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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

| | | | |
|--|---|---|--|
| A For the 2010 calendar year, or tax year beginning | | , 2010, and ending | |
| B Check if applicable | | C Name of organization | |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | Solon Beef Days Committee, Inc. Number and street (or P O box, if mail is not delivered to street address) 126 S. Market/ PO BOX 129 Room/suite | |
| | | City or town, state or county, and ZIP ⁺ Solon, IA 52333 | |
| G Accounting Method | | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ | |
| I Website: ► | | H Check ► <input 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 Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return | | | |
| 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ► \$ 95,288 | |
| 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 | |
| | 2 | Program service revenue—including government fees and contracts | |
| | 3 | Membership dues and assessments | |
| | 4 | Investment income | |
| | 5a | Gross amount from sale of assets other than inventory | |
| | b | Less. cost or other basis and sales expenses | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | |
| | 6 | Gaming and fundraising events | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | |
| b | Gross income from fundraising events (not including \$ 7,375 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | |
| c | Less. direct expenses from gaming and fundraising events | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | |
| 7a | Gross sales of inventory, less returns and allowances | | |
| b | Less cost of goods sold | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | |
| 8 | Other revenue (describe in Schedule O) | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 24,930 | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | |
| | 11 | Benefits paid to or for members | |
| | 12 | Salaries, other compensation, and employee benefits | |
| | 13 | Professional fees and other payments to independent contractors | |
| | 14 | Occupancy, rent, utilities, and maintenance | |
| | 15 | Printing, publications, postage, and shipping | |
| | 16 | Other expenses (describe in Schedule O) | |
| 17 | Total expenses. Add lines 10 through 16 ► 21,393 | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | |
| | 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) | |
| | 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 ► 53,191 | |
| | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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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 | 49,654 | 22 36,790 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 16,401 |
| 25 Total assets | 49,654 | 25 53,191 |
| 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) | 49,654 | 27 53,191 |

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 what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | | | | |
|----|--|----------------------------|----|--|
| 28 | Charitable Donations and Grants - (SEE Itemization Schedule O) | | | |
| | | | | |
| 29 | (Grants \$ 21,393.00) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 28a | | |
| | | | | |
| 30 | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 29a | | |
| | | | | |
| 31 | Other program services (describe in Schedule O) | | | |
| | | | | |
| 32 | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 30a | | |
| | | | | |
| 31 | Other program services (describe in Schedule O) | | | |
| | | | | |
| 32 | Total program service expenses (add lines 28a through 31a) | ► <input type="checkbox"/> | 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 address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| Gary Bentrim 3721 170th ST NE Solon, IA 52333 | President 5 hours | -0- | -0- | -0- |
| Don C. Ellis 4125 Shagbark Ln NE Solon, IA 52333 | Treasurer 4 hours | -0- | -0- | -0- |
| Amy Tygart PO BOX 187 Solon, IA 52333 | Secretary 3 hours | -0- | -0- | -0- |
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Part V Other Information (Note the 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 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 |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | | |
| 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 | | |
| 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) and 501(c)(4) 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) and 501(c)(4) 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) and 501(c)(4) 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 ► Don C. Ellis, Treasurer Telephone no ► 319-624-3405 Located at ► Solon State Bank 126 S. Market/PO BOX 129 Solon, IA ZIP + 4 ► 52333 | | |
| 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)? | 42b | X |
| If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? 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 | |

| | | Yes | No |
|----|---|-----|----|
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a. 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). | 45 | 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 | 45a | X |
| | | 46 | X |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b | If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
| 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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| N/A | | | | |
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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 address of each independent contractor paid more than \$100,000 | (b) Type of service |
| | |
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| N/A | |
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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 and 4947(a)(1) nonexempt charitable trusts 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 By: <i>Don C. Ellis</i> | Date 5-12-11 |
| | Type or print name and title | |

| | | | | | |
|---------------------------------------|----------------------------|----------------------|------|---|----------|
| 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

Form 990-EZ (2010)

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

OMB No 1545-0047

2010

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Name of the organization

Solon Beef Days Committee, Inc.

Employer identification number

42-1218451

PART I LINE 10..... Charitable DONATIONS & GRANTS

Solon Community School District (Including Scholarships) \$8,893

P.O. Box 279
Solon, IA 52333

Solon Music Boosters \$2,500

dba Solon Spotlight
1663 Camelback Rd. NE
Solon, IA 52333

Solon Senior Advocates \$3,000

Solon Historical Society
PO Box 99
Solon, IA 52333

Solon Economic Development Group \$3,000

dba Solon Living Roadways (Trees Forever)
223 S Iowa St.
Solon, IA 52333

Solon Legion Memorial Veterans \$1,000

PO Box 113
Solon, IA 52333

Lake Macbride Fourthers \$1,000

3756 Cottage Reserve Rd NE
Solon, IA 52333

Lake Macbride State Park (Iowa DNR) \$1,000

3525 HWY #382
Solon, IA 52333

SOLON BOY SCOUTS # 120 \$1,000

1607 Polk AVE NE
Solon, IA 52333

\$21,393

Total

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Solan Beef Days Committee, Inc.

Employer identification number
42-1218451

PART II

Line 24 General Business Assets and Equipment used in conjunction with Annual Home Town Celebration known as "Solon Beef Days"

Trailers, Misc. Beverage handling equipment, tapper and cooling systems, portable sound system office products, file cabinets, tents, ladders, misc. tools, banquet tables, refuse barrels,

parking stakes, fencing, and general business assets, and miscellaneous equipment
OTHER ASSETS PART II LINE 24 = \$16,401.00