

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 12-01-2018, and ending 11-30-2019

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Rutherford Dust Society

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO Box 408

City or town, state or province, country, and ZIP or foreign postal code
Rutherford, CA 94573

D Employer identification number
68-0375119

E Telephone number
(707) 595-8686

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.rutherforddust.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527

K 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 ▶ \$ 121,969

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	1,850	10	Grants and similar amounts paid (list in Schedule O)	10	4,575
2	Program service revenue including government fees and contracts	2	22,429	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	66,700	12	Salaries, other compensation, and employee benefits	12	60,000
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	33,011
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less: cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	2,160
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	5,189
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	104,935
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	500	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,539
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	30,490	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	25,341
c	Less: direct expenses from gaming and fundraising events	6c	12,495	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18,495	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,880
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	109,474				

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	25,341	22 29,880
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	25,341	25 29,880
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,341	27 29,880

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? to encourage, promote and identify the highest quality standards of grape growing and winemaking in the Rutherford District Viticultural Area.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; 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 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	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 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
Maria Talahalusi Director	0.50	0		
Sara Soergel Executive Dir.	20.00	60,000		
Andy Beckstoffer Director	0.50	0		
Steve Tonella President	2.00	0		
Michelle Baggett Director	0.50	0		
Sara Fowler Director	0.50	0		
Lisa Barker-Mullen Director	0.50	0		
Joel Aiken Treasurer	1.00	0		
Lauren Leeds Pesch Vice President	1.00	0		
Chris Morisoli Director	0.50	0		
Regina Weinstein Secretary	1.00	0		
Rod Santos Director	0.50	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

Table with 3 columns: Question, Yes, No. Rows include 33-39e, 40a-e, 41, 42a. Questions cover significant activities, changes to documents, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of Steve Tonella Telephone no. (707) 738-9328
Located at PO Box 408 Rutherford, CA ZIP + 4 94573

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c. Questions about foreign financial accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-d, 45a-b. Questions about donor advised funds, hospital facilities, tanning services, and controlled entities.

	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 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	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
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
NONE				

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
NONE		

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 Steve Tonella President Type or print name and title	2020-12-23 Date
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Paid Preparer Use Only	Print/Type preparer's name Guy W Carl	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01292373
	Firm's name ▶ BROTEMARKLE DAVIS & COMPANY LLP			Firm's EIN ▶ 68-0219846	
	Firm's address ▶ 1000 MAIN ST STE 250 NAPA, CA 94559			Phone no. (707) 963-4466	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 68-0375119

Name: Rutherford Dust Society

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 Promotion of the Rutherford District wine-making region. (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a	

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	(b) Event #2	(c) Other events	(d)
		Chili Ball (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	30,490			30,490
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	30,490			30,490
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,466			6,466
	8 Entertainment	6,029			6,029
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,495
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				17,995	

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))
		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? 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 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 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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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**

Department of the Treasury

Name of the organization

Rutherford Dust Society

Employer identification number

68-0375119

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - The Organization is situated in Napa, California, which is located in a 2020 Federally declared disaster area (California Wildfires DR-4569-CA). Federal and California tax return filings originally due on or after August 14, 2020, are now due on January 15, 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$1068

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$1221

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1003	Information Technology \$320

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1008	Interest \$6

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Merchant card fees \$2539

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	Sales Tax \$25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	State Filing Fee \$10