

2949204308007 2

Form 990-EZ

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2020

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

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 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable	C Name of organization Solon Beef Days Committee, Inc.		D Employer identification number H2-1218451
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 126 S Market St / PO BOX 129		E Telephone number 319-624-3405
<input type="checkbox"/> Name change	Room/suite		F Group Exemption Number ►
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ►I Website: ► **Beef Days.com**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 **tax exempt 501-C4**

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

► **\$ 13538**

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

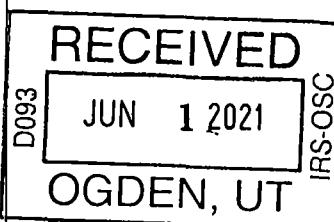
1 Contributions, gifts, grants, and similar amounts received	1 250
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 248
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	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 13,040
b Less: cost of goods sold	7b 11,603
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 1,437
8 Other revenue (describe in Schedule O)	8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 1,935
10 Grants and similar amounts paid (list in Schedule O)	10 4,200
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 4,200
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 (2,763)
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)	19 104,291
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 ►	21 101,528

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

SCANNED MAY 03 2021



IRS-OSC

8

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.

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

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

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file Form 1120-POL for this year?

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?

b If "Yes," complete Schedule L, Part II, and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

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

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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **Don C. Ellis, Treasurer** Telephone no. ► **319-62-3 05**
Located at ► **c/o Solon State Bank 126 S Market/PO BOX 129 Solon, IA** ZIP + 4 ► **52333-0129**

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).

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 ►

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**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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
33		X
34		X
35a		X
35b		
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		X
45a		X
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

					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."					

(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	O	N	E	

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	O	N
		E

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	Solon Beef Days Committee, Inc.		
	Signature of officer <i>Don C. Ellis</i>	Date 5-1-21	
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 ►		Firm's EIN ►
	Firm's address ►		Phone no.

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

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.

2020

Open to Public
Inspection

Name of the organization

Solon Beef Days Committee Inc.

Employer identification number

42-1218451

Part I Line #10

Solon Community School District \$ 4,130
PO BOX 279

Solon, IA

(Student Enrollment
is... 1,515 students

Solon Fire Dept.
131 N. Iowa St
Solon, IA 52333

10 63 member
department serving
8,782 individuals

Solon Senior Advocates
PO BOX 65
Solon, IA 52333

10 elderly dining

City of Solon
223 S. Iowa St
Solon, IA 52333

10 population= 2,762

Solon American Legion
PO BOX 113
Solon, IA 52333

10 238 active
members

Solon Boy Scouts
PO BOX 28
Solon, IA 52333

10 102 members

Solon Public Library
320 W. Main St
Solon, IA 52333

10 serves Community
population of
8,782

Solon Saint Peter & Paul
Historical Society
1165 Taft Ave
Solon, IA 52333

10

TOTAL

\$ 4,200

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

2020

**Open to Public
Inspection**

Name of the organization

Solon Beef Days Committee, Inc.

Employer identification number
42-1218451

Part II Line 24 OTHER ASSETS = \$ 55,042

General business assets and equipment purchased and used
in conjunction with the 49th 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, Storage building
parking pylons, fencing and miscellaneous general business assets.

No Liabilities.