

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2018 calendar year, or tax year beginning</b>		January 1	, 2018, and ending	December 31	, 20 18
<input checked="" type="checkbox"/> 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 Name of organization</b> <input checked="" type="checkbox"/> <b>Madison Street Festival Inc</b> <b>Number and street (or P.O. box, if mail is not delivered to street address)</b> <input checked="" type="checkbox"/> <b>PO Box 1037</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>Madison, AL 35758</b>		<b>D Employer identification number</b> <input checked="" type="checkbox"/> <b>63-0863585</b> <b>E Telephone number</b> <b>309-945-5999</b> <b>F Group Exemption Number</b> <input checked="" type="checkbox"/>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ► _____				<b>H Check</b> ► <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B</b> <input checked="" type="checkbox"/> <b>(Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ► <a href="http://www.madisonstreetfestival.org">www.madisonstreetfestival.org</a>					
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) <b>► (insert no.)</b> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.</b> ► \$ <b>69794</b>					

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	10
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	292
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	69492
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	38847
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	30645
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less: cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	

 **Part II** **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

		(A) Beginning of year	(B) End of year
<b>22</b>	<b>Cash, savings, and investments</b>	<b>19758</b>	<b>22</b> 32455
<b>23</b>	<b>Land and buildings</b>		<b>23</b>
<b>24</b>	<b>Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25</b>	<b>Total assets</b>	<b>19758</b>	<b>25</b> 32455
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>		<b>26</b>
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>19758</b>	<b>27</b> 32455

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

**Check if the organization used Schedule O to respond to any question in this Part III**

What is the organization's primary exempt purpose? **Part III Statement Attached**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
Required for section  
501(c)(3) and 501(c)(4)  
organizations; optional for  
others.)

## 28 City/Community Organization Grants

27	(Grants \$ 2750) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	2750
29	<b>Grand Marshall Donation</b>		
30	(Grants \$ 3000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	3000
	<b>City of Madison School Grants/Scholarships</b>		
31	(Grants \$ 4800) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	4800
	<b>Other program services (describe in Schedule O)</b>		
32	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
	<b>Total program service expenses (add lines 28a through 31a)</b>	32	10550

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the**Part V of the 2018 Form 990-EZ. If the organization used Schedule O to respond to any question in this Part V, enter the response in the space provided for that question in Part O.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

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 office	Date
	 <b>Kathy Morris Treasurer</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
Firm's address ►		Phone no.			

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