

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

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
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
 CALIFORNIA GUILD

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 5716 FOLSOM BLVD 278

City or town, state or province, country, and ZIP or foreign postal code
 SACRAMENTO, CA 95819

D Employer identification number
 94-0362040

E Telephone number
 (916) 448-4537

G Gross receipts \$ 228,227

F Name and address of principal officer

| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
|---|-----------|--|-------------|
| | | 20 Total assets (Part X, line 16) | 4,134,967 |
| 21 Total liabilities (Part X, line 26) | 3,090,321 | 3,246,929 | |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 1,044,646 | 609,480 | |

Part II Signature Block

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 _____ Date 2017-11-15
 BOB MCFARLAND EXECUTIVE COMMITTEE
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
 Bruce W Sneesby

Preparer's signature
 Bruce W Sneesby

Date

Check if self-employed PTIN P00472571

Firm's name Bodin Klein & Sneesby A Professional Corp Firm's EIN

Firm's address 3005 Douglas Blvd Ste 115 Phone no (916) 774-1040
 Roseville, CA 95661

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO PRESERVE AGRICULTURAL HERITAGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1. Schedule A: Compensation of Officers, Directors, and Key Employees | | |
| 2. Schedule B: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 3. Schedule C: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 4. Schedule D: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 5. Schedule E: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 6. Schedule F: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 7. Schedule G: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 8. Schedule H: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 9. Schedule I: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 10. Schedule J: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 11. Schedule K: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 12. Schedule L: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 13. Schedule M: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 14. Schedule N: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 15. Schedule O: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 16. Schedule P: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 17. Schedule Q: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 18. Schedule R: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 19. Schedule S: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 20. Schedule T: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 21. Schedule U: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 22. Schedule V: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 23. Schedule W: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 24. Schedule X: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 25. Schedule Y: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 26. Schedule Z: Compensation of Officers, Directors, and Key Employees (Continuation) | | |
| 27. Schedule AA: Compensation of Officers, Directors, and Key Employees (Continuation) | | |

Part IV Checklist of Required Schedules (continued)

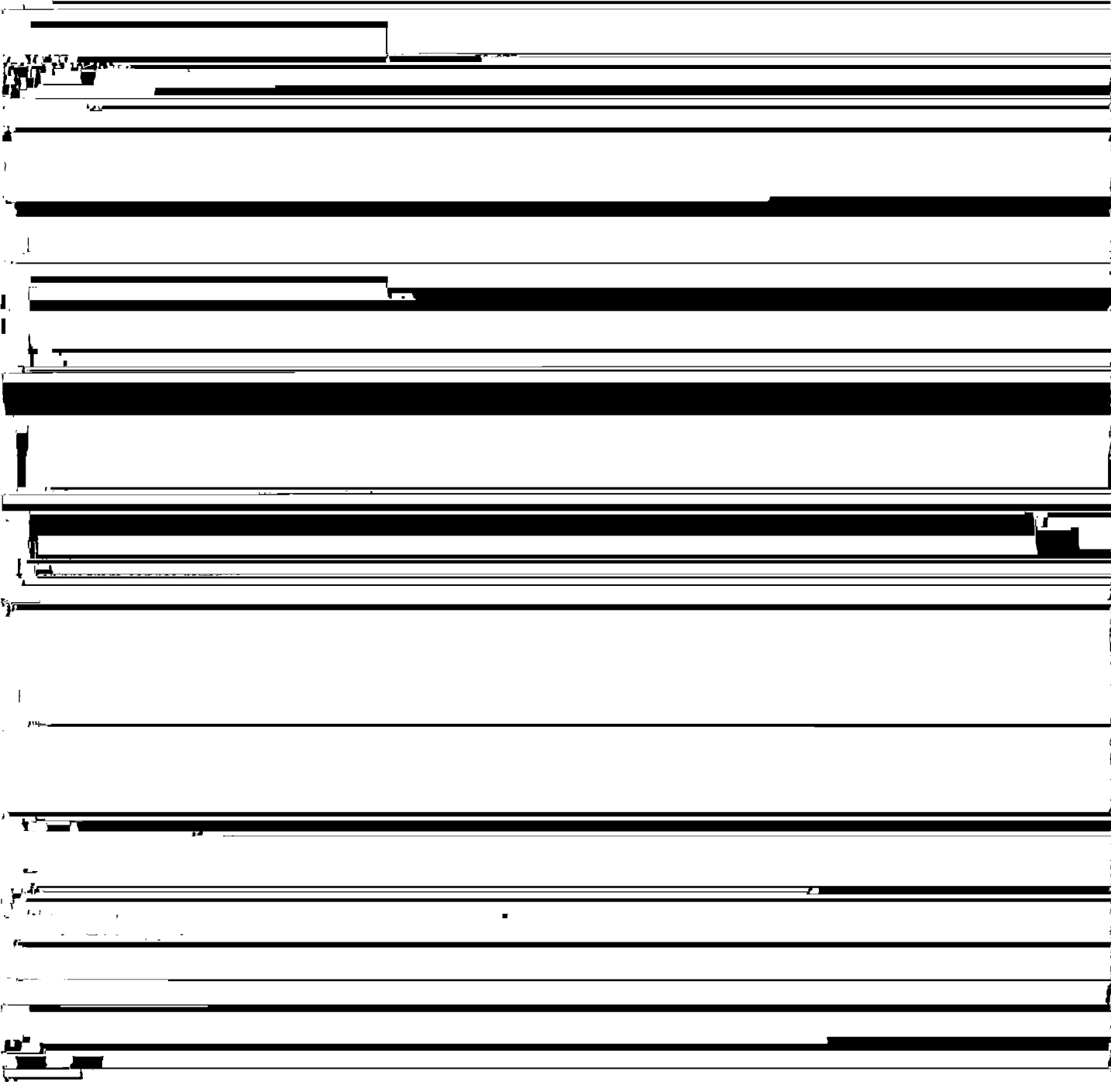
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

| | Yes | No |
|------------|-----|----|
| 20a | | No |
| 20b | | |
| 21 | | No |
| 22 | | No |
| 23 | | No |
| 24a | | No |
| 24b | | No |
| 24c | | No |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | | Yes | No |
|---|---|-----------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 0 | 1a | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | 1b | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | No |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 7 | 2a | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 2c Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 2c | | No |



| | | | | |
|---|----------|---------------|--|-------|
| 3 Investment income (including dividends, interest, and other similar amounts) | 3,963 | | | 3,963 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | 0 | | | |
| 5 Royalties ▶ | 0 | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | |
| | 61,647 | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 19,406 | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | |
| | h Total. Add lines 1a-1f | | 19,406 | | |

| Revenue | Business Code | | | | |
|--|---------------|--------|--|--------|--|
| | | | | | |
| 2a GRANGE NEWS | 541800 | | | | |
| h Membership Dues & Assessments | 110000 | 92.554 | | 92.554 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 64,057 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 80,000 | | | |
| 9 Other employee benefits. | 16,641 | | | |
| 10 Payroll taxes. | 6,696 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 0 | | | |
| b Legal. | 198,708 | | | |
| c Accounting. | 21,990 | | | |
| d Lobbying. | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 0 | | | |
| 12 Advertising and promotion. | 97 | | | |
| 13 Office expenses. | 29,139 | | | |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 0 | | | |
| 17 Travel. | 10,531 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 3,189 | | | |
| 20 Interest. | 0 | | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 83,118 | | | |
| 23 Insurance. | 24,483 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a UTILITIES | 16,057 | | | |
| b PROPERTY TAXES | 11,781 | | | |
| c OUTSIDE SERVICE | 11,413 | | | |
| d OFFICER AND DIRECTOR EXPENSES | 10,149 | | | |
| e All other expenses | 37,097 | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 625,146 | 0 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 32,404 | 1 | 22,264 |
| | 2 Savings and temporary cash investments | 98,367 | 2 | 105,390 |
| | 3 Pledges and grants receivable, net | | 3 | 0 |
| | 4 Accounts receivable, net | 185,733 | 4 | 182,283 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | 0 |
| | 8 Inventories for sale or use | 2,663 | 8 | 2,663 |
| | 9 Prepaid expenses and deferred charges | 227,931 | 9 | 79 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 1,858,188 | | |
| | b Less accumulated depreciation | 1,443,346 | | |
| | | 497,960 | 10c | 414,842 |
| | 11 Investments—publicly traded securities | | 11 | 0 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | 0 |
| | 14 Intangible assets | | 14 | 0 |
| 15 Other assets See Part IV, line 11 | 3,089,909 | 15 | 3,128,888 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 4,134,967 | 16 | 3,856,409 | |
| Liabilities | 17 Accounts payable and accrued expenses | 7,884 | 17 | 104,989 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 3,082,437 | 25 | 3,141,940 |
| | 26 Total liabilities. Add lines 17 through 25 | 3,090,321 | 26 | 3,246,929 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 365,301 | 27 | -69,865 |
| | 28 Temporarily restricted net assets | 679,345 | 28 | 679,345 |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 1,044,646 | 33 | 609,480 |
| | 34 Total liabilities and net assets/fund balances | 4,134,967 | 34 | 3,856,409 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 189,980 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 625,146 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -435,166 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,044,646 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 609,480 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | | No |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | | No |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p> | 3b | | |

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 94-0362040

Name: CALIFORNIA GUILD

Form 990 (2016)

Form 990, Part III, Line 4a:

EXTENSION FUND - PROVIDES RESOURCES FOR THE INTERNAL AND EXTERNAL PROMOTION OF THE GRANGE FOR EDUCATION OF MEMBERS ABOUT THE GRANGE

Form 990, Part III, Line 4b:

WOMENS, YOUTH, JUNIOR AND MISC FUNDS - PROJECTS FOR INDIVIDUAL GROWTH, LEARNING, SERVICE AND SOCIAL ACTIVITIES

Form 990, Part III, Line 4c:

CONVENTION FUND - FUND CREATED TO ENSURE ACCURATE ACCOUNTING OF INCOME AND EXPENSES FOR ANNUAL CONVENTION

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA GUILD

Employer identification number
94-0362040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 83,606 | | 83,606 |
| b Buildings | | 384,846 | 282,713 | 102,133 |

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) DEPOSITS | 2,063 |
| (2) NOTES RECEIVABLE | 202,289 |
| (3) TRUST FUND INVESTMENT | 2,924,536 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 3,128,888 |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| TRUST & INTERFUND TRANSFERS | 3,141,940 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 3,141,940 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

Part XIII **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CALIFORNIA GUILD**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.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

94-0362040

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 GRANGE NEWS - NEWSPAPER TO ALL MEMBERS AND ASSOCIATES ISSUED SIX TIMES PER YEAR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS PROVIDED TO EMPLOYEES AND DIRECTORS REQUIRING DISCLOSURE OF ANY CONFLICTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | THE EXECUTIVES MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS APPROVE THESE REQUESTS UPON REVIEW THE BOARD APPROVES SALARY CHANGES FOR THE PRESIDENT AND ALL KEY EMPLOYEES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | ONLY UPON REQUEST |