

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2018

Open to Public
InspectionDepartment 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/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning

, 2018, and ending

, 20

B Check if applicable	C Name of organization Solon Beef Days, Committee, Inc.		D Employer identification number 42-1218451
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) c/o Solon State Bank 126 S. Market, PO BOX 129		E Telephone number 319-624-3405
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
F Group Exemption Number ►			

G Accounting Method Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other **501 (c)4 tax exempt**

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 ► \$ **150,808**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	17,385
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	78
	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)		
	6 Gaming and fundraising events	5c	
	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	133,345	
b Less cost of goods sold	7b	105,192	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	28,153	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,616	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	31,048
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16	17	31,048	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,568
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	129,315
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,883

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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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	84,624	22 90,437
23	Land and buildings		23
24	Other assets (describe in Schedule O)	44,691	24 53,451
25	Total assets	129,315	25 143,883
26	Total liabilities (describe in Schedule O)	-0-	26 -0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	129,315	27 143,883

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 O Attached

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

28a

29

If this amount includes foreign grants, check here.

393

30

1) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule Q)

Other program services (describe in Schedule C) _____
(Grants \$ _____). If this amount includes foreign grants, check here

31a

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

32

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 Q 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 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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?	38b	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input type="checkbox"/>
39 Section 501(c)(7) organizations Enter:	39b	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40c	<input type="checkbox"/>
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	40d	<input type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	41	<input type="checkbox"/>
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	42a	<input type="checkbox"/>
41 List the states with which a copy of this return is filed ► _____	42b	<input checked="" type="checkbox"/>
42a The organization's books are in care of ► <u>Don C. Ellis, Treasurer</u> Telephone no. ► <u>319-624-3405</u> Located at ► <u>c/o Solon State Bank PO BOX 129 Solon IA ZIP + 4</u> ► <u>52333-0129</u>	42c	<input checked="" type="checkbox"/>
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)	43	<input type="checkbox"/>
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 ► _____	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
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	44c	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44d	<input checked="" type="checkbox"/>
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	45a	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	<input checked="" type="checkbox"/>
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		

	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
	N/A			

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
N/A		

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	►	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Selon Beef Days Committee, Inc.	Date
		Don C. Ellis	4-29-19
► Type or print name and title Don C. Ellis, Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►	Check <input type="checkbox"/> if self-employed	
	Firm's address ►	Firm's EIN ►	
	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.
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OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Solon Beef Days Committee, Inc.

Employer identification number
42-1218451

Part I Line #10 **\$31,048** (see itemized list below:

Solon Community School District PO BOX 279 Solon, IA 52333	\$14,363	student enrollment 1,614
	Scholarships	\$3,000
 City of Solon, Iowa 223 S. Iowa Solon, IA 52333	\$1,600	population=2,626
 Solon Senior Advocates PO BOX 65 Solon, IA 52333	\$2,460	
 Iowa Department of Natural Resources 3525 Highway # 382 NE Solon, IA 52333	\$2,000	Lake macbride State Park (2nd busiest in Iowa)
 Solon Public Library 320 W. Main St Solon, IA 52333	\$300	serves community population=7,782
 Solon Boy Scouts PO BOX 428 Solon, IA 52333	\$850	
 Solon American Legion PO BOX 113 Solon, IA 52333	\$6,400	250 active members
 Solon Saint Peter & Paul Historical Society 1165 Taft Ave Solon, IA 52333	\$75	
	Total	\$31,048

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Employer identification number

42-1218451

Part II Line 24 OTHER ASSETS = \$53,451

General business assets and equipment purchased and used

in conjunction with the 47th 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.