

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Madison Emergency Services Association Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
927 Orange Road
 City or town, state or province, country, and ZIP or foreign postal code
Pratts VA 22731

D Employer identification number
54-1226851

E Telephone number
540-948-4427

F Name and address of principal officer:
Rev. John Huelskoetter
PO Box 665
Madison VA 22727-0665

G Gross receipts **352,873**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **mesamadisonva.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1983** **M State of legal domicile:** **VA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Organization provides emergency assistance to persons in Madison County, Virginia, experiencing temporary crisis and to provide similar assistance to needy families.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	229,086	294,528
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	467,959	38,240
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,015	20,105
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	756,060	352,873
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	445,938	118,423
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,976		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	275,495	175,494
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	721,433	293,917	
19 Revenue less expenses. Subtract line 18 from line 12	34,627	58,956	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	995,345	1,044,665
	22 Net assets or fund balances. Subtract line 21 from line 20	468,697	459,061
		526,648	585,604

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____
Rev. John Huelskoetter **President**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Matthew A. McLearn** Preparer's signature: **Matthew A. McLearn** Date: **06/16/21** Check if self-employed if PTIN **P00812279**

Firm's name ▶ **Robinson Farmer Cox Associates** Firm's EIN ▶ **54-1896113**
 Firm's address ▶ **530 Westfield Rd Charlottesville, VA 22901-1726** Phone no. **434-973-8314**

May the IRS discuss this return with the preparer shown above? See instructions Yes No