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Short Form  
Return of Organization Exempt From Income TaxUnder 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.

2012

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<b>A For the 2012 calendar year, or tax year beginning</b>		, 2012, and ending		, 20
<b>B Check if applicable</b>		<b>C Name of organization</b>		
<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)	Room/suite	D Employer identification number
		PO BOX 129		42-1218451
		City or town, state or country, and ZIP + 4		E Telephone number
		Solon, IA 52333		319-624-3405
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		<b>H Check ►</b> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
<b>I Website:</b> ►				
<b>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</b>				
<b>K Check ►</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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.				
<b>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</b>		► \$ 102,852		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)</b>				
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>				
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	10,900	
	2 Program service revenue including government fees and contracts . . . . .	2		
	3 Membership dues and assessments . . . . .	3		
	4 Investment income . . . . .	4	198	
	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	91,754		
b Less: cost of goods sold . . . . .	7b	69,999		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	21,755		
8 Other revenue (describe in Schedule O) . . . . .	8			
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	32,853		
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	23,475	
	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 <b>Total expenses.</b> Add lines 10 through 16 ►	17	23,475	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	9,378	
	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	63,278	
	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	72,656	

**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 . . . . .	48,504	22 54,629
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .	14,774	24 18,027
25	<b>Total assets</b> . . . . .	63,278	25 72,656
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	63,278	27 72,656

**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

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### What is the organization's primary exempt purpose?

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 and section 4947(a)(1) trusts; optional for others.)

28 \_\_\_\_\_

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

28a

29 [View](#) [Edit](#) [Delete](#) [Details](#) [Print](#) [Email](#) [Share](#) [Report](#) [Feedback](#)

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

29a

30  If this amount includes foreign grants, check here

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

30a

31 Other program services (describe in Schedule Q) \_\_\_\_\_

Other program services (describe in Schedule C) \_\_\_\_\_ If this amount includes foreign grants, check here

31a

**32 Total program service expenses** (add lines 28a through 31a)  If this amount includes foreign grants, check here

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

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

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

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

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

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

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

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

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 ► \_\_\_\_\_ 40b

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 . . . . .

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 . . . . . 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40d

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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Solon State Bank - Don C. Ellis Telephone no. ► 319-624-3405 Located at ► 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 **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 the U.S.? 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 . . . . . 44a

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

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 . . . . . 44c

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b 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

**Yes** **No**

33	<input type="checkbox"/>	✓
34	<input type="checkbox"/>	✓
35a	<input type="checkbox"/>	✓
35b	<input type="checkbox"/>	✓
35c	<input type="checkbox"/>	✓
36	<input type="checkbox"/>	✓
37a	<input type="checkbox"/>	✓
37b	<input type="checkbox"/>	✓
38a	<input type="checkbox"/>	✓
38b	<input type="checkbox"/>	
39a	<input type="checkbox"/>	
39b	<input type="checkbox"/>	
40b	<input type="checkbox"/>	✓
40c	<input type="checkbox"/>	
40d	<input type="checkbox"/>	
40e	<input type="checkbox"/>	✓

**Yes** **No**

42b	<input type="checkbox"/>	✓
42c	<input type="checkbox"/>	✓

**Yes** **No**

44a	<input type="checkbox"/>	✓
44b	<input type="checkbox"/>	✓
44c	<input type="checkbox"/>	✓
44d	<input type="checkbox"/>	✓
45a	<input type="checkbox"/>	✓
45b	<input type="checkbox"/>	✓

		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	<input checked="" type="checkbox"/>

**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	<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 title of each employee paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 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	► <u>Salon State Park</u> Signature of officer	Date 5-10-13		
	► <u>Don C. Ellis</u> 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
	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.

OMB No 1545-0047

**2012**

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Name of the organization

SOLON BEEF DAYS COMMITTEE, INC.

Employer identification number

42-1218451

**PART 1 Line # 10 GRANTS :**

Solon Community School District	\$14,075
PO BOX 279 Solon, IA 52333	
City of SOLON 223 S. Iowa St Solon, IA 52333	\$ 2,500
Iowa Dept. of Natural Resources Lake Macbride State Park 3525 HWY #382 Solon, IA 52333	\$ 1,500
Solon Senior Advocates PO BOX 99 Solon, IA 52333	\$ 1,500
Solon Food Pantry c/o Solon United Methodist Church 122 N. West St. Solon, IA 52333	1,500
Solon American Legion Veteran's Memorial PO BOX 113 Solon, IA 52333	\$ 1,000
Solon Boy Scouts c/o Todd Krause 3770 170th ST. NE Solon, IA 52333	\$ 650
Hillside Weselyn Church 2600 1st Ave. NW Cedar Rapids, IA 52405	\$ 750
<b>Total</b>	<b>\$ 23,475</b>

## 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

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Name of the organization

SOLON BEEF DAYS COMMITTEE, INC.

Employer identification number

42-1218451

**PART II LINE 24 OTHER ASSETS = \$18,027**

General business assets and equipment purchased and used  
in conjunction with the annual town celebration for 41  
consecutive years.....SOLON BEEF DAYS

Trailers, miscellaneous beverage handling equipment, tapper 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.