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OMB No 1545-1150

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Department 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 2018 calendar year, or tax year beginning _____, and ending _____

B Check if applicable	C Name of organization UMPQUA VALLEY WINEGROWERS ASSOCIATION	D Employer identification number 26-1148945
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) PO BOX 447	Room/suite
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code ROSEBURG OR 97470	DT
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
		F Group Exemption Number ►

G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **180,639**

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 2

1 Contributions, gifts, grants, and similar amounts received	1	22,012
2 Program service revenue including government fees and contracts	2	5,916
3 Membership dues and assessments	3	28,210
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	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	124,498
b Gross income from fundraising events (not including \$ 13,512 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	84,845
c Less direct expenses from gaming and fundraising events	6d	39,653
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	3
8 Other revenue (describe in Schedule O)	9	95,794
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	7,636
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	18,325
12 Salaries, other compensation, and employee benefits	13	3,630
13 Professional fees and other payments to independent contractors	14	5,165
14 Occupancy, rent, utilities, and maintenance	15	513
15 Printing, publications, postage, and shipping	16	67,249
16 Other expenses (describe in Schedule O)	17	102,518
17 Total expenses. Add lines 10 through 16	18	-6,724
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	64,587
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	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	57,863
21 Net assets or fund balances at end of year Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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	64,331	57,754
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	256	24
25 Total assets	64,587	57,863
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,587	57,863

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, optional for others)

28 TO ENCOURAGE THE SCIENTIFIC DEVELOPMENT OF WINEGROWING IN OREGON, AND TO PROVIDE SCIENTIFIC AND EDUCATIONAL SERVICES IN CONNECTION THEREWITH.

(Grants \$ 7,636) If this amount includes foreign grants, check here 

28a

46,811

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

29a

38,995

30 TO ENHANCE THE IMAGE OF THE UMPQUA VALLEY UTILIZING MARKETING AND TOURISM ACTIVITIES.

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

30a

16,712

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

102,518

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
TERRY BRANDBORG PRESIDENT	2.00	0	0	0
BETTY TAMM VICE PRESIDENT	2.00	0	0	0
RON SCHOFIELD				
TREASURER	2.00	0	0	0
ROB IKOLA SECRETARY	2.00	0	0	0
ROBIN RAY DIRECTOR	1.00	0	0	0
STEVE RENQUIST DIRECTOR	1.00	0	0	0
BILL HENRI DIRECTOR	1.00	0	0	0
JEAN KURTZ EXECUTIVE DIRECTOR	20.00	16,830	0	0

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 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

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 X

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 X

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c

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 40d

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 40e X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

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 40g

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 ► **541-673-5323**

PO BOX 447

Located at ► **ROSEBURG**

OR

ZIP + 4 ►

97470

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 ► 42b X
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 ► 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

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

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 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		<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

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

b 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 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

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

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	Signature of officer  RON SCHOFIELD	Date 5/13/19	Preparer's signature TREASER	
			Type or print name and title	

Paid Preparer Use Only	Firm's name ►	Firm's address ►	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
			STEVEN B. OLESON, CPA	05/08/19		P00294805
	WICKS EMMETT LLP	358 NE WINCHESTER ST - PO BOX 2350 ROSEBURG, OR 97470-3327		Firm's EIN ►	93-0718861	
				Phone no	541-673-4423	

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2018Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

► Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization

**UMPQUA VALLEY WINEGROWERS
ASSOCIATION**Employer identification number
26-1148945**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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" on 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

	(a) Event #1 GREATEST OF THE (event type)	(b) Event #2 BARREL TOUR (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	92,414	45,596	138,010
	2 Less Contributions	13,512		13,512
	3 Gross income (line 1 minus line 2)	78,902	45,596	124,498
Direct Expenses	4 Cash prizes			
	5 Noncash prizes	13,512		13,512
	6 Rent/facility costs	9,738		9,738
	7 Food and beverages	17,063		17,063
	8 Entertainment	1,150		1,150
	9 Other direct expenses	22,008	21,374	43,382
	10 Direct expense summary Add lines 4 through 9 in column (d)			► 84,845
	11 Net income summary Subtract line 10 from line 3, column (d)			► 39,653

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	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 conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Yes No

11 Does the organization conduct 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 conducted 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 (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
See instructions

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

2018

Open to Public
Inspection

Name of the organization	UMPQUA VALLEY WINEGROWERS ASSOCIATION	Employer identification number
		26-1148945

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

DESCRIPTION	AMOUNT
INSURANCE REFUND	\$ 3
	TOTAL \$ 3

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE EXPENSE	\$ 1,504
MILEAGE	\$ 350
CONFERENCES & TRAINING	\$ 418
INSURANCE	\$ 1,831
ADVERTISING AND MARKETING	\$ 55,707
EDUCATION AND RESEARCH	\$ 3,465
HOSPITALITY	\$ 2,214
MEMBERSHIP	\$ 815
MISCELLANEOUS	\$ 798
NON-INVESTMENT DEPRECIATION	\$ 147
	TOTAL \$ 67,249

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 1,387	\$ 1,387
LESS ACCUMULATED DEPRECIATION	\$ 1,131	\$ 1,278
	TOTAL \$ 256	\$ 109

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

UMPQUA VALLEY WINEGROWERS

Employer identification number

26-1148945**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.

PAGE 1 OF 1

Schedule O (Form 990 or 990-EZ) (2018)