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▶ 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 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization WINONA STEAMBOAT DAYS FESTIVAL ASSOCIATION		D Employer identification number 02-0549576
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 745	Room/suite	E Telephone number (507) 457-8200
	City or town, state or country, and ZIP + 4 WINONA, MN 55987		F Group Exemption Number

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

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check 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.

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. **\$ 150,592**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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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	46,563	
	2	Program service revenue including government fees and contracts	2	30,115	
	3	Membership dues and assessments	3	645	
	4	Investment income	4	35	
	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	73,209	
	b	Less cost of goods sold	7b	59,818	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	13,391	
	8	Other revenue (describe in Schedule O)	8	25	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	90,774	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
		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	900	
14		Occupancy, rent, utilities, and maintenance	14	9,680	
15		Printing, publications, postage, and shipping	15	373	
16		Other expenses (describe in Schedule O)	16	86,640	
17		Total expenses. Add lines 10 through 16	17	97,593	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,819	
	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	25,192	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	18,373	

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	25,192	22	18,373
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	25,192	25	18,373
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)	25,192	27	18,373

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? TO ORGANIZE EVENTS FOR THE ENJOYMENT AND BETTERMENT OF THE WINONA COMMUNITY		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28	ACTIVITIES PROVIDED FOR THE RESIDENTS OF THE WINONA AREA TO PROMOTE THE COMMUNITY AND BUILD CIVIC PRIDE AND SPIRIT (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	89,209
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	89,209

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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0	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	No
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) 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	No
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 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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	No
41	List the states with which a copy of this return is filed MN		
42a	The organization's books are in care of THE ORGANIZATION Telephone no (507) 452-1747 PO BOX 745 Located at WINONA, MN ZIP + 4 55987		
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 .	42b	No
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	No
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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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
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			No

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.

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		
48	Is the organization a school 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?		
49b	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 "

(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

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	***** Signature of officer		2012-10-19 Date			
	LAURA BROADWATER, PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	CINDY BROWN	Date	2012-10-19	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RUSSELL & ASSOCIATES LLC 111 RIVERFRONT SUITE 401 WINONA, MN 55987				P00630219
				EIN	71-0959317	Phone no (507) 452-3100

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

Yes No

Additional Data

Software ID:

Software Version:

EIN: 02-0549576

Name: WINONA STEAMBOAT DAYS FESTIVAL ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
LAURA BROADWATER PO BOX 745 WINONA,MN 55987	PRESIDENT 1 00	0	0	0
ROLLIE TUST PO BOX 745 WINONA,MN 55987	VICE PRESIDENT 1 00	0	0	0
MONICA HENNESSY MOHAN PO BOX 745 WINONA,MN 55987	TREASURER 1 00	0	0	0
ANNE SCHULTZ PO BOX 745 WINONA,MN 55987	SECRETARY 1 00	0	0	0
PAUL LUNDQUIST PO BOX 745 WINONA,MN 55987	PAST PRESIDENT/BOARD MEMBE 1 00	0	0	0
MATT NIEMEYER PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
CHRISTINE DUELLMAN PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
MAYNARD JOHNSON PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
GREG RATAJCZYK PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
AJ BLAZEK PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
AARON REPINSKI PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0
BERNIE SCHOTT JR PO BOX 745 WINONA,MN 55987	BOARD MEMBER 1 00	0	0	0

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
WINONA STEAMBOAT DAYS FESTIVAL ASSOCIATION**Employer identification number**

02-0549576

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 35
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 73,209 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 59,818 GROSS PROFIT 13,391 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 59,818 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 59,818
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 25
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 4,000 DESCRIPTION LICENSE FEES AMOUNT 1,440 DESCRIPTION MEETINGS EXPENSE AMOUNT 791 DESCRIPTION OFFICE SUPPLIES AMOUNT 430 DESCRIPTION DONATIONS AMOUNT 100 DESCRIPTION DUES AMOUNT 217 DESCRIPTION GENERAL SUPPLIES AMOUNT 207 DESCRIPTION MISCELLANEOUS AMOUNT 25 DESCRIPTION ADVERTISING AMOUNT 4,518 DESCRIPTION FESTIVAL EVENTS AMOUNT 73,502 DESCRIPTION FEES FOR SERVICES - OTHER AMOUNT 1,410 TOTAL TO FORM 990-EZ, LINE 16 86,640

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: WINONA STEAMBOAT DAYS FESTIVAL ASSOCIATION

EIN: 02-0549576

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.