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Return of Organization Exempt From Income Tax

2013

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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

UMPQUA VALLEY WINEGROWERS ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 447

City or town, state or province, country, and ZIP or foreign postal code

ROSEBURG, OR 97470

D Employer identification number

26-1148945

E Telephone number

541-673-5323

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►I Website: ► [HTTP : / / WWW.UMPQUAVALLEYWINERIES.ORG](http://WWW.UMPQUAVALLEYWINERIES.ORG)J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527K 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 138,841.

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	1	14,443.
	2 Program service revenue including government fees and contracts	2	640.
	3 Membership dues and assessments	3	23,375.
	4 Investment income	4	
	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 \$ 6,388. 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	100,229.
	c Less: direct expenses from gaming and fundraising events	6c	95,255.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,974.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	154.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,586.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	10,381.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	5,394.
	13 Professional fees and other payments to independent contractors	13	11,901.
	14 Occupancy, rent, utilities, and maintenance	14	4,229.
	15 Printing, publications, postage, and shipping	15	484.
	16 Other expenses (describe in Schedule O)	16	43,311.
Net Assets	17 Total expenses. Add lines 10 through 16	17	75,700.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<32,114. >
	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	61,135.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	12,359.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,380.

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

Form 990-EZ (2013)

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	61,099.	22 40,101.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	36.	24 1,279.
25 Total assets	61,135.	25 41,380.
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)	61,135.	27 41,380.

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

28 TO ENCOURAGE THE SCIENTIFIC DEVELOPMENT OF WINEGROWING IN OREGON, AND TO PROVIDE SCIENTIFIC AND EDUCATIONAL SERVICES IN CONNECTION THEREWITH.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/> 28a	9,669.
29 TO ASSIST THE MEMBERSHIP, WITHOUT PROFIT TO THE CORPORATION, IN PROMOTING THE DEMAND FOR AND SALE OF VINIFERA GRAPES AND OREGON WINE PRODUCTS.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/> 29a	22,124.
30 TO ENHANCE THE IMAGE OF THE UMPQUA VALLEY UTILIZING MARKETING AND TOURISM ACTIVITIES.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/> 30a	9,482.
31 Other program services (describe in Schedule O) (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here		► <input type="checkbox"/> 31a	
32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 32	41,275.

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
RON SCHOFIELD	5.00	0.	0.	0.
TREASURER	6.00	0.	0.	0.
TERRY BRANDBORG	4.00	0.	0.	0.
PRESIDENT	1.00	0.	0.	0.
DYSON DEMARA	1.00	0.	0.	0.
SECRETARY	3.00	0.	0.	0.
ROB IKOLA	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
HILDA JONES	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
CHRIS PACE	1.00	0.	0.	0.
VICE PRESIDENT	1.00	0.	0.	0.
DICK CALAFATO	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
DAVID GLASER	1.00	0.	0.	0.
DIRECTOR	20.00	5,394.	0.	0.
BETTY TAMM				
DIRECTOR				
JEAN KURTZ				
EXECUTIVE DIRECTOR				

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 Sch. 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 0.

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 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 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b N/A

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 N/A

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

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 ► RON SCHOFIELD Telephone no. ► 541-679-6543

Located at ► 2188 DOERNER RD., ROSEBURG, OR

ZIP + 4 ► 97471

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 of 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 N/A

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

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 checked="" type="checkbox"/>
34	<input checked="" type="checkbox"/>
35a	<input checked="" type="checkbox"/>
35b	<input checked="" type="checkbox"/> N/A
35c	<input checked="" type="checkbox"/>
36	<input checked="" type="checkbox"/>
37b	<input checked="" type="checkbox"/>
38a	<input checked="" type="checkbox"/>
38b	<input checked="" type="checkbox"/> N/A
39a	<input checked="" type="checkbox"/> N/A
39b	<input checked="" type="checkbox"/> N/A
40b	<input checked="" type="checkbox"/> N/A
40c	<input checked="" type="checkbox"/> N/A
40d	<input checked="" type="checkbox"/> N/A
40e	<input checked="" type="checkbox"/> X

Yes No

42b	<input checked="" type="checkbox"/>
42c	<input checked="" type="checkbox"/> X

Yes No

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

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 Sch. C, Part II

Yes	No
47	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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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/A				

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" N/A

(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 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

✓ 6-2-14

Sign Here

Signature of officer

Date

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
	WICKS EMMETT LLP	<i>Jenna L Lusa</i>	6/2/14		P00408480
	Firm's name ► WICKS EMMETT LLP				Firm's EIN ► 93-0718861
	Firm's address ► 358 NE WINCHESTER - P O BOX 2350 ROSEBURG, OR 97470				Phone no 541-673-4423

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

 Yes No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990.

Name of the organization

Employer identification number
26-1148945

UMPOUA VALLEY WINEGROWERS ASSOCIATION

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations **e** Solicitation of non-government grants
b Internet and email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 BARREL TOUR (event type)	(b) Event #2 GREATEST OF THE GRAPE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	42,135.	64,482.		106,617.
	2 Less: Contributions		6,388.		6,388.
	3 Gross income (line 1 minus line 2)	42,135.	58,094.		100,229.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		5,697.		5,697.
	7 Food and beverages		17,539.		17,539.
	8 Entertainment		1,500.		1,500.
	9 Other direct expenses	30,987.	39,532.		70,519.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				95,255.
	11 Net income summary. Subtract line 10 from line 3, column (d)				4,974.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part IV Supplemental Information (continued)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UMPQUA VALLEY WINEGROWERS ASSOCIATION

Employer identification number
26-1148945

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	10.
MISCELLANEOUS INCOME	144.
TOTAL TO FORM 990-EZ, LINE 8	154.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SOWI CAPITAL CAMPAIGN

GRANTEE NAME: UCC FOUNDATION

GRANTEE ADDRESS: 1140 UMPQUA COLLEGE RD. ROSEBURG, OR 97470

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/11/13

AMOUNT GIVEN:	3,000.
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ACTIVITY CLASSIFICATION: UVWA HERITAGE SCHOLORSHIP FUND

GRANTEE NAME: UMPQUA COMMUNITY COLLEGE

GRANTEE ADDRESS: 1140 UMPQUA COLLEGE RD. ROSEBURG, OR 97470

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/05/13

AMOUNT GIVEN:	3,160.
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ACTIVITY CLASSIFICATION: ENVIRONMENTAL & CLIMATOLOGY STUDY

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 02/05/13

AMOUNT GIVEN:	2,053.
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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UMPQUA VALLEY WINEGROWERS ASSOCIATION

Employer identification number
26-1148945

ACTIVITY CLASSIFICATION: 2014 REFERENCE VINEYARD PROJECT

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/13/13

AMOUNT GIVEN:

2,168.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

10,381.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

ADVERTISING AND MARKETING

31,605.

OFFICE EXPENSES

1,275.

INSURANCE

1,929.

MEMBERSHIP

250.

TRAVEL - MILEAGE

845.

EDUCATION AND RESEARCH

5,448.

HOSPITALITY

850.

PAYROLL TAXES

629.

BOARD MEETINGS

135.

CONFERENCES AND TRAINING

178.

DEPRECIATION

144.

MEALS

25.

ROUNDING

-2.

TOTAL TO FORM 990-EZ, LINE 16

43,311.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UMPQUA VALLEY WINEGROWERS ASSOCIATION

Employer identification number
26-1148945

PRIOR PERIOD ADJUSTMENT

12,359.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
POSTAGE DUE	36.	36.
OTHER DEPRECIABLE ASSETS	0.	1,243.
TOTAL TO FORM 990-EZ, LINE 24	36.	1,279.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENHANCE THE IMAGE OF
UMPQUA VALLEY WINES, ASSIST LOCAL WINE PRODUCERS IN PROMOTING THEIR
PRODUCTS, AND TO ENCOURAGE THE DEVELOPMENT OF WINEGROWING IN THE UMPQUA
VALLEY.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**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.**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► **X**
• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. UMPQUA VALLEY WINEGROWERS ASSOCIATION	Employer identification number (EIN) or 26-1148945
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 367	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEBURG, OR 97470	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RON SCHOFIELD

• The books are in the care of ► **2188 DOERNER RD. - ROSEBURG, OR 97471**
Telephone No. ► **541-679-6543** Fax No. ►
• If the organization does not have an office or place of business in the United States, check this box ►
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year **2013** or
► tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.