and	v uguenal grante during 2	2002 through 2005, prep	are a list for your records to not file this list with your

NONE

Schedule A (Form 990 or 930-EZ) 2006

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	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/F	4	
	(10 20 completed on 21 2) compose that should the box of this of the divisor	Τ,		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		res	No
	instrument, or in a resolution of its governing body?	29	********	Cocomercosco
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			*
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	**********	20000000000000
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			*
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_   🌂		
	<del></del>	_		13.
		_		
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		ـــــــ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	ļ		ĺ
	admissions, programs, and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_   🕬		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33ь		ļ
C	Employment of faculty or administrative staff?			↓
đ	Scholarships or other financial assistance?	33d		<u> </u>
е	Educational policies?	33е	ļ	—
f	Use of facilities?	33f	<u> </u>	<u> </u>
g	Athletic programs?	336		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			1
		l		10
		_     🖤		
		* **		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<u> </u>	
t				
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			4
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,		1	1
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	edule A (Form 990 of 990-EZ) 2006 MATTHEW 25, INCORPORATED			<u>-1673641 Page 6</u>
P	Lobbying Expenditures by Electing Public Charities (See par (To be completed ONLY by an eligible organization that filed Form 5768)	ge 10 (	f the instructions.)	N/A
Che		you ch	cked "a" and "limited control"	provisions apply.
	Limits on Lobbying Expenditures		(a) Affiliated group	(b) To be completed for all
	(The term "expenditures" means amounts paid or incurred.)		totals	electing organizations
			N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	<del>-</del> -	
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -	voe:		* * . *
	If the amount on line 40 is - The lobbying nontaxable amount is -	*		
	Not over \$500,000 20% of the amount on line 40			* 30.150
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		, , , , , , , , , , , , , , , , , , , ,	***
	Over \$1,000,000 but not over \$1,500,000	41		
	Over \$1,500,000 but not over \$17,000,000		7	
	Over \$17,000,000 \$1,000,000	*		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	İ	
_	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	83 c .		

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(B) Total	
45 Lobbying nontaxable amount					(	
46 Lobbying ceiling amount (150% of line 45(e))					(	
47 Total lobbying expenditures					(	
48 Grassroots nontaxable amount						
49 Grassroots ceiling amount (150% of line 48(e))					(	
50 Grassroots lobbying expenditures						

#### Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes ..... g Direct contact with legislators, their staffs, government officials, or a legislative body h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

623151 01-18-07

Part	VII Information Reg	garding Transfers To and cations (See page 13 of the instruc	Transactions and	Relationships With Noncha	ritable	<u>-</u>	rage /
1 D		rectly or indirectly engage in any of the		organization described in section			
		ection 501(c)(3) organizations) or in s					
		anization to a noncharitable exempt o	_		[	Yes	No
		•	•		51a(i)		Х
							Х
	ther transactions:						
(	(i) Sales or exchanges of asset	is with a noncharitable exempt organiz	zation		b(i)		X
(	ii) Purchases of assets from a	noncharitable exempt organization	••••••		b(ii)		
(i	ii) Rental of facilities, equipme	nt, or other assets	••••		b(iii)		Х
(i	v) Reimbursement arrangeme	nts	•••••		b(iv)		X
(	v) Loans or loan guarantees		·····		b(v)		X
							X
							X
				Ilways show the fair market value of the			
		given by the reporting organization. I		<del>-</del>		N/A	
	<del></del>	nent, show in column (d) the value of t	ma goods, oniai assats, o			IN / E	<u> </u>
(a) Line no	(b) Amount involved	(c) Name of noncharitable exer	mpt orcanization	(d) Description of transfers, transactions, a	and sharing ar	range	ments
						95	
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			· · · · · · · · · · · · · · · · · · ·				
		c)(3)) or in section 527?		ganizations described in section 501(c) of	the Yes		X N
		a) rganization	(b) Type of organization	(c) Description of rela	tionship		
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62315 01-18-	2 07			Schedule	A (Form 990 c	r 990	EZ) 20

FORM 9	90 RENTAL INCOME		STATEMENT	1
KIND A		CTIVITY NUMBER	GROSS RENTAL INCO	OME
625 BI	ENTON AVENUE, NASHVILLE, TN 37204	1	101,55	54.
TOTAL	TO FORM 990, PART I, LINE 6A		101,5	54.
FORM S	PART VIII - RELATIONSHIP OF ACTIVITIES T ACCOMPLISHMENT OF EXEMPT PURPOSES	0.0	STATEMENT	2
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES			
93A	FEES ARE COLLECTED FOR CERTAIN SERVICES TO HELP TECONOMIC SELF-SUFFICIENCY	TRAIN THE	E RESIDENTS	IN
97B	RENTAL FEES ARE COLLECTED TO HELP TRAIN RESIDENTS SELF-SUFFICIENCY	S IN ECON	OMIC	
103A	MISC. FEES CHARGED RESIDENTS TO PROVIDE TRAINING SELF-SUFFICIENCY	IN ECONO	OMIC	

#### **Board of Directors**

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Stuart Campbell

625 Benton Ave. Nashville, TN 37204

# MATTHEW 25, INCORPORATED #58-1673641 LIST OF OFFICERS, DIRECTORS, TRUSTEES, and KEY EMPLOYEES 6/30/2007

	<del></del> _		
Name and Address Alan D. Mazer 625 Benton Ave. Nashville, TN 37204	Office President Board of Directors	Name and Address Alex M. Kelso 625 Benton Ave. Nashville, TN 37204	Office Board of Directors
Pat Wallace 625 Benton Ave. Nashivlle, TN 37204	Secretary Board of Directors	Rob Milam 625 Benton Ave. Nashville, TN 37204	Board of Directors
Reno Benson 625 Benton Ave. Nashville, TN 37204	Treasurer Board of Directors	Roderic Murray 625 Benton Ave. Nashville, TN 37204	Board of Directors
Harry Baird 625 Benton Ave. Nashville, TN 37204	Board of Directors	Frank H. Reeves 625 Benton Ave. Nashville, TN 37204	Board of Directors
Larraine Gerelick 625 Benton Ave. Nashville, TN 37204	Board of Directors		

Board of Directors

#### Fixed assets

# MATTHEW 25, INCORPORATED # 58-1673641 FORM 990, PAGE 4, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT 6/30/2007

<u>Class</u>	<u>Method</u>	<u>Life</u>	<u>Basis</u>	Depreciation 6/30/2007	Accumulated Depreciation 6/30/2007	Book Value <u>6/30/20</u> 07
Equipment	SL.	3-7yrs	40,466	1,724	34,168	6,298
Vehicles	SL	3-5yrs	9,447	-	9,447	_
Leasehold improvements	SL	2-10 yrs	2,624	150	2,242	382
Fumiture and fixtures	SL	5-10 yrs	17,832	1,164	<u>15,628</u>	2,204
			70,369	3,038	61,485	8,884
			Ln 57a	Pt II, Ln 42	Ln 57b	Ln 57c Col B