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)

Department of the Treasury Internal Revenue Service

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

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12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 445, 788. 13 Program services (from line 44, column (B)) 13 355, 718. 14 Management and general (from line 44, column (C)) 14 62, 200. 15 Fundraising (from line 44, column (D)) 15 37, 722. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 455, 640. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 <9, 852.								
13Program services (from line 44, column (B))13355,718.14Management and general (from line 44, column (C))1462,200.15Fundraising (from line 44, column (D))1537,722.16Payments to affiliates (attach schedule)1617Total expenses (add lines 16 and 44, column (A))17455,640.18Excess or (deficit) for the year (subtract line 17 from line 12)18<9,852.		12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc, and 11)			12	
is is is is1462,200.15Fundraising (from line 44, column (C))1537,722.15Fundraising (from line 44, column (D))1537,722.16Payments to affiliates (attach schedule)1617Total expenses (add lines 16 and 44, column (A))17455,640.18Excess or (deficit) for the year (subtract line 17 from line 12)18<9,852.		13						
17Total expenses (add lines 16 and 44, column (A))17455, 640.18Excess or (deficit) for the year (subtract line 17 from line 12)18<9,852.5	ses	14	Management and general (from line 44, column (C))				14	
17Total expenses (add lines 16 and 44, column (A))17455, 640.18Excess or (deficit) for the year (subtract line 17 from line 12)18<9,852.5	oen	15						37,722.
18Excess or (deficit) for the year (subtract line 17 from line 12)18<9,852.519Net assets or fund balances at beginning of year (from line 73, column (A))19227,247.20Other changes in net assets or fund balances (attach explanation)200.21Net assets or fund balances at end of year (combine lines 18, 19, and 20)21217,395.	Ĕ	16	Payments to affiliates (attach schedule)				16	
19Net assets or fund balances at beginning of year (from line 73, column (A))19227, 247.20Other changes in net assets or fund balances (attach explanation)200.21Net assets or fund balances at end of year (combine lines 18, 19, and 20)21217, 395.								
The sector of fund balances at beginning of year (from line 73, column (A))19227,247.20Other changes in net assets or fund balances (attach explanation)200.21Net assets or fund balances at end of year (combine lines 18, 19, and 20)21217,395.	ú	18	Excess or (deficit) for the year (subtract line 17 from li	ne 12)			18	<9,852.
21Net assets or fund balances at end of year (combine lines 18, 19, and 20)21217, 395.	let sets	19	Net assets or fund balances at beginning of year (from	line 73, column (A))			19	227,247.
	A Sister A	20						
LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2004)		21					21	
	423U 01-1	3-05	LHA For Privacy Act and Paperwork Reduction Act	Notice, see the separate instr 1	uction	S.		Form 990 (2004)

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2004.08010 MATTHEW 25, INCORPORATED

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25, INCORPORATED

58-1673641

				(D) are required for section trusts but optional for othe	
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	services	`´and gĕneral	(2) : anaratoning
(cash \$ noncash \$	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	50,060.	20,024.	20,024.	10,012.
26 Other salaries and wages	26	197,616.	177,080.	14,271.	6,265.
27 Pension plan contributions	27		27770000		0,2001
28 Other employee benefits	28	1,785.	1,421.	246.	118.
29 Payroll taxes	29	18,948.	15,082.	2,615.	1,251.
30 Professional fundraising fees	30			,	,
31 Accounting fees	31	8,916.		8,916.	
32 Legal fees	32	-		-	
33 Supplies	33	41,887.	35,816.	1,518.	4,553.
34 Telephone	34	5,477.	3,286.	2,191.	
35 Postage and shipping	35	1,759.	176.	352.	1,231.
36 Occupancy	36	71,836.	65,230.	6,606.	
37 Equipment rental and maintenance	37	8,451.	7,606.	845.	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	882.		882.	
42 Depreciation, depletion, etc. (attach schedule)	42	3,721.	2,938.	649.	134.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	43d				
e SEE STATEMENT 3	43e	44,302.	27,059.	3,085.	14,158.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	. 44	455,640.	355,718.	62,200.	37,722.
Joint Costs. Check 🕨 🛄 if you are following SOP 98				_	
Are any joint costs from a combined educational campai	ign and fund	raising solicitation rep	orted in (B) Program servio	ces?► L	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co				Program services \$;
(iii) the amount allocated to Management and general \$			iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Servi		mplishments			
What is the organization's primary exempt purpose?					Brogram Carvias
PROVIDE EMERGENCY SHELTER			he much a stallante annual and	liastiana incord ata Diasona	Program Service Expenses
All organizations must describe their exempt purpose achievemen achievements that are not measurable. (Section 501(c)(3) and (4) or					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)				1001000	trusts; but optional for others.)
a THE ORGANIZATION PROVID					
TO HOMELESS PERSONS IN					
DURING THE FISCAL YEAR,	, 21/			ASSISTED.	
			irants and allocations \$)	256,066.
b THE ORGANIZATION ASSIST					
TRAINING AND JOB PLACEN			HE FISCAL YEA	AR,	
APPROXIMATELY 138 HOMEI	LESS P				
		(G	irants and allocations \$)	99,652.
С					
		(0	ο		
d		(G	irants and allocations \$)	
u					
			rants and allocations \$		
e Other program services (attach schedule)			irants and allocations \$)	
f Total of Program Service Expenses (should equal	line 44 colu	1)	355,718.
423011 01-13-05				····· •	Form 990 (2004)
01-13-00		2	2		

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480 275

571.

<u>,166.</u> 0.

> <u>492</u> <38

135.

097.

 $\frac{102}{293}$

		re required, attached schedules and amounts w Id be for end-of-year amounts only.	ithin the	description column	(A) Beginning of year		(B) End of ye
	45	Cash - non-interest-bearing			92,743.	45	97
	46	Savings and temporary cash investments			170,733.	46	152
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b		5,539.	47c	
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts				48c	
	49	Grants receivable	·			49	
	50	Receivables from officers, directors, trustees,					
		and key employees				50	
Assels	51 a	Other notes and loans receivable					
Ϋ́Ε	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			3,711.	52	1
	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities)	► Cost FMV		54	
	55 a	Investments - land, buildings, and					
		equipment: basis	. 55a				
	h	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
		Land, buildings, and equipment: basis		65,209.			
		Less: accumulated depreciation		65,209. 55,043.	10,256.	57c	10
	58	Other assets (describe ► DEPOSITS)	500.	58	
	59	Total assets (add lines 45 through 58) (must equal	line 74)		283,482.	59	261
	60	Accounts payable and accrued expenses			1,696.	60	
	61	Grants payable				61	
	62	Deferred revenue				62	
۵ ۱	63	Loans from officers, directors, trustees, and key emp				63	
	64 a	a Tax-exempt bond liabilities				64a	
1 Ĕ					<u> </u>	64b	
	65	Other liabilities (describe ► <u>RESIDENT</u> D	EPOS.	<u>115</u>)	54,539.	65	44
	66	Total liabilities (add lines 60 through 65)			56,235.	66	44
	Orga	nizations that follow SFAS 117, check here 🕨 🛛 🛛	and cor	nplete lines 67 through			
,		69 and lines 73 and 74.			014 006		
	67	Unrestricted			214,236.	67	209
	68	Temporarily restricted			13,011.	68	8
;	69 0	Permanently restricted		·····		69	
5	Orga	nizations that do not follow SFAS 117, check here 🕨	• 📖 :	and complete lines			

70 through 74. Net Assets or I Capital stock, trust principal, or current funds 70 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 227,247 217,395. 73 74 Total liabilities and net assets / fund balances (add lines 66 and 73) 283,482. 261,492. 74 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

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.

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16520121 793702 061673641

Form 990 (2004 Part IV-A	MATTHEW Reconciliation of Reven	25,		TED	V-B Reconc	iliation of Evr	58-16		
Fall IV-A	Financial Statements w			Faiti	Financia	al Statements	s with Ex	apenso	es per
a Total reven	Return ue, gains, and other support			a T	otal expenses and lo	sses per			
 b Amounts in line 12, For (1) Net unreali on investm (2) Donated se and use of (3) Recoveries 	zed gains eents \$ ervices facilities \$	► <u>a</u> 	445,788.	b A li (1) C a (2) F r F (3) L	vulited financial state vmounts included on ne 17, Form 990: Donated services nd use of facilities Prior year adjustment eported on line 20, form 990 	line a but not on \$s \$		4	155,64
	\$		0.	(4) (Other (specify):	\$	Þ b		
d Amounts in 990 but no	-	C C	445,788.	d A g	ine a minus line b Mounts included on 190 but not on line a :	line 17, Form	► c	4	155,64
(1) Investment not include line 6b, For(2) Other (specified)	d on m 990 \$	_		n l	nvestment expenses lot included on ne 6b, Form 990 	\$			
	\$	_	^			\$			
e Total reven (line c plus	nts on lines (1) and (2) nue per line 12, Form 990 line d)	e	0.445,788.	e T (dd amounts on lines otal expenses per lin line c plus line d)	e 17, Form 990	🕨 e	4	155,64
Part V L	ist of Officers, Directors	, Trus	stees, and Key I		/ees (List each one and average hours			ions to	(E) Expe
	(A) Name and address	6		perv	week devoted to position	(If not paid, enter -0)	(D)Contribut employee b plans & def compensa	enefit erred ition	àcćouht a other allow
625 BEN	LE, TN			40	UTIVE DIR	ECTOR 50,060.		ο.	
SEE ATT	ACHED_LIST			DIRE	CTORS				
				РТ		0.		ο.	
	cer, director, trustee, or key employed s, of which more than \$10,000 was					· <u> </u>	and all relati X No	ed	

Dar	990 (2004) MATTHEW 25, INCORPORATED			-1673		Yes	Pa
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed de	orintior	a of each activity		76	162	
'6 '7					70		
'	Were any changes made in the organizing or governing documents but not reported to the IRS?				- //		┢
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	thic rotu	urn 9		78a		2
	If "Yes," has it filed a tax return on Form 990-T for this year?				78b		<u> </u>
'9 '9	Was there a liquidation, dissolution, termination, or substantial contraction during the year?				780		2
9					79		<u> </u>
0.0	If "Yes," attach a statement		n mambarahin				
Ua	Is the organization related (other than by association with a statewide or nationwide organization) through				000		X
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?				80a		
D	If "Yes," enter the name of the organization						
	and check whether it is			nexempt. 0.			
	Enter direct or indirect political expenditures. See line 81 instructions				0.41		v
D	Did the organization file Form 1120-POL for this year?				81b		X
2 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge					v	
	fair rental value?				82a	Х	-
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or		1				
	expense in Part II. (See instructions in Part III.)						
	Did the organization comply with the public inspection requirements for returns and exemption application				83a	X	⊢
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?				83b	Х	<u> </u>
	Did the organization solicit any contributions or gifts that were not tax deductible?				84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	tax deductible?		N/2	A	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/2	A	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	n receiv	ed a waiver for pro	xy tax			
	owed for the prior year.						
C	Dues, assessments, and similar amounts from members	85c	N/2				
d	Section 162(e) lobbying and political expenditures	85d	N/2				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/2	A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/2	A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/2	A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85	f to its re	easonable estimate	of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?		N/2	A	85h		
6	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			A			
b	Gross receipts, included on line 12, for public use of club facilities	86b			1		
7	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/2	A	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				1		
	against amounts due or received from them.)	87b	N/2	A			
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	partners					
•	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30						
	If "Yes," complete Part IX				88		X
9 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						-
• •	section 4911▶0 • ; section 4912▶0 • ; section 4912	55 🕨		Ο.			
h	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?						
					89b		X
•	If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				030		1 23
C			•				0
A	sections 4912, 4955, and 4958						0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization						
	List the states with which a copy of this return is filed TENNESSEE		005				1
	Number of employees employed in the pay period that includes March 12, 2004			1 5 20	2 0	<u> </u>	
1	The books are in care of ROBERT L JACKSON , EXECUTIVE DIREC		epnone no. 🕨 🗴	12-30	3-9	577	
					7 2 0		
	Located at ► 625 BENTON AVENUE, NASHVILLE, TN		ZIP	•+4 ► <u>3</u>	120	4	
						. ۲	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here.					ÞL	
2						7	
2 2304 ⁻ 1-13-	and enter the amount of tax-exempt interest received or accrued during the tax year				N/	A n 990	10.5

Form 990 (2004)	Form	990	(2004	4)
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Form 990 (2004) MATTHEW 25, INCORPORATED Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless oth indicated.			d business income	Exclu	ded by section 512, 513, or 514	(E)
		(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:		code	Amount	sion	Amount	function income
a RESIDENT SERVICE	FEE					7,00
b RESIDENT PROGRAM						13,00
с ————————————————————————————————————						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government						
94 Membership dues and assessments						
95 Interest on savings and temporary cas						
96 Dividends and interest from securities				14	3,948.	
97 Net rental income or (loss) from real e						
a debt-financed property						
b not debt-financed property						61,20
98 Net rental income or (loss) from perso						
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory						40
01 Net income or (loss) from special even						
02 Gross profit or (loss) from sales of inv						
03 Other revenue:	· · j					
a MISCELLANEOUS						12,51
b						
с						
d						
e						
04 Subtotal (add columns (B), (D), and (I	F))		0		3,948.	94,11
ote: Line 105 plus line 1d, Part I, shou Part VIII Relationship of Ac Line No. Explain how each activity for w	uld equal the amount tivities to the which income is repo	<i>unt on line 12</i> Accompli rted in column	, Part I. shment of Exem (E) of Part VII contribute	pt Pu	rposes (See page 34 of the	98,06 e instructions.)
lote: Line 105 plus line 1d, Part I, sho Part VIII Relationship of Ac	uld equal the amount tivities to the which income is repo by providing funds for	<i>unt on line 12</i> Accompli rted in column	, Part I. shment of Exem (E) of Part VII contribute	pt Pu	rposes (See page 34 of the	98,06 e instructions.)
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for wexempt purposes (other than SEE STATEMEN) SEE STATEMEN	uld equal the amount tivities to the which income is repo by providing funds for T 4	unt on line 12 Accompli rted in column or such purpos	, Part I. shment of Exem (E) of Part VII contribute es).	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the tantly to the tantly tantly to the tantly tantly to the tantly tantity tantly tantly tantly tantly tantly tantly tantly tantly	98,06 e instructions.) of the organization's
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vexempt purposes (other than SEE STATEMEN Part IX Information Regar	uld equal the amount tivities to the which income is repo by providing funds for T 4 rding Taxable S	unt on line 12 Accompli rted in column or such purpos	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the accomplishment of the tantly to the accomplishment of the tantly to the tantly to the accomplex the tantly to the tantly tantly to the tantly to the tantly tantly to the tantly tant tantly tant tantly tantly tantly tantly tantly tantly tant	98,06 e instructions.) of the organization's instructions.)
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation,	uld equal the amount tivities to the which income is repo by providing funds for T 4	unt on line 12 Accompli rted in column or such purpos	, Part I. shment of Exem (E) of Part VII contribute es).	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the tantly to the tantly tantly to the tantly tantly to the tantly tantity tantly tantly tantly tantly tantly tantly tantly tantly	98,06 e instructions.) of the organization's
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation, partnership, or disregarded entity	tivities to the which income is repo by providing funds for T 4 ding Taxable S (B) Percentage of ownership interes	unt on line 12 Accompli rted in column or such purpos	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C)	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the ntities (See page 34 of the 1 (D)	98,06 e instructions.) of the organization's instructions.)
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation, partnership, or disregarded entity	tivities to the which income is repo by providing funds for T 4 ding Taxable S (B) Percentage of ownership interes	unt on line 12 Accompli rted in column or such purpos Subsidiari	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C)	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the ntities (See page 34 of the 1 (D)	98,06 e instructions.) of the organization's instructions.) (E) End-of-year
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation, partnership, or disregarded entity	uld equal the amount tivities to the which income is repor- by providing funds for T 4 Cong Taxable S (B) Percentage of ownership interes	Int on line 12 Accompli rted in column or such purpos Subsidiari	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C)	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the ntities (See page 34 of the 1 (D)	98,06 e instructions.) of the organization's instructions.) (E) End-of-year
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation, partnership, or disregarded entity	uld equal the amount tivities to the which income is repo- by providing funds for T 4 ding Taxable S (B) Percentage of ownership interes	Int on line 12 Accompli Ited in column or such purpos	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C)	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the ntities (See page 34 of the 1 (D)	98,06 e instructions.) of the organization's instructions.) (E) End-of-year
Iote: Line 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for vert exempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and EIN of corporation, partnership, or disregarded entity	uld equal the amount tivities to the which income is repo- by providing funds for T 4 ding Taxable S (B) Percentage of ownership interes	Int on line 12 Accompli rted in column or such purpos Subsidiari	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C)	pt Pu	rposes (See page 34 of the tantly to the accomplishment of the tantly to the accomplishment of the ntities (See page 34 of the 1 (D)	98,06 e instructions.) of the organization's instructions.) (E) End-of-year
Interim 105 plus line 1d, Part I, show Part VIII Relationship of Ac Line No. Explain how each activity for wexempt purposes (other than SEE STATEMEN Part IX Information Regar (A) Name, address, and ElN of corporation, partnership, or disregarded entity NOT APPLICABLE Part X Information Regar	tivities to the which income is repo by providing funds for T 4 ding Taxable S (B) Percentage of ownership interes ding Transfers	Accompli Accompli rted in column or such purpos Subsidiari st % % % % % % % % % % % % %	, Part I. shment of Exem (E) of Part VII contribute es). es and Disregare (C) Nature of activities eed with Persona	pt Pu d impor	rposes (See page 34 of the tantly to the accomplishment of ntities (See page 34 of the (D) Total income efit Contracts (See page	98,06 e instructions.) of the organization's instructions.) End-of-year assets e 34 of the instructions.
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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust OMB No. 1545-0047

2004

06167361

Department of the Treasury Internal Revenue Service

16520121 793702 061673641

501(n), or Section 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

Employer identification number Name of the organization MATTHEW 25, INCORPORATED 58 1673641 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Litle and average hours per week devoted to d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances NONE Total number of other employees paid 0 over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Schedule A (Form 990 or 990-EZ) 2004 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. 423101/11-24-04 7

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Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
р	rring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence blic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the obying activities ► \$			
0	line i of Part VI-B.)	1		x
	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
	es," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. Iring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
	istees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	rson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
	tach a detailed statement explaining the transactions.)	2a		x
au	le, exchange, or leasing of property?	. 20		
b L	nding of money or other extension of credit?	. 2 b		X
c F	rnishing of goods, services, or facilities?	2c		x
d P	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
еT	ansfer of any part of its income or assets?	2e		x
	o you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	·		
v	u determine that recipients qualify to receive payments.)	. 3a		X
	you have a section 403(b) annuity plan for your employees?	. <u>3b</u>		X
	d you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		x
	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?			
Par	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The o	ganization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
9	and state			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(i	√) .		
11a	 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 			
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the graphication ofter lung 20, 1075 . See section 500(a)(2), (Also second taxable income (less section 511 tax))			
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations des			
	(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
	Provide the following information about the supported organizations. (See page 5 of the instructions.)	(b) Li	ne num	her
	(a) Name(s) of supported organization(s)		om abo	
		──		
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	L		
42311 12-03-	4 Schedule A (For	m 990 or	990-EZ	2004
	8			

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Schedule A (Form 990 or 990-EZ) 2004 MATTHEW 25, INCORPORATED

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ľů	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to the	e cash method of acco	unting.
begiı	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	277,625.	331,457.	289,328.	334,781.	1,233,191.
16	Membership fees received		0.	0.	0.	<u> </u>
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	59,351.	44,270.	40,844.	27,403.	171,868.
18	Gross income from interest, dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,979.	2,365.	4,479.	6,612.	15,435.
19	Net income from unrelated business		273031	1/1/51	0,0120	
	activities not included in line 18			Ο.	Ο.	
20	l ax revenues levied for the organization's benefit and either paid to it or expended on its behalf			0.	0.	
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			0.	0.	
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	338,955.	378,092.	334,651.	368,796.	1,420,494.
24	Line 23 minus line 17	279,604.	333,822.	293,807.	341,393.	1,248,626.
25	Enter 1% of line 23	3,390.	3,781.	3,347.	3,688.	
26	Organizations described on lines 10				> 26a	24,973.
b	Prepare a list for your records to sho			· ·		
	unit or publicly supported organization	, 0	U U	ted the amount shown in		0.
~	Do not file this list with your return . Total support for section 509(a)(1) to				► 26b ► 26c	1,248,626.
	Add: Amounts from column (e) for li		15, 435 . 19		200	1,240,020.
		22	<u>26b</u>		► 26d	15,435.
е	Public support (line 26c minus line 2					1,233,191.
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator))		Þ 26f	98.7638%
27	Organizations described on line 12	: a For amounts included	in lines 15, 16, and 17 tha	at were received from a "d	lisqualified person," prepa	re a list for your
	records to show the name of, and to		ach year from, each "disqu	ualified person." Do not fi	le this list with your retur	n. Enter the sum of
		N/A				
	(2003)					
b	5			,	•	
	and amount received for each year, t described in lines 5 through 11, as w					-
	the larger amount described in (1) of (2003)	r (2) , enter the sum of the	se differences (the exces	s amounts) for each year:	N/A	
C	Add: Amounts from column (e) for li	nes: 15		16		
2	17	20		21	► 27c	N/A
d		an	d line 27b total		► 27d	N/A
e	Public support (line 27c total minus	line 27d total)			► 27e	N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line	23, column (e) I	► 27f	N/A	
g	Public support percentage (line	e 27e (numerator) div	ided by line 27f (deno	ominator))	▶ 27g	N/A %
	Investment income percentage					N/A %
1	Unusual Grants: For an organization to show, for each year, the name of the your return. Do not include these gran	ts in line 15.		nusual grants during 200 I a brief description of the		
42312	1 12-03-04	N	ONE 9		Schedu	Ile A (Form 990 or 990-EZ) 2004

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Schedule A (Form 990 or 990-EZ) 2004 MATTHEW 25, INCORPORATED

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NT / N	

	 Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) 	N/	Ά	
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	N
	instrument, or in a resolution of its governing body?	29		
	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		
	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.)	_		
	Does the organization maintain the following:	=		
a		32a		
b				1
c				
	admissions, programs, and scholarships?	32c		
d				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3	Does the organization discriminate by race in any way with respect to:	=		
e a	Does the organization discriminate by race in any way with respect to:			
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			
a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	33b		
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	33b 33c		
a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	33b 33c 33d		
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	33b 33c 33d 33e		
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	33b 33c 33d 33e 33f		
a b c d f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	33b 33c 33d 33d 33e 33f 33g		
a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	33b 33c 33d 33d 33e 33f 33g		
a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 33c 33d 33d 33e 33f 33g		
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33b 33c 33d 33e 33f 33g 33h		
a b c d f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency?	33b 33c 33d 33e 33f 33g 33h 33h 33h		
a b c d f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33b 33c 33d 33e 33f 33g 33h 33h 33h		
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	33b 33c 33d 33e 33f 33g 33h 33h 33h		

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Schedule A (Form 990 or 990-EZ) 2004 MATTHEW 25, INCORPORATED

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Part VI-A	Lobbying Expenditures by Electing Public Charities	(See page 9 of the instructions.)
	(To be completed ONLY by an eligible organization that filed Form 5768)	

N/A

Che	eck 🕨 a 🛄 if the organization belongs	to an affiliated group. Check 🕨 b 🛄	if you che	ecked "a" and "limited contro	ol" provisions apply.
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40	 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 			N/A	
42 43	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% Subtract line 42 from line 36. Enter -0- if li	The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$10,000,000 \$1,000,000	41 42 43		
	Caution: If there is an amount on eithe	er line 43 or line 44, you must file Form 4720.			

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 11 of the instructions.)

		N/A				
Calendar year (or fiscal year beginning in)	(a) 2004			(d) 200 ⁻		(e) Total
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.
Part VI-B Lobbying (For reporting	Activity by Noneleo only by organizations that di			ctions.)		N/A
During the year, did the organiza influence public opinion on a leg	•		n, including any attempt	to Ye	s No	Amount
 a Volunteers b Paid staff or management (1 c Media advertisements 	nclude compensation in exp	enses reported on lines c th	rough h.)		+	
 d Mailings to members, legisl e Publications, or published c 	ators, or the public					
f Grants to other organizationg Direct contact with legislato	s for lobbying purposes rs, their staffs, government o	fficials, or a legislative body				
 h Rallies, demonstrations, ser i Total lobbying expenditures If "Yes" to any of the above 						0.

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11

Schedule A (Form 990 or 990-EZ) 2004

16520121 793702 061673641

	Exempt Organiz	zations (See page 11 of the instr	uctions.)					
51 [Did the reporting organization di	rectly or indirectly engage in any of	the following with any other	organization described in section				
5	501(c) of the Code (other than s	ection 501(c)(3) organizations) or ir	n section 527, relating to po	litical organizations?			_	
a 1	ransfers from the reporting org	janization to a noncharitable exempt	organization of:			Yes	No	
	(i) Cash				51a(i)		Х	
							Х	
	Other transactions:							
	(i) Sales or exchanges of assets with a noncharitable exempt organization							
	(ii) Purchases of assets from a noncharitable exempt organization							
((iii) Rental of facilities, equipment, or other assets							
((iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements 							
							X X	
((v) Loans or loan guarantees(vi) Performance of services or membership or fundraising solicitations						X	
		mailing lists, other assets, or paid er					X	
				lways show the fair market value of the	·			
	-	given by the reporting organization.						
-		ient, show in column (d) the value of		-		N/A		
(a)	(b)	(C)		(d)		14/13		
Line no		Name of noncharitable exe	empt organization	Description of transfers, transactions, and s	haring ar	rangen	nents	
			1 5		5	5		
(s the organization directly or inc Code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of the	Yes	X	No	
	(a) Name of org		(b) Type of organization	(c) Description of relationsh	iip			
423151								
11-24-04	Ļ		1 2	Schedule A (Forr	U 990 OL (990-FS	.) 2004	

16520121 793702 061673641 2004.08010 MATTHEW 25, INCORPORATED

06167361

MATTHEW 25, INCORPORA	IED					58-1673	641	
FORM 990 RENTAL INCOME					STATEMENT	1		
ACTIVITY KIND AND LOCATION OF PROPERTY NUMBER						GROSS RENTAL INCOME		
625 BENTON AVENUE, NASH	VILLE, TN 372	04			1	61,209		
TOTAL TO FORM 990, PART	I, LINE 6A				=	61,2	09.	
FORM 990 GAIN (L	OSS) FROM PUBL	ICLY 7	RADED SE	CURIT		STATEMENT	2	
DESCRIPTION	GRO SALES		COST (OTHER B		EXPENSE OF SALE	NET GAI OR (LOS	-	
		400.		0.	0.	. 4	00.	
TO FORM 990, PART I, LI	NE 8	400.		0.	0.	. 4	00.	
FORM 990	OTHE	R EXPI	INSES			STATEMENT	3	
	(A)		B) OGRAM		C) GEMENT	(D)		
DESCRIPTION	TOTAL		VICES		GENERAL	FUNDRAISI	NG	
INSURANCE JOB TRAINING	15,296. 6,232.		12,623. 6,232.		1,953.	7	20.	
DRUG TESTING VEHICLE EXPENSE	3,116. 4,193.		3,774.		419.		- 0	
MISCELLANEOUS FUNDRAISING	1,167. 13,188.		204.		713.	2 13,1	50. 88.	
CONTRACT LABOR	1,110.		1,110.					
TOTAL TO FM 990, LN 43	44,302.		27,059. 		3,085.	14,1	58.	
	I - RELATIONS OMPLISHMENT OF				0	STATEMENT	4	
LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES								
93A FEES ARE COLLECTED FOR CERTAIN SERVICES TO HELP TRAIN THE RESIDENTS IN ECONOMIC SELF-SUFFICIENCY							IN	
97B RENTAL FEES ARE SELF-SUFFICIENCY		ELP TH	AIN RESI	DENTS	IN ECONO	DMIC		
103A MISC. FEES CHARG SELF-SUFFICIENCY	ED RESIDENTS T	O PROV	IDE TRAI	NING	IN ECONOM	MIC		
15 STATEMENT(S) 1, 2, 3, 4 16520121 793702 061673641 2004.08010 MATTHEW 25, INCORPORATED 06167361								