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Return of Organization Exempt From Income Tax

2016

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

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning		, 2016, and ending		, 20																																																																					
B Check if applicable <ul style="list-style-type: none"> <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 		C Name of organization SOLON BEEF DAYS COMMITTEE, INC. Number and street (or P O box, if mail is not delivered to street address) PO BOX 129		D Employer identification number 42-1218451 E Telephone number 319-624-3405																																																																					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		F Group Exemption Number ►																																																																							
I Website: ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																							
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																									
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																																																																									
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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 144,749																																																																									
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 <input checked="" type="checkbox"/>																																																																									
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td>Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 10%; text-align: right;">14,200</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: right;">4</td> <td style="text-align: right;">91</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> <td></td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c</td> <td></td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> <td></td> </tr> <tr> <td>b</td> <td>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)</td> <td style="text-align: right;">6b</td> <td></td> </tr> <tr> <td>c</td> <td>Less: direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> <td></td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d</td> <td></td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> <td style="text-align: right;">130,458</td> </tr> <tr> <td>b</td> <td>Less cost of goods sold</td> <td style="text-align: right;">7b</td> <td style="text-align: right;">93,778</td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c</td> <td style="text-align: right;">36,680</td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>9</td> <td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td> <td style="text-align: right;">9</td> <td style="text-align: right;">50,971</td> </tr> </table>					1	Contributions, gifts, grants, and similar amounts received	1	14,200	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3		4	Investment income	4	91	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		c	Less: direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a	Gross sales of inventory, less returns and allowances	7a	130,458	b	Less cost of goods sold	7b	93,778	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	36,680	8	Other revenue (describe in Schedule O)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	50,971
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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
22	Cash, savings, and investments	72,393	22 93,494
23	Land and buildings		23
24	Other assets (describe in Schedule O)	37,702	24 36,947
25	Total assets	110,095	25 130,441
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,095	27 130,441

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? **Community betterment**

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 Schedule 0 attached

(Grants \$) If this amount includes foreign grants, check here ▶

28a

29 www.english-test.net

(Grants \$) If this amount includes foreign grants, check here .

29a

30 _____

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gary Bentrim President	5	-0-	-0-	-0-
3721 170th ST NE				
Solon, IA 52333				
Don C. Ellis Treasurer	4	-0-	-0-	-0-
4125 Shagbark LN NE				
Solon, IA 52333				
Kris Brown	4	-0-	-0-	-0-
PO BOX 25				
Solon, IA 52333				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>Don C. Ellis</u> Telephone no. ► <u>319-624-3405</u> Located at ► <u>c/o Solon State Bank PO BOX 129 Solon, IA 52333</u> ZIP + 4 ► <u>52333-0129</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ► <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

	Yes	No
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	46	X

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	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X
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."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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		N/A

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 officer	Solan Beef Days Committee, Inc.	Date
	By:	Don C. Ellis	4-28-17
Type or print name and title			
Don C. Ellis, Treasurer			

Paid Preparer Use Only	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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

Solon Beef Days Committee, Inc.

Employer identification number
42-1218451

Solon Community School District	\$12,370	enrollment	1,516
PO BOX 279	Scholarships	\$ 3,000	
Solon, IA 52333			
City of Solon			
223 S. Iowa St		\$6,500	population 2,037
Solon, IA 52333			
Solon Boy Scouts	\$3,000	members	86
PO BOX 428			
Solon, IA 52333			
Solon Senior Advocates			active members 56
PO BOX 65		\$2,205	
Solon, IA 52333			
Rural Health & Safety Clinic			
3109 HWY 218 South		\$2,000	
Iowa City, IA 52246			
Iowa Department of Natural Resources			
3525 HWY 382		\$1,500	
Solon, IA 52333			
Saint Peter & Paul Historical Society	\$50		
1165 TAft Ave. NE			
Solon, IA 52333			
PART 1 Line #10	\$30,625		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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2016

Open to Public
Inspection

Name of the organization

SOLON BEEF DAYS COMMITTEE, INC.

Part II Line 24 OTHER ASSETS = \$ 36,947

Employer identification number
42-1218451

General business assets and equipment purchased and used

in conjunction with the 45th annual town & community

celebration known as: SOLON BEEF DAYS

Trailers, miscellaneous beverage handling equipment, tapers and
cooling systems, portable sound systems, office products, file
cabinets, tents, ladders, tools, banquet tables, refuse barrels,
parking pylons, fencing and miscellaneous general business assets.

No Liabilities