

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Madison Emergency Services Association Inc.</b>		<b>D</b> Employer identification number <b>54-1226851</b>
	Doing business as		<b>E</b> Telephone number <b>540-948-4427</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>927 Orange Road</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>Pratts VA 22731</b>		<b>G</b> Gross receipts\$ <b>325,430</b>
<b>F</b> Name and address of principal officer: <b>Dan Albrant 115 Maple Dr Madison VA 22727-0665</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>mesamadisonva.org</b>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>The Organization provides emergency assistance to persons in Madison County, Virginia, experiencing temporary crisis and to provide similar assistance to needy families.</b>			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	294,528	273,220
	9	Program service revenue (Part VIII, line 2g)	38,240	34,210
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,105	18,000
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,873	325,430
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	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)	118,423	114,904
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	6,924	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	175,494	184,038
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	293,917	298,942	
19	Revenue less expenses. Subtract line 18 from line 12	58,956	26,488	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	1,044,665	1,068,237
	21	Total liabilities (Part X, line 26)	459,061	456,145
	22	Net assets or fund balances. Subtract line 21 from line 20	585,604	612,092

**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.

<b>Sign Here</b>	Signature of officer <div style="border-bottom: 1px solid black; width: 100%;"></div>	Date			
	<b>Dan Albrant</b> Type or print name and title	<b>President</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Matthew A. McLearn</b>	Preparer's signature <b>Matthew A. McLearn</b>	Date <b>07/11/22</b>	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00812279</b>
	Firm's name ▶ <b>Robinson Farmer Cox Associates</b>	Firm's EIN ▶ <b>54-1896113</b>			
	Firm's address ▶ <b>530 Westfield Rd Charlottesville, VA 22901-1726</b>	Phone no. <b>434-973-8314</b>			

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