## Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2021 calendar year, or tax year beginning						, 20	21, and	endin	ng	, 20			
-	Check if applicable:							D Employer identification number						
	Address change ARYANA HEALTH CARE FOUNDATION 1849 BAYSHORE HIGHWAY										45-5270120			
										E Telephone number				
	-	BURLINGAME, CA 94010									(408	3) 66	6-7335	
		inal return/terminate	d I											
Amended return											G Gross re			
	Application pending F Name and address of principal officer: JULIA HASHE							HWITHH			nis a group return for subordinates? Yes X No			
		SAME AS C ABOVE							H(b) Are all	H(b) Are all subordinates included? If "No," attach a list. See instructions.				
Tax-exempt status:  X  501(c)(3)   501(c) ( )    (insert no.)   4947(a)(1) or   527														
J	Website: ► N/A  H(c) Group exemption number ►													
K	For	m of organizatio	n: X Corporation	Trust	Association	Other >		L Year o	of format	tion: 201	2 Ms	tate of le	gal domicile:	
Pa	rt I	Summ	ary										W CARE FOR	
	1		Briefly describe the organization's mission or most significant activities:TO PROVIDE NECESSARY HEALTH CARE FOR											
a)		UNINSURED INDIVIDUALS												
Governance														
ern		Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.												
O	3	Number of	r of voting members of the governing body (Part VI, line 1a)									3	7	
9	4	Number of	ther of independent voting members of the governing body (Part VI, line Tb)									4	7	
es	5	Total num	per of individuals	employed	in calendar ve	ar 2021 (F	Part V, line	2a)				5	0 15	
Activities &	6	Total num	her of volunteers	estimate	if necessary)							6 7a	0.	
Ac	72	Total unre	I unrelated business revenue from Part VIII, column (C), line 12unrelated business taxable income from Form 990-T, Part I, line 11									7b	0.	
-	t	Net unrela	ted business taxa	ble incom	e from Form 9	90-1, Part	1, 11110 11.			11	Prior Year		Current Year	
		0 1 1 1 1	and grants (De	ort \/III lin	ne 1h)				A.D	VIII	218,2	227.	5,060,916.	
9	1	8 Contributions and grants (Part VIII, line 1h)												
enc	10	Investmen	tment income (Part VIII, inte 29)											
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 10d, and 11e7									55,465.		193,477.	
	12	Total reve	nue - add lines 8	through 1	11 (must equal	Part VIII,	column (A	A), line	12)		273,6	592.	5,254,393.	
	13	Grants an	d similar amounts	paid (Par	XX, column (	<ol> <li>A), Tines 1</li> </ol>	-3)							
	14	A Repetits paid to or for members (Part Jolumn (A), line 4)												
	15	Salaries,	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	16	Sa Professional fundraising fees (Part IX, column (A), line 11e)								•••				
pen		<b>b</b> Total fund	al fundraising expenses (Part IX, column (D), line 25) ▶										074 111	
ŭ	17	Other exp	Other expenses (Part IX. column (A), lines 11a-11d, 11f-24e)									298.	374,111.	
	18	Total exp	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								423,298.		374,111.	
	19	Revenue	Revenue less expenses. Subtract line 18 from line 12							-149,606. 4,880,28  Beginning of Current Year End of Year			4,880,282.	
5	8									Beginn	0,609,	nt Year	15,236,692.	
5	20	Total ass	Total assets (Part X, line 16)								4,661,		4,408,272.	
Ass	21	Total liab	Total liabilities (Part X, line 26)								5,948,		10,828,420.	
Ž	22	22 Net assets or fund balances. Subtract line 21 from line 20									5, 340,	130.	10,020,120.	
	Part II Signature Block  Note: The structure 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 note 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 note 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 note 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 note penalties of perjury.													
Un	der per	nalties of perjur	tties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
	Tiplete	. Declaration of	property (out-											
_		Si	gnature of officer								Date			
	ign ere		JULIA HASHEMIEH								ASURER			
п	ere		Type or print name and title											
		1	ype preparer's name		Preparer's sig	nature		D	ate		Check	if	PTIN	
-	اء ; م	1	ARD DE JONG		EDWARD	DE JOI	NG				self-emplo	oyed	P01206523	
Paid Preparer Use Only			m's name BRANTON, DE JONG & ASSOCIATES										0070171	
		Only Firm's	rm's address 6155 ALMADEN EXPRESSWAY, #350								Firm's EIN ► 77-0378171			
			SAN JOSE CA 95120								Phone no. (408) 997-9212			
N	av th	ne IRS discu	discuss this return with the preparer shown above? See instructions										X  Yes   No	