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TIN: 94-2284365

OMB No. 1545-0047

990

Department of the Treasury

## **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2022

Open to Public Inspection

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<b>I</b> Tax	-exer	mpt status:	<b>~</b>	501(	:)(3)		) •	501(c	c) (	) *	<b>∢</b> (ir	insert	t no	).)		) <sub>49</sub>	947(	a)(1`	) or		527							ach a	ı list	. See	in				JINO	
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ŝ	6	Total num	mber	of vo	lunte	ers	(es	tima	ate	if n	nece	essa	ıry)	-																6	L				39	
Ă	7a	Total unre	relate	ed bus	ines	s re	ven	ue fr	rom	n Pa	'art \	VIII,	col	lum	ın (C	C), I	line	12												7a	L				0	
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		Grants an																) .	•	•			-						C	_					C	
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Net Assets or Fund Balances																							l <sub>R</sub>	gil	ming	01	cur	rent	real			ena (	ui te	dГ		
SSe	20	Total asse	sets (	Part X	໌, lin	e 16	i) .							r													21	,695	,232	2			27	,487	7,180	
A A		Total liabi																									2	,048	,403	3	4,616,556					
žĒ	22	Net asset	ets or	fund	bala	nce	s. S	ubtr	act	: lin	ne 2	1 fro	om	line	e 20	ο.											19	,646	,829	)			22	,870	0,624	•

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.

	<b>\</b>				2023-09-12	
Sign	Sig	nature of officer			Date	
Here	AIN	NA ROBERT CEO				
	Тур	e or print name and title				
Paid	t	Print/Type preparer's name	Preparer's signature	Date 2023-09-12	Check if PTI POOR	IN 0650274
	parer	Firm's name ARMANINO LLP		•	Firm's EIN > 94-62	214841
Use	Only	Firm's address > 2700 CAMINO RAM	ON STE 350		Phone no. (925) 79	0-2600
		SAN RAMON, CA	345835004			
						✓ Yes □ No
		uss this return with the preparer s  Reduction Act Notice, see the			No. 11282Y	Form <b>990</b> (2022)
. 0	uper work	Reduction Act Notice, See the	separate mistractions:	Cat.	NO. 112021	FOITH <b>990</b> (2022)
			———— Page 2 —			
			. 450 =			
Form	990 (2022)					Page 2
Pai	t III Sta	atement of Program Servic	e Accomplishments			
		eck if Schedule O contains a respo	nse or note to any line in this Pa	art III	<u></u>	<u> U</u>
1	•	cribe the organization's mission:	DC OUD LATING DOOTS WITH A	TRADITION OF BROW	IDING COMPACCIO	NATE DATIENT CENTERED
		BORHOOD HEALTH CENTER HONO CATE FOR HEALTH EQUITY AND DI			IDING COMPASSIC	DNATE, PATIENT-CENTERED
			· •			
2	Did the org	ganization undertake any significa	nt program services during the y	ear which were not lis	sted on	
						🗆 Yes 🛾 No
		escribe these new services on Sch				
3	-	ganization cease conducting, or m	ake significant changes in how it	conducts, any progra	ım	
						🗆 Yes 🛂 No
	•	escribe these changes on Schedule				
4		ne organization's program service 1(c)(3) and 501(c)(4) organizatio				
		ue, if any, for each program service			,	
4a	(Code:	) (Expenses \$	19,138,923 including grants of	f ¢	) (Revenue \$	15,550,703 )
44	•	- PRIMARY CARE PROGRAMS: PROGRA			, ,	
	HEALTH CEN	ITER PROGRAM (DHHS-HRSA-BUREAU ( M-SFCCC), HIV MEDICAL & HEALTH SE	OF PRIMARY HEALTH CARE), HEALTH	CARE FOR THE HOMELES	S-HCH (SAN FRANCIS	CO COMMUNITY CLINIC
	ASSISTANCE	PROGRAM-MAP (CCSF DPH-GENERAL	FUND). PROGRAM B ALSO INCLUDES	REIMBURSEMENTS FROM	1 THIRD PARTY PAYOR	RS (MEDI-CAL, MEDICARE,
		UE CROSS, CHILD HEALTH & DISABILIT SLIDING FEE SCALE).	'Y PROGRAM-CHDP, FAMILY PACT, BRE	AST CANCER DETECTION	I & PREVENTION PRO	GRAM) AND PATIENT
		•				
4b	(Code:	) (Expenses \$	7,343,172 including grants of	f \$	) (Revenue \$	)
		- COMMUNITY PROGRAMS: PROGRAM				
		ELOPMENT PROGRAM (CCSF-DEPARTME T OF HOMELESSNESS & SUPPORTIVE H				
		(CCSF-DEPARTMENT OF PUBLIC HEALT) MMUNITY PROGRAMS.	H). PROGRAM A ALSO INCLUDES OTH	ER PRIVATE FOUNDATION	N GRANTS AND CONT	RIBUTIONS THAT SUPPORT
4c	(Code:	) (Expenses \$	including grants o	f \$	) (Revenue \$	)
	<u> </u>	, , , ,	3 3	•		,
	-					
4.1	Other prog	ıram services (Describe in Schedu	le O.)			
4d	Other prog	gram services (Describe in Schedu \$ inclu	lle O.) uding grants of \$	) (Revenue	\$	)

Form 990 (2022) Page **3** 

Par	Checklist of Required Schedules			
_		Ţ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Yes	
b	Schedule D, Parts XI and XII	12b	163	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			NI -
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
	Did the organization maintain an office, employees, or agents outside of the officed states?	144		INO
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		No

Form **990** (2022)

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Form	990 (2022)			Page <b>4</b>
Pa	Checklist of Required Schedules (continued)			
			Yes	No
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	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	20		Nο

30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			

Yes No **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 1a 68 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Yes 1c

4/35

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

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Form 990 (2022) Page **5** 

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	70		

2/13/2	24, 10:22 AM Mission Area Health Associates Dba Mission Neighborhood Health Center - Full Filing - Nonprof paracnute payment(s) during the year?	it Explo	orer - Pr	oPublica
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 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	-	onse to	
Se	ction 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  11  15 these are material differences in which girls are the governing.			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 11			
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?	2		No
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? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 7-	Did the organization have members or stockholders?	6		No
	members of the governing body?	7a 7b		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	/b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	V	
	The governing body?	8a	Yes	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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17	List the states with which a copy of this Form 990 is required to be filed.
	CA
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶MATILDA SALAKO 240 SHOTWELL STREET SAN FRANCISCO, CA 94110 (415) 552-3870
	Form <b>990</b> (2022)
	Page 7 ———————————————————————————————————
	rage /
Form	990 (2022) Page <b>7</b>
	1.450
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
<b>1a</b> Co year.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
	List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
• L	ist all of the organization's <b>current</b> key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor ector	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) AMELIA MARTINEZ BANKHEAD PRESIDENT	8.00	Х		Х				0	0	0
(2) RITA FRANKLIN VICE PRESIDENT	2.00	Х		Х				0	0	0
(3) CHARLES MOSER MD TREASURER	2.00	x		х				0	0	0
(4) FRANCISCO GARCIA SECRETARY	2.00	Х		Х				0	0	0
(5) GEORGE BACH Y RITA MD COMMUNITY TRUSTEE	2.00	х						0	0	0
(6) MARCIA CONTRERAS COMMUNITY TRUSTEE	2.00	х						0	0	0
(7) RICHARD LUZ DECKER CONSUMER TRUSTEE	2.00	Х						0	0	0
(8) MARIA MOLINERO CONSUMER TRUSTEE	2.00	Х						0	0	0
(9) SANDRA MORA  COMMINITY TRUSTEE  https://projects.propublicg.org/popprofits/organizet	2.00	Х	00570040000					0	0	0

12/13/24, 10:22 AM Mission Area	Health Associates	Dba I	iviission Neigni I	orno	00a   I	neaitr I	1 CE I	nter - Full Filing I	- Nonprolit Explo I	rer - ProPublica I
(10) MARY LOU PONCE CONSUMER TRUSTEE	2.00	х						0	0	0
(11) SYLVIA VASQUEZ CONSUMER TRUSTEE	2.00	Х						0	0	0
(12) BRENDA STOREY CHIEF EXECUTIVE OFFICER	40.00			х				236,831	0	22,103
(13) JAIME RUIZ CHIEF MEDICAL OFFICER	40.00			х				270,026	0	26,971
(14) MATILDA SALAKO CHIEF FINANCIAL OFFICER	40.00			х				222,548	0	0
(15) TAMMY ALVAREZ CHIEF OPERATING OFFICER	40.00			х				168,492	0	11,142
(16) LOLA TROVAO CHIEF OF HUMAN RESOURCES	40.00			х				125,576	0	15,983
(17) FERNANDO GOMEZ-BENITEZ CHIEF ADMINISTRATIVE OFFICER	40.00			х				140,943	0	27,877

Form **990** (2022)

Page 8

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Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	verage Position (do not check more than one box, unless person is both an ekek (list officer and a director/trustee) From the							(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) PATRICIA CAPLAN CHIEF OPERATING OFFICER (LEFT 01/22)	40.00			х				31,470	0	0
(19) DESIREE ARRETZ PHYSICIAN	40.00					Х		246,609	0	41,853
(20) YANGCHEN DOLKAR PHYSICIAN	40.00					Х		234,665	0	40,723
(21) ROBERT WILLIAMS PHYSICIAN	40.00					Х		230,738	0	40,897
(22) JOHN LAMBERT PHYSICIAN	40.00					Х		232,484	0	11,257
(23) LEM BRENT	40.00					Х		222,912	0	18,713
PHYSICIAN										

2/13/24, 10:22 AM		on Area Health	Associates Dba I	Mission Neighborhoo	d Health C	Center - Fu	ıll Filing - Nonprof	it Expl	orer - Pro	Publica
1b Sub-Total c Total from continua					-			+		
d Total (add lines 1b		•				2,363,294		0		257,519
	ividuals (inc	luding but not l	imited to those I	isted above) who re	ceived mo		I.			207/015
3 Did the organization	n list any <b>fo</b>	rmer officer, di	ector or trustee.	, key employee, or h	ighest con	npensated	employee on		Yes	No
line 1a? If "Yes," co	mplete Sch	edule J for such	individual					3		No
	ated organi	zations greater		mpensation and other  If "Yes," complete S			n the	4	Yes	
* *			•	n from any unrelated Jule J for such person	_			5		No
Section B. Indepen	dent Con	tractors							·	
1 Complete this table	for your fiv	e highest comp		dent contractors tha ear ending with or w				npens	ation	
		(A) Name and busines	ss address			Desc	(B) cription of services		(C Compen	
CHINESE PROGRESSIVE ASSO	CIATION					COMMUNIT	Y EDUCATION		1,	,373,705
1042 GRANT AVE SUITE 5 SAN FRANCISCO, CA 94133										
CARDINAL HEALTH 110 INC						PHARMACE	UTICAL SERVICES		1,	,178,200
3238 DWIGHT ROAD ELK GROVE, CA 957586439										
DAS HEALTH VENTURES LLC						IT SUPPORT	Γ			857,706
1000 N ASHLEY DR STE 300 TAMPA, FL 33602										
HIBSER YAMAUCHI ARCHITEC	TS INC					ARCHITECT	URAL SERVICES			300,274
300 27TH STREET OAKLAND, CA 94612										
OCHIN INC						EHR SUPPO	RT			288,926
PO BOX 5426 PORTLAND, OR 972285426										
2 Total number of indep			ng but not limite	ed to those listed abo	ove) who r	eceived m	ore than \$100,00	0 of		
compensation from th	e organizati	18 × 18							Form <b>99</b> 0	<b>0</b> (2022)
				Page 9 ———						
Form 990 (2022)										Page <b>9</b>
Part VIII Stateme	nt of Rev	enue								
Check if So	hedule O co	ontains a respor	se or note to an	y line in this Part VII		<u></u>		<del></del>		
				( <b>A</b> ) Total revenue	Relat exe fund	<b>3)</b> ed or mpt ction	(C) Unrelated business revenue		Reven excluded ex under s	iue from sections
Federated campaigns		1a		1	reve	enue	<u> </u>		512 - !	714
Contributions,	·									
and Membership dues	-	1b								
OtherAmt Similar ArfioEundraising events .	.	1c								
<b>d</b> Related organizations		1d								
<b>e</b> Government grants (cont	rihutions)	10								
12,277,456		1e								
<b>f</b> All other contributions, g and similar amounts not above		1f								
4,748,068 g Noncash contributions inc	cluded in	1								
g Noncash contributions inclines 1a - 1f:\$	Juded IN	1g								
12,185										

e lotal. Add lines 11a-11d	•		•	•	113,590			
12 Total revenue. See instructions			-	•	32,645,439	15,550,703	0	69,212

Form **990** (2022)

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Form 990 (2022) Page **10** 

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	st complete all columns.	All other organization	ns must complete col	umn (A).
Check if Schedule O contains a response or note to	any line in this Part IX			💟
oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreig governments, and foreign individuals. See Part IV, lines 15 and 16	ın			
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,299,963		1,299,963	
<b>6</b> Compensation not included above, to disqualified persons ( defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	11,779,353	11,767,312		12,041
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	283,269	279,027	3,932	310
<b>9</b> Other employee benefits	2,163,878	2,019,786	141,849	2,243
LO Payroll taxes	1,058,669	953,928	103,682	1,059
1 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	34,152	34,152		
c Accounting	128,670	128,670		
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,838,975	3,060,150	778,825	
2 Advertising and promotion				
3 Office expenses	1,421,899	1,171,958	249,941	
14 Information technology				
.5 Royalties				
<b>L6</b> Occupancy	889,973	800,067	89,906	
1 <b>7</b> Travel	111,929	86,628	25,301	
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	464,836	424,376	40,460	
23 Insurance	138,651	130,083	8,568	
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 BAD DEBT	2,137,824	2,137,824		
<b>b</b> PHARMACEUTICAL SUPPLIES	2,136,362	2,135,827	535	
c SUPPLIES	613,452	548,182	64,687	583

	d REPAIRS & MAINTENANCE	589,741	532,876	56,865	
	e All other expenses	330,048	271,249	58,799	
25	Total functional expenses. Add lines 1 through 24e	29,421,644	26,482,095	2,923,313	16,236
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

_				– Page 11 –			
Forn	n 990	(2022)					Page <b>11</b>
	art X	Balance Sheet					rage <b>11</b>
		Check if Schedule O contains a response or not	e to any	line in this Part IX			$\square$
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		_	443,292	1	28,484
	2	Savings and temporary cash investments .			13,899,367	2	17,049,383
	3	Pledges and grants receivable, net		<b>—</b>	1,929,719	3	2,906,464
	4	Accounts receivable, net		<b>—</b>	1,855,439	4	2,580,360
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subscontrolled entity or family member of any of the	r former tantial co ese perso	officer, director, ontributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s				6	
93	7	Notes and loans receivable, net		[		7	
ssets	8	Inventories for sale or use			120,410	8	32,303
Š	9	Prepaid expenses and deferred charges			353,285	9	337,260
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,531,569			
	b	Less: accumulated depreciation	10b	5,518,174	3,088,933	10c	3,013,395
	11	Investments—publicly traded securities .			1,747	11	1,289
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11	[	3,040	15	1,538,242	
	16	Total assets. Add lines 1 through 15 (must eq	21,695,232	16	27,487,180		
	17	Accounts payable and accrued expenses			1,984,735	17	2,102,757
	18	Grants payable				18	
	19	Deferred revenue			47,446	19	0
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
iabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	butor, or	35% controlled entity		22	
ï	23	Secured mortgages and notes payable to unrela	ted third	I narties		23	
	24	Unsecured notes and loans payable to unrelated		· -		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables t	<u> </u>	16,222	25	2,513,799
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		<b> </b>	2,048,403	26	4,616,556
rces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.		re 🕨 🗹 and			
alai	27	Net assets without donor restrictions			19,646,829	27	22,870,624
d B	28	Net assets with donor restrictions		[		28	
or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	eck here  and and		29	
	30	Paid-in or capital surplus, or land, building or ed		fund		30	
Assets	31	Retained earnings, endowment, accumulated in		_		31	
	33	Total not accord or fund halancee		I	19 646 829	33	22 870 624

rm 990 (2022) Additional Data		Retur	n to Fo	orm
		F	orm <b>99</b>	(202
<b>b</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.	red	3b	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Yes	
<ul> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Sched</li> </ul>	lule O.	2c	Yes	
✓ Separate basis				
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 be consolidated basis, or both:	oasis,	2b	Yes	
separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
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 or	n a	2a		No
Accounting method used to prepare the Form 990:   Gash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		2-		Ne
Check if Schedule O contains a response or note to any line in this Part XII	· ·	-	Yes	No
Part XII Financial Statements and Reporting				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		22	,870,6
Other changes in net assets or fund balances (explain in Schedule O)	9			
Prior period adjustments	8			
Investment expenses	7			
Donated services and use of facilities	6			
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	5		19	,646,8
Revenue less expenses. Subtract line 2 from line 1	3			,223,
Total expenses (must equal Part IX, column (A), line 25)	2		29	,421,6
Check if Schedule O contains a response or note to any line in this Part XI	1	<u> </u>	32	2,645,4
Part XI Reconcilliation of Net Assets				_
m 990 (2022)				Page
Page 12 ————				
			01111 33	(202
<b>33</b> Total liabilities and net assets/fund balances	33		27 orm <b>99</b>	7,487,1

Mission Area Health Associates Dba Mission Neighborhood Health Center - Full Filing - Nonprofit Explorer - ProPublica

12/13/24, 10:22 AM

efile Public Visual Render ObjectId: 202302579349302255 - Submission: 2023-09-14

TIN: 94-2284365

OMB No. 1545-0047

2022

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

		EA HEALTH ASSOCIATES					Employer identific	ation number
Do	ut T	Densey for Dublic	Charity Stat	······································	a marrat as manda	to this most \ (	94-2284365	
	rt I organiz	Reason for Public ation is not a private four					see instructions.	
1		A church, convention of	churches, or as	ssociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school described in <b>se</b>	•			. , ,	()(-)-	
3		A hospital or a cooperat			•	• •	iii)	
_		·	•	-			,	ntoutha haanitalla
4		A medical research organame, city, and state:	mization operat	ea in conjunction with	a nospital descri	bed in <b>section</b> .	170(b)(1)(A)(III). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	bed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	$\checkmark$	An organization that not section 170(b)(1)(A)	(vi). (Complete	e Part II.)	• •		init or from the genera	al public described in
8		A community trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of An organization that no	of agriculture. S	ee instructions. Enter	the name, city, a	nd state of the	college or university:	
		from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busin	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	upport from gross
11		An organization organization		•	r public safety. S	ee section 509	(a)(4).	
12		An organization organizemore publicly supported on lines 12a through 12	l organizations (	described in section 5	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup	organization sup porting organiz	pervised or controlled i ation vested in the sar				
С		must complete Part I  Type III functionally supported organization(	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	<b>d.</b> A supporting organing generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this box if the orgintegrated, or Type III n	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supported	d organizations				<u> </u>	
g	Provi	de the following informati	ion about the su	upported organization(	s).			
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	Paperv	work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2022
				Da	ge 2 ———			
			<u></u>	—— Ра	gc 2			
Sche	dule A	(Form 990) 2022						Page <b>2</b>
Pa	rt II			rations Described ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

		rea Health Associa	ates Dba Mission N	leighborhood Heal	lth Center - Full Fili	ng - Nonprofit Expl	orer - ProPublica
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	9,374,542	8,435,199	13,406,230	16,055,091	17,025,524	64,296,586
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	 The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	0 274 542	0.425.400	12 406 220	16.055.001	17.025.524	64 206 506
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	9,374,542	8,435,199	13,406,230	16,055,091	17,025,524	64,296,586
,	each person (other than a governmental unit or publicly supported organization) included on						601,683
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						63,694,903
	Section B. Total Support					,	
	llendar year r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	(e) 2022	(f) Total
7	Amounts from line 4	9,374,542	8,435,199	13,406,230	16,055,091	17,025,524	64,296,586
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,371	60,640	89,081	. 60,560	69,212	325,864
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI.).	36,761			143,046	113,590	293,397
11	<b>Total support.</b> Add lines 7 through 10						64,915,847
12		etc. (see instructi	ions)			12	72,766,330
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					▶□	_
	Section C. Computation of Publi			(0)			
14	Public support percentage for 2022 (li Public support percentage for 2021 Sc		•			14	98.120 %
15	33 1/3% support test—2022. If the					15 more check this	99.140 %
10	and <b>stop here.</b> The organization qual						_
ı	33 1/3% support test—2021. If the	e organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 1	/3% or more, chec	k this
17	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact	t <b>—2022.</b> If the or ts-and-circumstan	rganization did not nces" test, check t	t check a box on li his box and <b>stop l</b>	ne 13, 16a, or 16b <b>here.</b> Explain in Pa	o, and line 14 is 10 art VI how the orga	% or more, anization
t	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets to	st—2021. If the countries the "facts-and-circ	organization did no cumstances" test,	ot check a box on l check this box and	line 13, 16a, 16b, d <b>stop here.</b> Expla	or 17a, and line 15 ain in Part VI how t	5 is 10% or the organization
18	_	ion did not check a	a box on line 13, 3	16a, 16b, 17a, or 1	17b, check this bo	x and see	_
	instructions	<u> </u>			<u> </u>	Schedule A (I	▶ ⊔ Form 990) 2022
							····· 220, 2022
			Page 3	3			
Sch	nedule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule for (Complete only if you the organization fails	ı checked the bo	ox on line 10 of	Part I or if the o	organization faile		er Part II. If
_ 9	Section A. Public Support	and					
Ca	llendar year r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .	1					
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in	1					
	any activity that is related to the organization's tax-exempt purpose						
3		е					

12/13/	24, 10:22 AM MISSION Area					J 1			
4	organization's benefit and either paid		1	1	1				
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3								
_	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ection B. Total Support								
	endar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	<b>(f)</b>	Total	
-	fiscal year beginning in) 🟲	(a) 2018	( <b>b)</b> 2019	(6) 2020	(u) 2021	(e) 2022	(1)	IULai	
9 10a	Amounts from line 6 Gross income from interest,								
IUa	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is		1						
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	<b>First 5 years.</b> If the Form 990 is for the	he organization's	s first, second, th	ird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganiza	tion, ch	neck
	this box and <b>stop here</b>							1	ightharpoons
Se	ction C. Computation of Public	Support Perc	entage						
15	Public support percentage for 2022 (lin					15			
	Public support percentage from 2021 S	Schedule A Part	TIT Days 4 F						
16	rubiic support percentage from 2021 S	benedule A, Fait	111, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage						
Se 17	ection D. Computation of Invest Investment income percentage for 202	ment Income 22 (line 10c, colu	Percentage umn (f) divided	y line 13, columi	n (f))	17			
Se 17 18	Investment income percentage for 20:  Investment income percentage from 2	ment Income 22 (line 10c, colu 021 Schedule A,	e Percentage umn (f) divided I , Part III, line 17	y line 13, columi	n (f))	17 18			
Se 17 18	Investment income percentage for 202 Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did	e Percentage umn (f) divided I , Part III, line 17 not check the bo	by line 13, column	n (f))	17 18 an 33 1/3%, and			
17 18 19a	Investment income percentage for 20: Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	ment Income 22 (line 10c, colu 021 Schedule A, organization did I stop here. The	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu	by line 13, column	n (f))	17 18 an 33 1/3%, and nization		ightharpoons	18 is
17 18 19a	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did 1 stop here. The organization did	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization que d not check a bo	oy line 13, column ox on line 14, and alifies as a public c on line 14 or lin	n (f))	17 18 an 33 1/3%, and sization is more than 33	 1/3 <b>% a</b> ı	nd line	18 is
17 18 19a b	Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo The organizatio	oy line 13, column 	n (f))	an 33 1/3%, and nization is more than 33 rganization	 1/3% aı	nd line	18 is
17 18 19a	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo The organizatio	oy line 13, column 	n (f))	17 18 an 33 1/3%, and nization is more than 33 rganization ee instructions .	 1/3% aı 	nd line	
17 18 19a b	Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo The organizatio	oy line 13, column 	n (f))	an 33 1/3%, and nization is more than 33 rganization	 1/3% aı 	nd line	
17 18 19a b	Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo . The organizatio a box on line 14	oy line 13, column ox on line 14, and alifies as a public c on line 14 or lin n qualifies as a pu , 19a, or 19b, che	n (f))	17 18 an 33 1/3%, and nization is more than 33 rganization ee instructions .	 1/3% aı 	nd line	
17 18 19a b	Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo The organizatio	oy line 13, column ox on line 14, and alifies as a public c on line 14 or lin n qualifies as a pu , 19a, or 19b, che	n (f))	17 18 an 33 1/3%, and nization is more than 33 rganization ee instructions .	 1/3% aı 	nd line	
Se 17 18 19a b	Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization dic and stop here.	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo . The organizatio a box on line 14	oy line 13, column ox on line 14, and alifies as a public c on line 14 or lin n qualifies as a pu , 19a, or 19b, che	n (f))	17 18 an 33 1/3%, and nization is more than 33 rganization ee instructions .	 1/3% aı 	nd line	2022
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See 17 18 19a b 20	Investment income percentage for 202  Investment income percentage from 2  33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se	ment Income 22 (line 10c, colu 021 Schedule A, organization did stop here. The e organization did and stop here. on did not check  s a box on line 12 ections A and C. I	e Percentage umn (f) divided l , Part III, line 17 not check the be e organization qu d not check a bo . The organizatio a box on line 14  Page  of Part I. If you If you checked b	by line 13, column on the column of the colu	n (f))	an 33 1/3%, and alization is more than 33 rganization ee instructions . Schedule A		pu check	<b>2022</b> Page <b>4</b>
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See 17 18 19a b 20 Schee Par See 1	Investment income percentage for 202 Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization is citizen A. All Supporting Organization is possible the designation. If historic and Did the organization have any supports 509(a)(1) or (2)? If "Yes," explain in Part VI)	ment Income 22 (line 10c, colu 021 Schedule A, organization did d stop here. The e organization did and stop here. on did not check  s a box on line 12 citions A and C. Ins A and D, and organizations lis upported organiz d continuing rela ed organization to part VI how the organiz	e Percentage umn (f) divided , Part III, line 17 not check the be e organization que d not check a bo . The organizatio a box on line 14  Page  of Part I. If you If you checked be complete Part V.  sted by name in the stations are designations	checked box 12a, by 12c, of Part I, be organization's at IRS determined that the ermined that the	of Part I, complete complete Sections  governing docume aupported or gare of Part I, complete complete sections	an 33 1/3%, and ization is more than 33 rganization	B. If you chec	pou checked box	<b>2022</b> Page <b>4</b> ked
See 17 18 19a b 20 Schee Par 2	Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization are all of the organization's supported If "No," describe in Part VI how the section the describe the designation. If historic and Did the organization have any supported 1509(a)(1) or (2)? If "Yes," explain in Part described in section 509(a)(1) or (2).  Did the organization have a supported 3c below.	ment Income 22 (line 10c, colu 021 Schedule A, organization did 1 stop here. The 1 condition of the conditio	e Percentage umn (f) divided , Part III, line 17 not check the be e organization que d not check a bo . The organizatio a box on line 14  Page  of Part I. If you If you checked be complete Part V.  sted by name in the extractions are designations are designationship, explain that does not have organization determined.	checked box 12a, by 12c, of Part I, be organization's bated. If designation were mined that the	of Part I, complete complete Sections  governing docume ted by class or purplication of status un supported organization (6)? If "Yes," and sections of the complete organization or complete organization orga	an 33 1/3%, and ization is more than 33 rganization see instructions . Schedule A schedule A and A, D, and E. If y ents?	B. If you chec	pou checked box	<b>2022</b> Page <b>4</b> ked
See 17 18 19a b 20 Schee Par 1	Investment income percentage for 202  Investment income percentage for 203  Investment income percentage from 2  33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization (I "No," describe in Part VI how the states of the designation. If historic and Did the organization have any supported 1509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have a supported 3c below.  Did the organization have a supported 3c below.  Did the organization confirm that each the public support tests under section	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization did and stop here. on did not check  s a box on line 12 ections A and C. Ins A and D, and continuing rela ed organization to eart VI how the continuing designed organization designed and endinger to the continuing relations and continuing relations are to the continuing relations are the continuing rela	e Percentage umn (f) divided , Part III, line 17 not check the be e organization que d not check a bo . The organizatio a box on line 14  Page  of Part I. If you If you checked be complete Part V.  sted by name in the stations are designations are designationship, explain that does not har organization determination qualified.	checked box 12a, by 12c, of Part I, he organization's nated. If designation were an IRS determined that the under section 50	of Part I, complete complete Sections  governing docume and by class or purplication of status un supported organization (6)? If "Yes," and (1(c)(4), (5), or (6)).	an 33 1/3%, and inization is more than 33 rganization see instructions . Schedule A schedule A A, D, and E. If y ents?	B. If you chec	pou checked box	<b>2022</b> Page <b>4</b> ked
See 17 18 19a b 20 Schee Par 2	Investment income percentage for 202 Investment income percentage for 203 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (I "No," describe in Part VI how the state describe the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part VI how the state of the organization have as supported 3c below.  Did the organization have a supported 3c below.  Did the organization confirm that each	ment Income 22 (line 10c, colu 021 Schedule A, organization did 4 stop here. The e organization did and stop here. on did not check  s a box on line 12 ections A and C. Ins A and D, and continuing rela ed organization to eart VI how the continuing designed organization designed and endinger to the continuing relations and continuing relations are to the continuing relations are the continuing rela	e Percentage umn (f) divided , Part III, line 17 not check the be e organization que d not check a bo . The organizatio a box on line 14  Page  of Part I. If you If you checked be complete Part V.  sted by name in the stations are designations are designationship, explain that does not har organization determination qualified.	checked box 12a, by 12c, of Part I, he organization's nated. If designation were an IRS determined that the under section 50	of Part I, complete complete Sections  governing docume and by class or purplication of status un supported organization (6)? If "Yes," and (1(c)(4), (5), or (6)).	an 33 1/3%, and inization is more than 33 rganization see instructions . Schedule A schedule A A, D, and E. If y ents?	B. If you chec	pou checked box	<b>2022</b> Page <b>4</b> ked

Se	ction C. Type II Supporting Organizations		Yes	No
	organization.			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		_
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		162	140
Se	ction B. Type I Supporting Organizations		Yes	No
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
b	A family member of a person described on 11a above?	11b		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly controls gither along or together with persons described on lines 11b and 11c below the			
	cupper and organizations (community)		Yes	No
	t IV Supporting Organizations (continued)		F	Page
	Page 5			
	Schedule A	(Form	990)	202
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L	answer line 10b below.  Did the organization have any excess business holdings in the tay year? (Use Schedule C. Form 4720, to determine whether	10a		
10a	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
_	organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
	complete Part I of Schedule L (Form 990).	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990).			
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
С	organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5b 5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
Эа	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
5a	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	30		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	1	

1	were a majority or the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how	ı contr	ol or management of the	1		
	supporting organization was vested in the same persons that controlled or managed t	ne sup	portea organization(s).			
Se	ction D. All Type III Supporting Organizations				T = =	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of th		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?		<i>y y y y y y y y y y</i>	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support	No," e	xplain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the support	eu orga	anizacion(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization.					
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):		
a	O					
b	The organization is the parent of each of its supported organizations. Complete	line :	<b>3</b> below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	emnt nurnoses of the		res	NO
_	supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th	Part \	/I identify those supported now the organization was			
	substantially all of its activities.	at thes	se activities constituted	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the orgof the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization or the organization of the organization or the organization of the o	' expla	in in <b>Part VI</b> the reasons for			
	organization's involvement.	nese u	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, o	lirectors, or trustees of each o	<b>3a</b>		
b	Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?					
			Schedule :	3b	n 990)	2022
				(1 0111	,	
	Page 6 ————					
Sche	dule A (Form 990) 2022				F	Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income	10115	(A) Prior Year		rent Yea	r
	Section A - Adjusted Net Income		, ,	(opti	onal)	
1		1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d		_	· <u> </u>	_

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е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	5				
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions					
8	Minimum Asset Amount (add line 7 to line 6)					
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	integrat	ed Type III sup		
					Sc	hedule A (Form 990) 2022
Sche	dule A (Form 990) 2022	Page 7				Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	zations (co	ntinued	)
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
2	Amounts paid to perform activity that directly furthers excess of income from activity		organiz	ations, in	2	
	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )			5	
6	Other distributions (describe in <b>Part VI</b> ). See instructio	ns			6	
	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh	ich the organization is respons	sive ( <i>pro</i>	ovide	8	
	details in <b>Part VI</b> ). See instructions  Distributable amount for 2022 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) Ierdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 [	Distributable amount for 2022 from Section C, line 6					
(	Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in <b>Part VI</b> ). see instructions.					
	excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
C	From 2019					
	From 2021					
	<b>Total</b> of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	temainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2022 from Section D, line 7:					

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**a** Applied to underdistributions of prior years

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Add	itional Data						Return to Form
						Sched	lule A (Form 990) 2
	JLE A, PART II, LINE 10, IATION OF OTHER INCOME:	FUNDRAISING INCO AMOUNT: \$ 113,590		T: \$ 36,761. MIS	CELLANEOUS - 2		, ,
	Return Reference			Explana			
		Fa	acts And Circums	tances Test			
Part	VI Supplemental Informs Section A, lines 1, 2, 3b, Part IV, Section D, lines Section D, lines 5, 6, an instructions).	, 3c, 4b, 4c, 5a, 6, 9a, 2 and 3; Part IV, Sectio	9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2	nnd 11c; Part IV, 9 2b, 3a and 3b; Pa	Section B, lines 1 rt V, line 1; Part	. and 2; Par V, Section E	t IV, Section C, line 1 3, line 1e; Part V
			——— Page 8			Schedi	ule A (Form 990) (20
<b>e</b> Ex	cess from 2022					Cabadi	de A (Ferm 000) (2)
<b>d</b> Ex	cess from 2021						
	cess from 2019						
	cess from 2018						
	akdown of line 7:						
	ess distributions carryover and 4c.	to 2023. Add lines					
line	naining underdistributions for 2 es 3h and 4b from line 1. If the an zero, <i>explain in <b>Part VI</b>.</i> Se	e amount is greater					
20: If t	naining underdistributions for y 22, if any. Subtract lines 3g ar the amount is greater than zer e instructions.	nd 4a from line 2.					
	mainder. Subtract lines 4a and	4b from line 4.					
<b>c</b> Rei							

efile Public Visual Rende	er ObjectId: 202302579349302255	5 - Submission: 2023-09-14		TIN: 94-2284365			
Schedule B	Schedu	lle of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. <u>ov/Form990</u> for the latest information.		2022			
Name of the organization MISSION AREA HEALTH AS	SOCIATES			entification number			
Organization type (check	k one):		94-2284365				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) o	rganization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	☐ 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
under sections 50: received from any 990, Part VIII, line  For an organizatio during the year, to	9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, tota 1h, or (ii) Form 990-EZ, line 1. Comp on described in section 501(c)(7), (8), tal contributions of more than \$1,000	or (10) filing Form 990 or 990-EZ that exclusively for religious, charitable, sc	), Part II, line 13, 1 000 or <b>(2)</b> 2% of th received from any	6a, or 16b, and that the amount on (i) Form to one contributor,			
For an organizatio during the year, could be fithis box is check purpose. Don't cou	on described in section 501(c)(7), (8), ontributions exclusively for religious, oned, enter here the total contributions mplete any of the parts unless the <b>Ge</b>	animals. Complete Parts I, II, and III.  or (10) filing Form 990 or 990-EZ that charitable, etc., purposes, but no such a that were received during the year for eneral Rule applies to this organization or more during the year	contributions totald an <i>exclusively</i> reli n because it receiv	ed more than \$1,000. gious, charitable, etc., ed <i>nonexclusively</i>			
990-EZ, or 990-PF), but it	: <b>must</b> answer "No" on Part IV, line 2,	le and/or the Special Rules doesn't file , of its Form 990; or check the box on li et the filing requirements of Schedule E	ine H of its Form 9				
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-		Cat. No. 30613X	Sche	edule B (Form 990) (2022)			
		— Page 2 —————					
Schedule B (Form 990) (2	2022)		Page <b>2</b>				
Name of organization		F	nnlover identifica	Alam mumahan			

Name of organization

Employer identification number

<b>フサ</b> ームとひサンひン	

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
<u></u>			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<del></del> _	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (202
	Page 3		
	(Form 990) (2022)		Page
ame of orga IISSION ARE	nization EA HEALTH ASSOCIATES	Employer identification	on number
	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	94-2284365	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

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-			\$_	
(a) No. from Part I	(b)  Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
Part I			(See instructions)	
(a) No. from Part I	from Description of noncash property given		(C) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash	(C) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	Schedule B (Form 990) (2022)
		Page 4		
Name of or	B (Form 990) (2022) ganization IREA HEALTH ASSOCIATES			Page 4
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional specific processes the second s	tributor. Complete columns (a) the total of exclusively religious, clutructions.) ► \$	rough (e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
- - -	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to	transferee
(a)	(h) Purnose of aift	(c) Use of dift	(d) Descrip	tion of how aift is hold

2/13/24, 10:22 <i>A</i>			on Neighborhood Health C		
Part I	(2) . 4.6000 0. 9		(0, 000 01 9.11	(4) 2000.190	ყ
				_	
	Transferee's name, address, and		) Transfer of gift Relatio	onship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descript	ion of how gift is held
. <u> </u>				_	
	Transferee's name, address, and		) Transfer of gift Relation	onship of transferor to t	ransferee
		_		Sche	dule B (Form 990) (2022
Addition	al Data				Return to Form

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TIN: 94-2284365

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

**ZUZZ**Open to Public

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

(Pro	e organization answered "Y xy Tax) (see separate instru Section 501(c)(4), (5), or (6) o	uctions), then		eparate instructior	ns) or Form 990-E2	Z, Part V, line 35c	
Nan	me of the organization SION AREA HEALTH ASSOCIATES		iciii.		Employer identif	fication number	
Par	t I-A Complete if the	organization is exemp	ot under section 501	(c) or is a section		tion.	_
1	Provide a description of the "political campaign activitie		ndirect political campaign a	ctivities in Part IV. S	See instructions for	definition of	
2	Political campaign activity e		ns		<b>&gt;</b> \$		
3	Volunteer hours for political				· · · · · · · · · · · · · · · · · · ·		
Par	t I-B Complete if the	organization is exemp	ot under section 501	(c)(3).			
1	Enter the amount of any ex	cise tax incurred by the org	janization under section 49	955	<b>&gt;</b> \$		
2	Enter the amount of any ex	cise tax incurred by organiz	zation managers under sec	tion 4955	🕨 \$		
3	If the organization incurred	l a section 4955 tax, did it f	ile Form 4720 for this year	?		☐ Yes ☐ No	,
4a	Was a correction made?					☐ Yes ☐ No	,
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the	organization is exemp	ot under section 501	(c), except sect	ion 501(c)(3).		
1	Enter the amount directly e	expended by the filing organ	ization for section 527 exe	empt function activit	ies 🕨 \$		
2	Enter the amount of the fili function activities				exempt \$		
3	Total exempt function expe	nditures. Add lines 1 and 2.	Enter here and on Form 1	120-POL, line 17b	<b>&gt;</b> \$		
4	Did the filing organization f	ile Form 1120-POL for this	s year?			☐ Yes ☐ No	)
5	Enter the names, addresses organization made paymen of political contributions red fund or a political action co	its. For each organization lis ceived that were promptly a	ted, enter the amount paid nd directly delivered to a s	d from the filing org separate political org	anization's funds. A ganization, such as	lso enter the amount	
(a)	Name	(b) Address	(c) EIN	fili	Amount paid from ng organization's ds. If none, enter -0	(e) Amount of political contribution received and prompt and directly delivere to a separate politic organization. If none enter -0	tly ed al
1							
2							
3							
4							
5							_
6							
For P	aperwork Reduction Act Notice	 e, see the instructions for Fo	rm 990.	Cat. No. 50084	S Sche	  dule C (Form 990) 202	2
			Page 2				

Schedule C (Form 990) 2022 Page **2** 

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Part II-A

	36661011 301(11 <i>) ]</i> .					
	Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		filiated group me	ember's name	, address, EIN,
<u>B</u>	Check  if the filing organization checked box of Limits on Lobbying (The term "expenditures" means	g Expenditures			<b>a)</b> Filing anization's totals	<b>(b)</b> Affiliated group totals
	Total lobbying expenditures to influence public opinion	<u> </u>			0	
1a b	Total lobbying expenditures to influence a legislative	, ,,			0	
c	Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,			0	
d	Other exempt purpose expenditures				29,421,644	
e	Total exempt purpose expenditures (add lines 1c and	d 1d)			29,421,644	
f	Lobbying nontaxable amount. Enter the amount from columns.				1,000,000	
	If the amount on line 1e, column (a) or (b) is:					
	Not over \$500,000	20% of the amount on line 1	е.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,00	0.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000	).		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1f	·)			250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -	0			0	
i	Subtract line 1f from line 1c. If zero or less, enter -0	)			0	
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made a columns below. See t		ions for lines	2a through 2		e five
	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	(e) Total
<u>2a</u>	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,0	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
С	Total lobbying expenditures	1,473				1,473
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,0	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	1,473			Schedule C	1,473 C (Form 990) 2022
		———— Page 3 —				
		rage 3				
	edule C (Form 990) 2022	exempt under sectio	n 501(c)(3) a	nd has NOT f	iled	Page <b>3</b>
	Form 5768 (election under sect		(3)(3)			
For a	each "Yes" response on lines 1a through 1i below, provity.	ovide in Part IV a detailed	description of the	e lobbying	(a) Yes   No	(b) Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion o				1.03   100	Amount
_				gii die use of.		
a h	Volunteers? Paid staff or management (include compensation in			2		_
b c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e						+

Mission Area Health Associates Dba Mission Neighborhood Health Center - Full Filing - Nonprofit Explorer - ProPublica

26/35

12/13/24, 10:22 AM

f Grants to other org	anizations for lobbying purposes?	<del></del>			
<b>q</b> Direct contact with	legislators, their staffs, government officials, or a legislative body?				
-	ions, seminars, conventions, speeches, lectures, or any similar means?				
	ions, serminars, conventions, speceries, receares, or any similar means.				
	through 1i				
=	line 1 cause the organization to be not described in section 501(c)(3)?				
	amount of any tax incurred under section 4912				
c If "Yes," enter the	amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organiz	ation incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Comple 501(c)	ete if the organization is exempt under section $501(c)(4)$ , section $501(c)(5)$	), or	section		
				Yes	No
-	all (90% or more) dues received nondeductible by members?		1		
_	n make only in-house lobbying expenditures of \$2,000 or less?		2		
	n agree to carry over lobbying and political expenditures from the prior year? ete if the organization is exempt under section 501(c)(4), section 501(c)(5				
2 Section 162(e) nor	and similar amounts from members	1			
•	ch the section 527(f) tax was paid).	2a			
		2b			
	<u></u>				
<b>c</b> Total		2c			
	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	2c 3			
<ul><li>Aggregate amount</li><li>If notices were sen the organization ag</li></ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political	3			
Aggregate amount If notices were sen the organization ag expenditure next y	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?	3			
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  lobbying and political expenditures. See Instructions	3			
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  lobbying and political expenditures. See Instructions	4 5	. lines 1 ar	nd 2 (se	e
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  lobbying and political expenditures. See Instructions	4 5	, lines 1 ar	nd 2 (se	e
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  lobbying and political expenditures. See Instructions  mental Information  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Par-B, line 1. Also, complete this part for any additional information.	4 5	, lines 1 ar	nd 2 (se	e
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions instructions), and Part I</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  Illustration  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I-B, line 1. Also, complete this part for any additional information.  Explanation	<b>4 5</b>	, lines 1 ar		
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions instructions), and Part I</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  Illustration  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I-B, line 1. Also, complete this part for any additional information.  Explanation	<b>4 5</b>			
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions instructions), and Part I</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  Illustration  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I-B, line 1. Also, complete this part for any additional information.  Explanation	<b>4 5</b>			
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions instructions), and Part I</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  Illustration  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I-B, line 1. Also, complete this part for any additional information.  Explanation	<b>4 5</b>			
<ul> <li>Aggregate amount</li> <li>If notices were sen the organization agexpenditure next y</li> <li>Taxable amount of</li> <li>Part IV Supple</li> <li>Provide the descriptions instructions), and Part I</li> </ul>	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  t and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ree to carryover to the reasonable estimate of nondeductible lobbying and political ear?  Illustration  required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I-B, line 1. Also, complete this part for any additional information.  Explanation	<b>4 5</b>			

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TIN: 94-2284365

**SCHEDULE D** 

(Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

► 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.

OMB No. 1545-0047

**Open to Public** 

ternal Revenue Service	nformation. Inspection
Name of the organization MISSION AREA HEALTH ASSOCIATES	Employer identification number
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund	94-2284365
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	is of Accounts.
(a) Donor advised funds	(b) Funds and other accounts
L Total number at end of year	
2 Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in dono organization's property, subject to the organization's exclusive legal control?	or advised funds are the
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpoprivate benefit?	se conferring impermissible
Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	f an historically important land area
Protection of natural habitat	f a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e 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
f b Total acreage restricted by conservation easements	. 2b
${f c}$ Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminated tax year	by the organization during the
Number of states where property subject to conservation easement is located	
Does the organization have a written policy regarding the periodic monitoring, inspection, handli and enforcement of the conservation easements it holds?	ing of violations,  Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcin	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
In Part XIII, describe how the organization reports conservation easements in its revenue and exbalance sheet, and include, if applicable, the text of the footnote to the organization's financial s	
the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Company of the Co	Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue states historical treasures, or other similar assets held for public exhibition, education, or research in further part XIII, the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶\$
(ii) Assets included in Form 990, Part X	
If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under FASB ASC 958 relating to these items:	
following amounts required to be reported under FASE ASC 336 relating to triese items:	
a Revenue included on Form 990, Part VIII, line 1	<b> </b> \$

Cat. No. 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

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	dule D (	(Form 990) 2022										Page
Parl	III	Organizations Main	taining Col	lections of Ar	t, Histori	ical Tre	asures, o	r Other	Similar As	sets (conti	nued)	
3		the organization's acquisit (check all that apply):	tion, accession	n, and other reco	rds, check	any of th	e following	that are a	significant us	se of its coll	ection	
а		Public exhibition			d		oan or exch	ange prog	grams			
b		Scholarly research			е		ther					
С		Preservation for future ge	enerations									
4	Provid Part X	de a description of the orga	anization's col	lections and expl	ain how the	ey further	the organi	zation's ex	xempt purpos	e in		
5		g the year, did the organizes to be sold to raise funds								Yes		lo
Par	t IV	Escrow and Custodi Complete if the organ line 21.			Form 990	, Part IV	, line 9, o	r reporte	d an amoun	t on Form	990,	Part X,
1a	Is the includ	organization an agent, tru led on Form 990, Part X? .	ustee, custodi 	an or other inter	mediary for	contribu	tions or oth	er assets 	not 	☐ Yes		lo
b	If "Yes	s," explain the arrangeme	nt in Part XIII	and complete th	e following	table:			An	nount		_
c	Begini	ning balance						1c				_
d	Additi	ons during the year						1d				
e	Distrib	outions during the year .						1e				
f	Ending	g balance						1f				
2a	Did th	ne organization include an	amount on Fo	orm 990, Part X, I	ine 21, for	escrow o	r custodial	account lia	ability?	☐ Yes		lo
b	If "Yes	s," explain the arrangemer	nt in Part XIII	. Check here if th	e explanati	ion has be	een provide	d in Part )	KIII			
Pa	rt V	Endowment Funds.										
		Complete if the organ	nization ansv						T			
la	Reginni	ing of year balance		(a) Current year	r (b) F	Prior year	(c) Two	years back	(d) Three year	s back (e) F	our yea	ars back
	-	outions	• •									
		estment earnings, gains, a	and losses									
		or scholarships										
		expenditures for facilities	1									
		ograms										
f.	Adminis	strative expenses										
g	End of	year balance		_								
2		de the estimated percentage designated or quasi-endo	_	ent year end bala	nce (line 1	g, columr	n (a)) held a	as:				
a b		anent endowment										
C		endowment >										
·		ercentages on lines 2a, 2b		ıld equal 100%.								
За	•	nere endowment funds not	•	•	ization tha	t are held	l and admir	istered fo	r the			
	-	ization by:									Yes	No
		related organizations .								3a(i)		
b		elated organizations     . s" on 3a(ii), are the related				 Idula P2				3a(ii) 3b		
1		ibe in Part XIII the intende	3	•						35		<u> </u>
	t VI	Land, Buildings, and										
		Complete if the organ			Form 990	, Part IV	, line 11a.	See For	m 990, Part	X, line 10		
	Descrip	ption of property	(a) Cost or oth (investme		Cost or other	basis (oth	er) <b>(c)</b> Ac	cumulated o	depreciation	<b>(d)</b> Bo	ok valu	e
1a	Land					158,	000					158,000
		gs				977,	545		977,545			0
	Leaseh	old improvements				5,406,	144		3,284,403		2	,121,741
C		<b>├</b>				3,400,						
	Equipm	nent				1,989,			1,256,226			733,654
d		nent							1,256,226			733,654

Schedule D (Form 990) 2022 Page **3** 

Part VII Investments - Other Securities.	)	ling 11h Coo For	000 D	net V line 12
Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	(b) Book value	Cost	(c) Metho	d of valuation: -year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(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, F	Part IV,	line 11c. See Fo	rm 990, F	Part X, line 13.
(a) Description of investment		(b) Book value	(c	) Method of valuation: r end-of-year market value
(1)				Tena or year married raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, I	ine 11d. See For	m 990, P	art X, line 15.
(a) Description (1)DEPOSITS				<b>(b)</b> Book value 2,000
(2)RIGHT-OF-USE ASSETS				1,536,242
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			. •	1,538,242
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11e or 11f.Se	ee Form 9	
1. (a) Description of liability				(b) Book value

NTINGENCY RESERVE				929,019
ERATING LEASE LIABILITY				1,584,780
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	2,513,799
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the o	organization's financial st	atements that	reports the
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	re if th	e text of the footnote has	s been provide	ed in Part XIII 🔽
			Schedule [	) (Form 990) 2022
Page 4 —				
nedule D (Form 990) 2022				D 4
Part XI Reconciliation of Revenue per Audited Financial Statem		With Davanus new I	) ohuwa	Page <b>4</b>
Complete if the organization answered 'Yes' on Form 990, Par		-	keturn.	
Total revenue, gains, and other support per audited financial statements .			1	32,934,253
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· · · · · · · · · · · · · · · · · · ·
Net unrealized gains (losses) on investments	2a			
Donated services and use of facilities	2b	288,81	4	
Recoveries of prior year grants	2c	,		
d Other (Describe in Part XIII.)	2d		_	
e Add lines <b>2a</b> through <b>2d</b>	<u> </u>		2e	288,814
Subtract line <b>2e</b> from line <b>1</b>			3	32,645,439
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-			32/01.07
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b		_	
Add lines <b>4a</b> and <b>4b</b>			4c	0
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.	) .		5	32,645,439
art XII Reconciliation of Expenses per Audited Financial Stater				32/013/133
Complete if the organization answered 'Yes' on Form 990, Par		• •	KCtui III.	
Total expenses and losses per audited financial statements			1	29,710,458
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a	288,81	4	
Prior year adjustments	2b			
Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines <b>2a</b> through <b>2d</b>			2e	288,814
Subtract line <b>2e</b> from line <b>1</b>			3	29,421,644
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			
Add lines <b>4a</b> and <b>4b</b>	<u> </u>		4c	0
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18	3.) .		5	29,421,644
art XIII Supplemental Information	, -		<del>-</del>	==/.==/
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1 · Da	t IV lines 1h and 2h, Day	t V lina 4: Da	rt Y line 2: Part VI
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			c v, iiiie 4, Pd	TEA, IIIC Z, Pail AI,
Return Reference		Explanation		
RT X, LINE 2: MNHC IS EXEMPT FROM FI	EDFRA	· · · · · · · · · · · · · · · · · · ·	CTION 501(C	(3) OF THE INTERNA
	M STAT	E INCOME TAX UNDER S	ECTION 2370	ĺ(D) OF THE REVENU
			AC EVALUATE	D ITS CLIPPENT TAY
TAXATION CODE OF THE S POSITIONS AND HAS CON				

Schedule D (Form 990) 2022

Additional Data Return to Form

Software ID: Software Version:

12/13/24, 10:22 AM efile Public Visual Render ObjectId: 202302579349302255 - Submission: 2023-09-14 TIN: 94-2284365 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization MISSION AREA HEALTH ASSOCIATES Employer identification number 94-2284365

**Questions Regarding Compensation** Part I Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . . 4b No Participate in, or receive payment from, an equity-based compensation arrangement?. Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: No 6a 6b Any related organization? . . . . . . No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the	e tota	amount of Form	990, Part VII, Sect	tion A, line 1a, app	olicable column (D	) and (E) amount	s for that indiv	viduai.
(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JAIME RUIZ CHIEF MEDICAL OFFICER	(i)	270,026	0	0	11,019	15,952	296,997	0
	(ii)	0	0	0	0	0	- 0	0
2 DESIREE ARRETZ PHYSICIAN	(i)	246,609	0	0	9,953	31,900	288,462	0
	(ii)	0	0	0	0	0	- 0	0
3 YANGCHEN DOLKAR PHYSICIAN	(i)	234,665	0	0	9,475	31,248	275,388	0
	(ii)	0	0	0	0	0	- 0	0
4 ROBERT WILLIAMS PHYSICIAN	(i)	230,738	0	0	9,318	31,579	271,635	0
	(ii)	0	0	0	0	0	- 0	0

5 BRENDA STOREY CHIEF EXECUTIVE OFFICER	(i)	236,831	0	0	9,618	12,485	258,934	0
	(ii)	0						
		U	0	0	0	0	0	0
5 JOHN LAMBERT PHYSICIAN	(i)	232,484	0	0	9,299	1,958	243,741	0
	(ii)	0	0	0	0	0	- 0	0
7 LEM BRENT PHYSICIAN	(i)	222,912	0	0	8,916	9,797	241,625	0
HIJEAN	(ii)	0	0	0	0	0		0
3 MATILDA SALAKO CHIEF FINANCIAL OFFICER	(i)	222,548	0	0	0	0	222,548	0
THE TANKE OF THE STREET	(ii)	0	0	0	0	0	- 0	0
TAMMY ALVAREZ HIEF OPERATING OFFICER	(i)	168,492	0	0	0	11,142	179,634	0
	(ii)	0	0	0	0	0		0
LO FERNANDO GOMEZ-BENITEZ CHIEF ADMINISTRATIVE OFFICER	(i)	140,943	0	0	5,758	22,119	168,820	0
	(ii)	0	0	0	0	0	- - 0	0
						S	chedule J (F	orm 990) 2022
		Pa	age 3 ————					
Schedule J (Form 990) 2022 Part III Supplemental Information								Page <b>3</b>
Provide the information, explanation, or descriptions require	ed for Part I, lines 1a, 1	o, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, a	nd 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference			Ex	planation				
						S	chedule J (F	orm 990) 2022

Software ID: Software Version: efile Public Visual Render

ObjectId: 202302579349302255 - Submission: 2023-09-14

TIN: 94-2284365

OMB No. 1545-0047

# 2022

Open to Public Inspection

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization
MISSION AREA HEALTH ASSOCIATES

Employer identification number

94-2284365

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AUDIT COMMITTEE NO LATER THAN ONE MONTH PRIOR TO THE FILING DEADLINE. AFTER THE DRAFT OF THE FORM 990 HAS BEEN OBTAINED BY THE AUDIT COMMITTEE, THEY WILL HAVE NO MORE THAN TWO WEEKS TO COMPLETE THEIR REVIEW. IN CONDUCTING THEIR REVIEW OF THE DRAFT OF THE FORM 990, IT IS PREFERRED THAT THE AUDIT COMMITTEE SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF REVIEW. HOWEVER, IF THE AUDIT COMMITTEE DESIRES OR DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW OF THE FORM 990, THEN THEY SHOULD CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF THE RELEVANT DETAILED TAX RETURN WORKPAPERS WHICH THEY WOULD LIKE TO SEE. ONCE THE AUDIT COMMITTEE HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990, IF NEEDED, TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS. IDENTIFIED BY THE AUDIT COMMITTEE THE PREPARER OF THE FORM 990 SHOULD MAKE A REVISION TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE AUDIT COMMITTEE SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER FOR THE FORM 990, IF APPLICABLE. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AUDIT COMMITTEE, THE AUDIT COMMITTEE, THE FORM 990 AS DIRECTORS, IT IS NOT REQUIRED FOR THE AUDIT COMMITTEE TO REVIEW OF THE FORM 990. AT THIS MEETING WITH THE FULL BOARD OF DIRECTORS, IT IS NOT REQUIRED FOR THE AUDIT COMMITTEE TO REVIEW OF AT HIS DATE THE FORM 990, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS AND KEY MANAGEMENT STAFF WILL FILL OUT THE "ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE". EVERY NEW EXECUTIVE MANAGEMENT STAFF ALSO SIGNS A CONFLICT OF INTEREST STATEMENT UPON HIRE. THESE QUESTIONNAIRES WILL BE REVIEWED BY THE CHAIR OF THE BOARD OF DIRECTORS WHO WILL DETERMINE APPROPRIATE ACTION IF A CONFLICT OF INTEREST IS IDENTIFIED. THE BOARD CHAIR WILL DETERMINE SPECIFIC ACTION, INCLUDING ASKING THE AFFECTED PARTY TO RESIGN FROM HIS/HER POSITION.
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS UTILIZES COMPARABILITY DATA PUBLISHED ANNUALLY BY THE CALIFORNIA PRIMARY CARE ASSOCIATION AND NATIONAL ASSOCIATION HEALTH CENTER FOR THE COMMUNITY CLINICS COMPENSATION AND BENEFIT SURVEY TO ESTABLISH COMPENSATION FOR THE CEO OF THE ORGANIZATION. THE BOARD OF DIRECTORS DETERMINE THE COMPENSATION FOR THE CEO. ALL DELIBERATIONS OF BOARD OF DIRECTORS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES. THE CEO REVIEWS AND APPROVES OTHER OFFICERS' SALARIES. WE DO USE COMPARABILITY DATA FOR ALL OFFICER SALARIES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	OTHER CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 2,603,513. MANAGEMENT AND GENERAL EXPENSES 739,377. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,342,890. DISPENSING: PROGRAM SERVICE EXPENSES 223,725. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 223,725. ADMINISTRATION: PROGRAM SERVICE EXPENSES 194,170. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 194,170. PERSONNEL RECRUITMENT: PROGRAM SERVICE EXPENSES 38,742. MANAGEMENT AND GENERAL EXPENSES 39,448. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 78,190.

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Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

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