TAXABLE YEAR

## California Exempt Organization Annual Information Return

FORM	
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199

201	6 Annual Information	Return				199
	ar 2016 or fiscal year beginning (mm/dd/yyyy) Organization name		, and en	ding (mm/dd/yyyy)	poration number	
Corporation	Organization name			Odinornia cor	poration number	
Additional in	formation. See instructions.			FEIN		
Street addre	ess (suite or room)			I	PMB no.	
City				State	Zip code	
Foreign cour	ntry name	Foreign province/state	/county		Foreign postal	code
B Amender C IRC Sect D Final Info	urn	<ul> <li>Yes</li></ul>	f "Yes," enter the gro f organization is exements the filing fee ends of filing fee is required the organization and the organization of axable income?s the organization undited in a prior years federal Form 1023. Date filed with IRS	ctivities? See instructempt under R&TC Set in structer to me mpt under R&TC Set in structer to me tunder audit by the IRS referred.	ctions	●
Receipts and Revenues	<ul> <li>1 Gross sales or receipts from other sources. Fro</li> <li>2 Gross dues and assessments from members ar</li> <li>3 Gross contributions, gifts, grants, and similar a</li> <li>4 Total gross receipts for filing requirement test. This line must be completed. If the result is lest</li> <li>5 Cost of goods sold</li></ul>	nd affiliates	e 3. General Instruction B		2 3 00 00 7 8	00 00 00 00 00 00 00
	10 Excess of receipts over expenses and disburser  11 Total payments	nents. Subtract line 92, subtract line 12 from subtract line 11 from	from line 8		10 11 12 13 14 15 16	00 00 00 00 00 00 00 00
Sign Here	Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other Signature of officer	this return, including acco	mpanying schedules ar	nd statements, and to the preparer has any kno	ne best of my know owledge.  Telephone  ( )	ledge and belief, it is
Paid Preparer's Use Only	if self-employed) and address			Check if self- employed ▶ □	FEIN  Telephone	
	May the FTB discuss this return with the prepa	rer shown above? Se	e instructions	<u> </u>		lo

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information

		eye	ardiess of amount of gross receipts — comp	nete Fait II di Iulilisii sub	Stitute illioilliation.			_
		1	Gross sales or receipts from all business act	tivities. See instructions			00	0
Receipts from		2	Interest				00	0
	eints	3	Dividends				00	0
	•	4	Gross rents			● 4	00	0
Othe		5	Gross royalties			<u>5</u>	00	0
Sources		6	6 Gross amount received from sale of assets (See Instructions).				00	0
			Other income. Attach schedule				00	0
			Total gross sales or receipts from other sourc				00	0
		ı	Contributions, gifts, grants, and similar amo	-			00	0
			Disbursements to or for members				00	0
			Compensation of officers, directors, and trustees. Attach schedule				00	0
			Other salaries and wages				00	0
Fxne	nses	13	Interest			13	00	0
and			Taxes. • 14				00	0
Disb	urse-		Rents				00	0
men	ts		Depreciation and depletion (See instructions				00	_
			Other Expenses and Disbursements. Attach				00	
		18	<b>Total</b> expenses and disbursements. Add line	9 through line 17. Enter h	ere and on Side 1. Part I	, line 9 18	00	_
Scl	nedu		L Balance Sheet	Beginning of			xable year	_
Asse				(a)	(b)	(c)	(d)	_
1	Cach			(*)	(-,	(-)	(*/	_
			nts receivable					-
								-
			receivable					_
			S					_
			d state government obligations				•	_
			ts in other bonds				•	_
7	Investr	nen	ts in stock				•	_
8	Mortga	age	loans				•	_
9	Other i	nve	stments. Attach schedule				•	_
10	<b>a</b> Depi	recia	able assets					
	<b>b</b> Less	aco	cumulated depreciation	( )		(	)	
			·				•	_
			ets. Attach schedule				•	_
			ts					_
			net worth					
			payable					_
			ons, gifts, or grants payable					_
								-
			I notes payable					_
			s payable				•	—
			lities. Attach schedule					_
			ck or principal fund				•	_
			capital surplus. Attach reconciliation				•	_
21	Retaine	ed e	arnings or income fund				•	_
			lities and net worth					_
Sch	edul	e N	<b>M-1</b> Reconciliation of income per books v Do not complete this schedule if the a		13, column (d), is less t	han \$50,000		
1	Net inc	om	e per books	•	7 Income recorded on	•		
2	Federa	l inc	come tax	not included in this return. Attach schedule				_
3	Excess	of	capital losses over capital gains	Deductions in this return not charged				
			of recorded on books this year.		against book income	-		
			edule				•	_
			recorded on books this year not	Attach schedule				_
					10 Net income per retur			
0	ioidi. <i>F</i>	100	line 1 through line 5		Subtract line 9 from	line 6		_