TAXABLE YEAR

California Exempt Organization Annual Information Return 2012

FORM

199

		year beginning month	day	year	, an	d endin	g month	da		year	
Corporation/Org	ganization Name Al	RYANA HEALTH CARE F	OUNDATION					C	California corpo	ration nui	mber
									469933		
Address (suite,	room, or PMB no.)							F	EIN		
	LAUER ROAD)						4	5-5270	120	
City						State 2	ZIP Code				
SARATOG	A					CA 9	95070				
A First Retu	rn		X Yes No				ction 23701d, has th				
B Amended	organization during the year: (1) participated B Amended Return										
egislation or any ballot measure, or (3) made								an elect	ion		
unider New York Section 23704.5 (relating to follow								ing by	• [Yes	X No
D Final Return ● ☐ Dissolved ● ☐ Surrendered (Withdrawn)							ch form FTB 3509.		_	⇒	
	Merged	● Merged/Reorganized Enter date: ●			K Is the organization exempt under R&TC Section 23701g?. ● Yes X No						
				If 'Ves' enter gross receipts from							
E Check accounting method: 1 Cash 2 X Accrual 3 Other					ember sour	ces .		. \$			
					L If organization is exempt under R&TC Section 23701d						
F Federal re				and is	and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public						
1 •	└	990 (PF) 3 ■ Sch H		contri	s supported butions, che	primarily eck box. N	(50% or more) by pi No filing fee is requir	ublic ed	• [1	
		oordinates/affiliates? •	Yes X No		,		3 1		<u> </u>	⊒ ¬.,	П.,
						n a Limite	ed Liability Company	/?	· · • L	Yes	X No
		exemption?	Yes No			ation file Form 100 or Form 10				Voc	No.
If 'Yes,' W	/nat's the parent's na	at's the parent's name?							<u> </u>	Yes	X No
■ Did the or	panization have any changes in its activities,			O Is the	organizatio	on under audit by the IRS or year?		as the I	RS _ F	Yes	X No
		of incorporation, or bylaws		auuit	eu III a piioi	year? •			• _	103	Z NO
		the Franchise Tax Board? •	Yes X No								
		pies of revised documents.							CA	CA1112	10/11/12
Part I		unless not required to file th						1 _			
		es or receipts from other sources						1			
Pagainta		2 Gross dues and assessments from members and affiliates ●						2		0.5.0	
Receipts and		3 Gross contributions, gifts, grants, and similar amounts received						3	i	250	,000.
Revenues	_	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B ●								250	0.00
		ods sold				Instruct	tion B •	4		250	,000.
	•	ner basis, and sales expenses o									
		s. Add line 5 and line 6 · · · ·						7			
								8		250	,000.
	 8 Total gross income. Subtract line 7 from line 4						9			,513.	
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8						10			,487.	
	11 Filing fee \$10 or \$25. See General Instruction F						11			10.	
Eiling		· · · · · · · · · · · · · · · · · · ·						12			
Filing Fee	13 Penalties and Interest. See General Instruction J						13				
	14 Use tax. See General Instruction K						14				
	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result						15			10.	
		rjury, I declare that I have examined this re							lge and belief.	it is true.	10.
Sign	correct, and complete.	. Declaration of preparer (other than taxpa	yer) is based on all in	formation of	which prepar	er has any	knowledge.				
Here	Signature of officer		Title				Date		Telephone		
	of officer				I Data				PTIN		
Paid Preparer's	Preparer's ► JOHN A. RYAN				Date Check if self-				PO00040	33	
	JOHN RYAN & CO						FEIN	J J			
Use Only	(or yours, if 717 MATNI CT								5-3255	470	
	self-employed) and address	HALF MOON BAY		CA	94019	1924		 	Telephone		
	CA				> 10 1 / 1 / 2 1			(650) 7:	26-71	L62
May the FTB discuss this return with the preparer shown above? See instructions								Yes		No	
J		• •									

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.

	'	-yui u	icss of allount of gross receipts — co	inploto i dit il di lalilion odubiti	tato imorniani	····			
		1	Gross sales or receipts from all b	usiness activities. See inst	ructions .		•	1	
		2 Interest							
	3 Dividends							3	
Recei	nts	4	Gross rents	4					
from	•	5	Gross royalties		5				
Other Sourc			•		6				
Sourc	6 Gross amount received from sale of assets (See instructions)							7	
		_		8					
Evner		8	Total gross sales or receipts from other Contributions, gifts, grants, and similar a	9					
Exper and	ises	9	5 5						
Disbu		10	Disbursements to or for members	10					
ments	6	11	Compensation of officers, director	11 12					
		12	•						
		13	Interest	13					
	14 Taxes 15 Rents					• • • • • •	14 15		
	16 Depreciation and depletion (See instructions)								
				nts. Attach schedule	s. Attach schedule				
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9							18	16,513. 16,513.
Sche	dule	L	Balance Sheets	Beginning of				of taxak	-
Asset	s			(a)	(k	_	(c)		(d)
1	Cash .			(*)		0.	χ-,	•	233,487.
			receivable			<u> </u>		•	200/10/1
			eivable					•	
								•	
5	Federal	and s	tate government obligations					•	
			n other bonds					•	
	Investments in stock							•	-
	Mortgage loans							•	
								•	
9 Other investments Attach schedule									
	•								
			ated depreciation						
-	13 Total assets					0.			233,487.
	1 7							•	
15	Contributions, gifts, or grants payable							•	
16	Bonds and notes payable							•	
17	Mortgages payable							•	
18	Other liabilities. Attach schedule								
19	Capital :	stock (or principle fund					•	
			ital surplus. Attach reconciliation					•	
21	Retaine	d earn	ings or income fund			0.		•	233,487.
22	Total lia	bilities	and net worth			0.			233,487.
Sche	dule	M -1	Reconciliation of income portion Do not complete this schedule	er books with income per e if the amount on Schedu	r return le L, line 13,	column (d),	is less than \$50,000)	
1	Net inco	me pe	er books	233,487	. 7 Incor	ne recorded on	books this year not incl	uded	
2	Federal	incom	ne tax	•			h sch		
			ital losses over capital gains				eturn not charged		
	Income not recorded on books this year.								
				•	Attach schedule				
5	Expense	es rec	orded on books this year not deducted		9 Total. Add line 7 and line 8				
			Attach schedule	•	10 Net income per return.				
6 Total. Add line 1 through line 5				233,487	Subtract line 9 from line 6				233,487.

051 3652124