

1906

OMB No 1545-1150

2018

Open to Public Inspection

Form **990-EZ**

CHANGE OF ACCOUNTING PERIOD

Short Form

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 1/01, 2018, and ending 6/30, 2019

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

PENNSYLVANIA CENTER FOR BEEF
EXCELLENCE, INC
2301 N. CAMERON STREET #303
HARRISBURG, PA 17110

D	Employer identification number
----------	--------------------------------

26-2289696

E	Telephone number
----------	------------------

(717) 756-1534

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

Website: ▶ [HTTP://WWW.BEEFEXCELLENCE.COM/](http://www.beeffexcellence.com/)

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K	Form of organization	☒ Corporation	☐ Trust	☐ Association	☐ 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 2,446.

Part II 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	2,446.
1	Contributions, gifts, grants, and similar amounts received	2	
2	Program service revenue including government fees and contracts	3	
3	Membership dues and assessments	4	
4	Investment income	5a	
5a	Gross amount from sale of assets other than inventory	5b	
5b	Less cost or other basis and sales expenses	5c	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6a	
6	Gaming and fundraising events	6b	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6c	
6b	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)	6d	
6c	Less direct expenses from gaming and fundraising events	7a	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7b	
7a	Gross sales of inventory, less returns and allowances	7c	
7b	Less cost of goods sold	8	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	9	2,440.
8	Other revenue (describe in Schedule O)	10	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	11	
10	Grants and similar amounts paid (list in Schedule O)	12	
11	Benefits paid to or for members	13	2,950.
12	Salaries, other compensation, and employee benefits	14	
13	Professional fees and other payments to independent contractors	15	
14	Occupancy, rent, utilities, and maintenance	16	7,995.
15	Printing, publications, postage, and shipping	17	10,945.
16	Other expenses (describe in Schedule O)	18	-8,499.
17	Total expenses. Add lines 10 through 16	19	27,851.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	20	
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)	21	19,352.
20	Other changes in net assets or fund balances (explain in Schedule O)		
21	Net assets or fund balances at end of year Combine lines 18 through 20		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

SCANNED FEB 11 2020

66

Part III 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	20,439.	22 12,793.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	7,414.	24 6,559.
25 Total assets	27,853.	25 19,352.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,851.	27 19,352.

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? SEE SCHEDULE O

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	TO CREATE OPPORTUNITIES AND TO ENHANCE COLLABORATION THROUGHOUT THE BEEF INDUSTRY BY DEVELOPING CREDIBLE INFRASTRUCTURE TO IMPROVE ECONOMIC WELL-BEING FOR ALL PARTNERS OF THE BEEF INDUSTRY.		
	(Grants \$) If this amount includes foreign grants, check here	☐	28a
29			
	(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	☐	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 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
ISSAC HASSINGER DIRECTOR	1	0.	0.	0.
NED HOWER DIRECTOR	1	0.	0.	0.
MIKE KERR DIRECTOR	1	0.	0.	0.
JUSTIN CLAPPER DIRECTOR	1	0.	0.	0.
GENE TROWBRIDGE PRESIDENT	1	0.	0.	0.
CHERYL FAIRBAIRN DIRECTOR	1	0.	0.	0.
JOHN LIGO VICE PRESIDENT	1	0.	0.	0.
JOHN PAINTER DIRECTOR	1	0.	0.	0.
MICHAEL SHERMAN DIRECTOR	1	0.	0.	0.

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	
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	0.
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	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	40a	N/A
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	
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	40c	0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0.
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	NONE	

42a The organization's books are in care of BOLES METZGER BROSIUS & WALBOR Telephone no 717-238-0446
 Located at 3601 NORTH FRONT STREET HARRISBURG PA ZIP + 4 17110

	Yes	No
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	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

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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 ☐ N/A

	Yes	No
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	
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

- 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

	Yes	No
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 ☐

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

	Yes	No
47		
48		
49a		
49b		

(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'

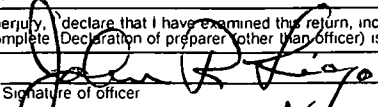
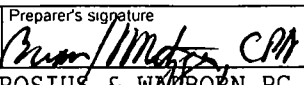
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

- 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 	Date <u>11-15-19</u>			
	Type or print name and title <u>John R. Ligo</u> PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name <u>BRIAN J. METZGER, CPA</u>	Preparer's signature 	Date <u>8/28/19</u>	Check ☐ if self employed	PTIN <u>P00176237</u>
	Firm's name ▶ <u>BOLES METZGER BROSIUS & WEBBORN PC</u>			Firm's EIN ▶ <u>23-2175024</u>	
	Firm's address ▶ <u>3601 N. FRONT STREET</u>			Phone no <u>717-238-0446</u>	
	<u>HARRISBURG, PA 17110</u>				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2018)

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.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**Name of the organization **PENNSYLVANIA CENTER FOR BEEF
EXCELLENCE, INC**Employer identification number
26-2289696**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	750.
DEPRECIATION		855.
INSURANCE		2,643.
MARKET REPORTING		2,400.
MEALS & ENTERTAINMENT		30.
MEETING EXPENSE		68.
MISCELLANEOUS		130.
OFFICE EXPENSES		31.
PROGRAM		300.
TELEPHONE		651.
TRAVEL		137.
TOTAL	\$	7,995.

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 7,414.	\$ 6,559.
TOTAL	\$ 7,414.	\$ 6,559.

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL LIABILITY	\$ 2.	\$ 0.
TOTAL	\$ 2.	\$ 0.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE AND ENHANCE THE STATEWIDE CATTLE AND BEEF INDUSTRY ECONOMICALLY, SCIENTIFICALLY, AND IN ALL OTHER RESPECTS THROUGH COLLABORATION AND JOINT ACTIVITIES AMONG AND BETWEEN PRODUCERS, PRIVATE INDUSTRY, UNIVERSITIES, STATE AND LOCAL OFFICIALS, AND ALL OTHER INTERESTED PERSONS.