

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

BKD TAX506 9-11

Public Disclosure Rules

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

A F	or th	e 201	9 calendar year, or tax year begin	nning 07/	01 ,2019	, and end	ding		06/30	, 20 20	
D .			C Name of organization					D Employer id	entification	number	
	heck if ap		APLA HEALTH & WELLNESS	S							
	Addre chang		Doing Business As APLA HEALTH					84-1661			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suit	e	E Telephone n			
	Initial	return	611 S KINGSLEY DR					(213) 20	1-1600		
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code							500
	Amen	า	LOS ANGELES, CA 90005	~~~~~				G Gross receip		59,743	
	pendi	ng ng	F Name and address of principal officer:	CRAIG E. THOM				H(a) Is this a gro subordinates		Yes	X No
_			611 S. KINGSLEY DR., I					H(b) Are all subord		Yes	No
÷		empt st	001(0)(0)) (insert no.)	4947(a)(1)	or	527	1	ch a list. (see ir		
			WWW.APLAHEALTH.ORG			1. 1/		H(c) Group exem	·		
				Association Other		L Yea	ar of format	tion: 2005 M	State of lega	il domicile:	CA
P	art I		mmary		7 DT 7 I	טדי או ידע	ר. הודיד	TNECC MIC	CTON TO		
a	1	Briefil)	y describe the organization's mission of IEVE HEALTH CARE EQUITY	r most significant activities AND DROMOTE WET	: APLA I	Z EOB .	 THE I.C	TRT & OTHE	.B		
ü			ERSERVED COMMUNITIES AND								
ern8	2			iscontinued its operations							
Activities & Governance			per of voting members of the governing						3.		21.
<u>«</u>	4	Numb	per of independent voting members of t	he governing body (Part V	/L line 1h)				4		21.
ties			number of individuals employed in cale						5		273.
ξį			number of volunteers (estimate if necess						6		959.
Ac	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		0
			nrelated business taxable income from I						7b		0
								Prior Year		Current Y	ear
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				┑Ĺ	16,652,03	31.	16,297	7,539
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	Y FOR		30,331,21	L9.	39,851	
ě	10		tment income (Part VIII, column (A), line		PUBLIC IN	NSPECTIO		126,45	55.		9,829
Ŀ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				-730,63			7,366
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) .			46,379,06		55,511	
	13		s and similar amounts paid (Part IX, colu					154,28		135	5,905
	14		fits paid to or for members (Part IX, colu						0.		0
es	15		es, other compensation, employee bene					15,937,66		19,825	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				278,60)1.	2.72	2,295
Ä	bb		fundraising expenses (Part IX, column (I				_	02 574 00	20	20 400	106
	17		expenses (Part IX, column (A), lines 11					23,574,22		30,420	
			expenses. Add lines 13-17 (must equal					6,434,29			7,465
- S		Rever	nue less expenses. Subtract line 18 from	1 line 12				nning of Current		End of Yea	
ance	20	Tatal	coasts (Part V. line 46)				Begin	24,150,18		35,366	
Asse Bala	20 21		assets (Part X, line 16)				•	4,150,34		10,435	
Net Assets or Fund Balances	22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21				-	19,999,84		24,931	
	rt II		gnature Block	Hom line 20	<u></u>		•				
Un	der per	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	ınying schedu	ules and sta	atements, a	and to the best o	f my knowle	dge and b	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch preparei	r has any ki	nowledge.			
Sig			Signature of officer					Date			
He	re										
			Type or print name and title						_		
Paid	1	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
	a parer	BRI.	AN D TODD					self-employ		422601	
	Only	Firm's	sname ▶ BKD, LLP					T IIIII O E II V	44-016		
			s address > 910 E ST LOUIS #200/PO 1			2523		Phone no.	417-86		
May	the I	RS dis	scuss this return with the preparer show	n above? (see instructions)) <u></u>				X		No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form 99 () (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, ,	O-C filers), partnerships,	, RE	MICs,	and trusts
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	ımbe	r (TIN)	
orint	APLA HEALTH & WELLNESS			84-166191	0		
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.				
iling your	611 S KINGSLEY DR						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For LOS ANGELES, CA 90005	a foreign ad	dress, see instructions.				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
Application		Return	Application				Return
s For		Code	Is For				Code
	Form 990-EZ	01	Form 990-T (corporati	ion)			07
Form 990-BL		02	Form 1041-A				08
Form 4720 (,	03	Form 4720 (other tha	n individual)			09
Form 990-PF		04	Form 5227 Form 6069				10
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 8870				11
Telephone If the orga If this is foor the whole Is with the	ROBYN GOLDMAN, of all members the extension of time units are in the care of Page 19 and 19 a	DR. LOS Under the control of the co	Fax No. the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the group is group.	ck this box		If t and a	this is ttach
for the	organization named above. The extension is calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m	for the org	ganization's return for:	06/30,	20_		non retain
	hange in accounting period application is for Forms 990-BL, 990-PF, 99	00-T 4720	or 6060 optor the	tantativa tax loss any	Τ		
	undable credits. See instructions.	00 1, 7/20	, or occo, enter the	tomative tax, 1633 ally	3a	s	0.
	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and	-	<u> </u>	
	ted tax payments made. Include any prior yea				3b	\$	0.
	e due. Subtract line 3b from line 3a. Include					Ť	
	onic Federal Tax Payment System). See instru			. •	3с	\$	0.
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form	_		for payment
nstructions.		•	•				
or Privacy A	act and Paperwork Reduction Act Notice, see instr	uctions.			Forr	n 8868	8 (Rev. 1-2020)

Page 2 Form 990 (2019)

P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly d	escribe the organization's mission:	
	•	EALTH & WELLNESS (APLAHW) PROVIDES PRIMARY MEDICAL, DENTAL AND	
	BEHAV	ORAL HEALTH SERVICES, HIV TESTING, PREP AND PEP COUNSELING/	
	TREATI	ENT, STD SCREENING/TREATMENT, HOME HEALTH SERVICES TO HIV	
	POSITI	VE INDIVIDUALS, AND HEALTH EDUCATION & HIV-PREVENTION SERVICES.	
2	Did the	organization undertake any significant program services during the year which were not listed or	
	prior Fo	rm 990 or 990-EZ?	Yes X No
		describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any pro-	
		?	Yes X No
		describe these changes on Schedule O.	
4	expense	e the organization's program service accomplishments for each of its three largest program s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 31,383,689. including grants of \$) (Revenue \$	37,351,945.)
	APLA I	EALTH & WELLNESS IS A FEDERALLY QUALIFIED HEALTH CENTER	
	(FQHC)	PROVIDING LOW AND NO COST MEDICAL, DENTAL AND BEHAVIORAL	
	HEALTI	SERVICES TO LOW INCOME INDIVIDUALS, INCLUDING THOSE LIVING	
		IIV/AIDS. THE GLEICHER/CHEN HEALTH CENTER IN SOUTH LOS	
		S OFFERS ENROLLMENT ASSISTANCE, PRIMARY CARE, HIV CARE, PREP	
		P COUNSELING AND TREATMENT, STD SCREENING AND TREATMENT,	
		CARE AND BEHAVIORAL HEALTH SERVICES. THE WILSHIRE DENTAL	
		IN DOWNTOWN LOS ANGELES OFFERS COMPREHENSIVE DENTAL	
	SERVIC	ES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.	
	(Code:) (Expenses \$ 3,372,044. including grants of \$) (Revenue \$	2,226,382.
76	` _	ME HEALTH PROGRAM PROVIDES INTENSIVE NURSE AND SOCIAL WORK	2,220,302.
		MANAGEMENT TO HIV POSITIVE CLIENTS IN LOS ANGELES COUNTY WHO	
		DANGER OF FALLING INTO INSTITUTIONALIZED CARE OR OUT OF CARE	
	ENTIRE	LY. THE PROGRAM ALSO PROVIDES ADDITIONAL IN-HOME SERVICES	
	SUCH A	S ATTENDANT CARE AND PSYCHOTHERAPY IN ORDER TO PROMOTE	
	INDEP	NDENT LIVING, QUALITY OF LIFE, AND MAXIMIZE HEALTH OUTCOMES.	
	THE PE	OGRAM HELPS CLIENTS STAY IN THEIR OWN HOMES THEREBY REDUCING	
	THE N	ED FOR COSTLY SKILLED NURSING OR EXTENDED CARE PLACEMENTS,	
	AND RI	DUCES THE BARRIERS TO EFFECTIVE HIV TREATMENT THEREBY HELPING	
	LIMIT	HIV-DISEASE PROGRESSION. SEE SCHEDULE O FOR ADDITIONAL	
	INFORM	LATION.	
_			
4c	(Code:) (Expenses \$2,659,745. including grants of \$) (Revenue \$	0.
		NCE NORTH NECESSITIES OF LIFE PROGRAM, (NOLP) PROVIDES FREE	
		ND HYGIENE ITEMS AND NUTRITION EDUCATION TO LOW-INCOME MEN, AND FAMILIES LIVING WITH HIV/AIDS THROUGHOUT THE COUNTY OF	
		IGELES. DURING THE PAST YEAR, NOLP PROVIDED 1,854 CLIENTS A	
		OF 106,000 BAGS OF GROCERIES.	
	1017111	or 100,000 Ends or GROCENIES.	
_			
4c	Other p	ogram services (Describe on Schedule O.)	
	(Expens	,,	
_		ogram service expenses > 45,349,661.	
JSA 9E1	020 2.000	77 77 77 70 70 74 74 74 75 77 77 70 70 70 70 70 70 70 70 70 70 70	Form 990 (2019)
	/33	BLA K929 4/1/2021 11:49:44 AM V 19-8.1F 1165657	PAGE

Part	V Checklist of Required Schedules			
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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	Х	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
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? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	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		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		- 21
12 a	Schedule D, Parts XI and XII.	122		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, 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		X
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? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	Х	
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	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

Part	Checklist of Required Schedules (continued)		Vaa	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		X
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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			37
	If "Yes," complete Schedule L, Part I	25b		X
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%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		21
21	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
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	Х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	002		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 103			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
9E1030		Form	990	
	7338LA K929 4/1/2021 11:49:44 AM V 19-8.1F 1165657		PF	AGE

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 273			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		Х
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).			
	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		Х
b	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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. 0	If "Yes," complete Form 4720, Schedule O.			
	, , ,			

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	. See ir	for a	"No" tions.
Sect	tion A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent			
3	any other officer, director, trustee, or key employee?	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4	Х	X
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code	т'	
		10	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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	37	
112	Has the organization provided a complete copy of this Form 000 to all members of its governing body before filling the form?	11a	X	1

			Yes	No
			163	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	X	
	rise to conflicts?	12b	Δ.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
D				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	, , , , , , , , , , , , , , , , , , , ,	40-		X
	with a taxable entity during the year?	16a		Δ
b	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		

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed $ightharpoonup^{CA}$, 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O)

19 Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records ► AARON CHAWLA, CFO 611 S. KINGSLEY DR. LOS ANGELES, CA 90005 213-201-1411 20

JSA 9E1042 2.000 Form **990** (2019)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 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.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list 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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)CRAIG E. THOMPSON	40.00									
CHIEF EXECUTIVE OFFICER	0.			Х				365,335.	0.	19,784
(2) MICHAEL GOTTLIEB	40.00									
PHYSICIAN	0.					Х		289,504.	0.	440
(3) ROBYN GOLDMAN	40.00									
CHIEF FINANCIAL OFFICER	2.00			Х				250,008.	0.	25,330
(4) JEROME DE VENTE	36.00									
MEDICAL DIRECTOR	0.				Х			253,479.	0.	15,843
(5) JAY GLADSTEIN	36.00									
MEDICAL SITE DIRECTOR	0.				Х			237,438.	0.	14,910
(6)TIMOTHY PUSATERI	40.00									
CHIEF OPERATING OFFICER	0.				Х			216,832.	0.	10,042
(7) STEVEN VITERO	40.00									
DENTAL DIRECTOR	0.					Х		194,184.	0.	25,421
(8) KENNETH MINTZER	40.00									
CHIEF ADVANCEMENT OFFICER	0.					Х		171,495.	0.	42,196
(9) MELINDA SERRANO	40.00									
NURSING DIRECTOR	0.					Х		167,207.	0.	22,098
(10) VALLERIE WAGNER	40.00									
CLINIC DIRECTOR	0.					Х		154,871.	0.	21,118
(11) EDDIE BATCHELOR	1.00									
DIRECTOR	0.	Х						0.	0.	0
(12) CRAIG BOWERS	1.50									
DIRECTOR/VICE CHAIR BEG 06/20	0.	Х		Х				0.	0.	0
(13) PAULA CANNON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14) TRACY COHEN	1.00									
DIRECTOR	0.	Х						0.	0.	0

Form **990** (2019)

JSA

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	∍d)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of is both tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated mount of other apensation from the panization d related anizations
15) CHAD FRANKS	1.00										
DIRECTOR	0.	X						0	0.		
16) ANTHONY HENDERSON	1.00										
DIRECTOR	0.	X						0	0.		
17) MARK KADZIELSKI	1.00							_			
DIRECTOR	0.	X						0	0.		
18) LEE KLOSINSKI DIRECTOR	1.00	X						0	0.		
19) JANICE LITTLEJOHN	1.50										
SECRETARY	0.	Х		X				0	0.		
20) JESSIE MCGRATH	1.00										
DIRECTOR	0.	Х						0	0.		
21) M'ALYSSA MECENAS	1.00										
DIRECTOR BEG 06/20	0.	Х						0	0.		
22) DUNCAN MOORE	1.00										
DIRECTOR	0.	Х						0	0.		
23) JAMES PATTON III	1.00										
VICE CHAIR END 06/20/DIRECTOR	0.	X		Х				0	0.		
24) HECTOR PEREZ	1.00										
DIRECTOR BEG 06/20	0.	X						0	. 0.		
25) PETER PERKOWSKI	3.00										
CHAIR	2.00	X		Х				0	0.		
1b Sub-total							\blacktriangleright	2,300,353.	0.		197,182
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	0.	0.		0
d Total (add lines 1b and 1c)							▶	2,300,353.	0.		197,182
2 Total number of individuals (including but not reportable compensation from the organizatio				ed a	bov	e) who	o re	ceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former office	er, directo	or. or	trı	ıste	e.	kev e	emp	lovee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the											
organization and related organizations gr											
individual								•		4	Х
- B' 1 P 4 P 4			0		.						

	employee on line "la? If "Yes," complete Schedule J for such Individual	3		Λ
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 27

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continu		Page 8
(A) Name and title	(B)			((C) sition			(D) Reportable	(E) Reportable		(F)	
ivalite allu title	Average hours per week (list any hours for related	box,	unles	heck ss pe d a d	more erson direct	e than o is both tor/trust	an ee)	compensation from the	compensation from related organizations	con	stimated mount o other npensati from the	ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	ganization di relate	on d
26) NATALIE RAMOS	1.00											
DIRECTOR	0.	Х						0	0.			(
27) JOHN SEALY	1.00											
DIRECTOR	0.	X						0	0.			(
28) CODY SISCO	1.00	,										,
DIRECTOR	1.00	X						0	0.			(
29) JOHN SQUATRITTO DIRECTOR	1.00	X						0	0.			(
30) RONALD SYLVESTER	1.00	21										
DIRECTOR	-	X						0] 0.			
31) ALAN WALDEN	1.50											
TREASURER	† <u>-</u> 0.	Х		Х				0	. 0.			
1b Sub-total								0.	0.			0
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							<u> </u>	posited more than	\$100,000 of			
reportable compensation from the organizatio		29		u ai	DOV	e) wiic	י ו כ	ceived more man	\$100,000 OI			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						le J for such	4	X				
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors	,										1	
Complete this table for your five highest com- compensation from the organization. Report of year.											[
·							1					

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ ق	С	Fundraising events 1c	853,306.				
fts	d	Related organizations 1d					
يةَق	e	Government grants (contributions) 1e	11,588,018.				
Sin	f	All other contributions, gifts, grants,					
atio er (-	and similar amounts not included above • 1f	3,856,215.				
혈	g	Noncash contributions included in	2,000,=20				
d it	9	lines 1a-1f 1g	\$ 715,294.				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		16,297,539.			
			Business Code				
ė	20	NET PATIENT SERVICE	624100	37,270,259.	37,270,259.		
Ξ×	2a	MEDI-CAL WAIVER	624100	2,226,382.	2,226,382.		
Se	b	OTHER REVENUE	624100	119,589.	119,589.		
E S	C	ADAP SERVICE FEE	624100	109,740.	109,740.		
gra Re	d	RESIDENTIAL SERVICES REVENUE	531110	84,156.	84,156.		
Program Service Revenue	e		331110	41,249.	41,249.		
_	f g	All other program service revenue Total. Add lines 2a-2f		39,851,375.	11,215.		
	3	Investment income (including dividends,		07,002,000			
	•	other similar amounts)	_	156,624.			156,624.
	4	Income from investment of tax-exempt bond	_	0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal	0.			
	6.		()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d	Net rental income or (loss)	(ii) Other	0.			
	7a		(II) Other				
		sales of assets other than inventory 7a 3,045,937.					
-		outer unan inventory ru					
evenue	b	Less: cost or other basis and sales expenses 7h 3,002,732.					
Ver		and sales expenses 1 1 76					
Re	١.	Gain or (loss)		42.205			42.205
Jer	d	Net gain or (loss)		43,205.			43,205.
Other	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line	392,107.				
		1c). See Part IV, line 18	1,229,473.				
	b	Less: direct expenses 8b		027 266			027 266
	С	Net income or (loss) from fundraising events	· · · · · · · · · ·	-837,366.			-837,366.
	9a	Gross income from gaming	0.				
		activities. See Part IV, line 19 9a	0.				
		Less: direct expenses 9b		0.			
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances					
	b	Less: cost of goods sold Net income or (loss) from sales of inventory	•	0.			
·n	_	in the state of th	Business Code	3.			
Miscellaneous Revenue	110						
ane	11a						
	b						
<u> S</u>	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		55,511,377.	39,851,375.		-637,537.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,905.	135,905.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	1,409,001.	769,229.	582,497.	57,275.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	14,927,227.	12,568,544.	1,545,510.	813,173.
8	Pension plan accruals and contributions (include		4.50 000		
	section 401(k) and 403(b) employer contributions)	560,015.	462,033.	66,409.	31,573.
9	Other employee benefits	1,720,060.	1,540,567.	105,363.	74,130.
10	Payroll taxes	1,209,003.	1,008,528.	140,310.	60,165.
11	Fees for services (nonemployees):				
а	Management	0.	11 205		
b	Legal	11,395.	11,395.	122 (00	
	Accounting	122,690.	107 577	122,690.	
	Lobbying	223,439.	187,577.	35,862.	272,295.
	Professional fundraising services. See Part IV, line 17.	272,295.			2/2,295.
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,982,643.	1,781,662.	120,756.	80,225.
	(A) amount, list line 11g expenses on Schedule O.)	202,404.	178,175.	10,089.	14,140.
	Advertising and promotion	1,362,760.	979,897.	294,106.	88,757.
13	Office expenses	421,216.	299,864.	71,418.	49,934.
14	Information technology	0.	255,001.	7171101	
15 16	Royalties	2,758,681.	2,489,702.	211,912.	57,067.
17	Occupancy Travel	97,250.	77,850.	15,694.	3,706.
	Payments of travel or entertainment expenses	,	,	.,	
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	75,481.	39,617.	35,362.	502.
20	Interest	35,193.		35,193.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	720,795.	687,959.	20,796.	12,040.
23	Insurance	144,646.	150.	144,496.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MED SUPPLIES & PHARMACEUTICA	18,214,310.	18,214,310.		
	ATTENDANT CARE	1,679,495.	1,679,495.		
_	FOOD SUPPLIES	1,465,122.	1,465,122.		
d	CRISIS BED HOUSING & MEALS	332,200.	332,200.	101 = 11	
е	All other expenses	570,686.	439,880.	124,569.	6,237.
	Total functional expenses. Add lines 1 through 24e	50,653,912.	45,349,661.	3,683,032.	1,621,219.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,169,808.	1	8,866,877.
	2	Savings and temporary cash investments	2,396,819.	2	1,815,530.
	3	Pledges and grants receivable, net	2,738,145.	3	3,360,681.
	4	Accounts receivable, net	3,605,447.	4	5,819,183.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Š	7	Notes and loans receivable, net	112,850.	7	79,325.
Assets	8	Inventories for sale or use	201,971.	8	244,111.
As	9	Prepaid expenses and deferred charges	325,133.	9	274,300.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,364,208.			
	b	Less: accumulated depreciation	3,433,540.	10c	3,559,328.
	11	Investments - publicly traded securities	2,596,388.	11	2,617,480.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	570,083.	15	8,730,084.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,150,184.	16	35,366,899.
_	17	Accounts payable and accrued expenses	3,555,232.	17	4,860,203.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	185,618.	19	715,878.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	409,490.	23	409,490.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	4,450,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	4,150,340.	26	10,435,571.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	16,072,732.	27	20,637,069.
Ba	28	Net assets with donor restrictions.	3,927,112.	28	4,294,259.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			, ,
ō	29	Capital stock or trust principal, or current funds		29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
بٍ	32	Total net assets or fund balances	19,999,844.	32	24,931,328.
Net	33	Total liabilities and net assets/fund balances	24,150,184.	33	35,366,899.
_	55	Total nabintes and het assets/fund balances, , , , , , , , , , , , , , , , , , ,	21,130,101.	33	Form 990 (2019)

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	(2013)				· u	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 55,511,				
2	Total expenses (must equal Part IX, column (A), line 25)	2 50,653,9				
3	Revenue less expenses. Subtract line 2 from line 1	3			57,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			99,8	
5	Net unrealized gains (losses) on investments	5			74,0	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		24,9	31,3	328.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	orth in the				
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ.

omb No. 1545-0047
2019
Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

APLA HEALTH & WELLNESS 84-1661910 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,390,921.	6,696,683.	7,230,716.	16,652,031.	16,297,539.	54,267,890.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,390,921.	6,696,683.	7,230,716.	16,652,031.	16,297,539.	54,267,890.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						54,267,890.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7,390,921.	6,696,683.	7,230,716.	16,652,031.	16,297,539.	54,267,890.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				111,992.	156,624.	268,616.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						54,536,506.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	94,257,068.
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	,					
14	Public support percentage for 2019 (lin		-		ĺ	14	99.51%
15	Public support percentage from 2018 \$					15	99.28 %
16a	331/3% support test - 2019. If the org						
	box and stop here . The organization qu	-		_			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			=	-		ipported
L	organization						and line
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization						-
	Explain in Part VI how the organization				_	-	
10	supported organization						
18							
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Page 3 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(5) 2015	(h) 204 C	(a) 2017	(4) 2010	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	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 in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	ŭ	•		•		` ` ` ` _
	organization, check this box and stop here.						▶ 🔃
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment					1	
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the or	-					. \square
	17 is not more than 331/3 %, check thi	-		•			
b	331/3% support tests - 2018. If the orga						. \square
	line 18 is not more than $331/3\%$, check			-			
20	Private foundation. If the organization of	lid not check :	a box on line 1	4 19a or 19h	check this hox	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all o	of the	organization's	supported	organization	s listed	by	name	in	the	organiza	ation's	governing
	document	ts? <i>If</i> "	'No," describe i	in Part VI h	now the supp	orted o	rganı	izations	are	des	signated.	If des	signated by
	class or p	urpose,	describe the de	esignation. I	f historic and	continui	ng re	lationsh	ip, (expla	nin.		

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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 **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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 **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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Jeneau	ne A (1 0111 330 01 330 EZ) 2013			age •
Part	N Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly 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 Part VI 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	•
•	Activities Test Anguay (a) and (b) helaw		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	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	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
-	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
C	Excess from 2017						
d	Excess from 2018						
	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

APLA HEALTH & WELLNESS 84-1661910 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

7338LA K929 4/1/2021

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$2,331,762. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2		\$691,093. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$1.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution

4		\$5,498,112.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,819,654.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
JSA		Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019

Name of organization APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD SUPPLIES		
		\$	VAR
(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 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization APLA HEALTH & WELLNESS Employer identification number 84-1661910 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	ns completing Part III, ent year. (Enter this informat	ter the total o	of exclusively religious, charitable, etc		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			_			
		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	- -	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			_			
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

		that have NOT filed Form 5768 (election				
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c	(Prox
•	Section 501(c)(4), (5), or (6) orga					
Nam	e of organization			Employer ide	ntification number	
API	LA HEALTH & WELLNESS			84-1663	1910	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	is a section 527 orgai	nization.	
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (see in	structions for	
	definition of "political campa	ign activities")				
2		xpenditures (see instructions)				
3		campaign activities (see instruction				
Par		organization is exempt under s				
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$		
2		cise tax incurred by organization m				
3	=	a section 4955 tax, did it file Form	-			No
					Yes	No
b	If "Yes," describe in Part IV.					
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>). </u>	
1		xpended by the filing organization				
2	527 exempt function activities	g organization's funds contributed es				
3	line 17b	enditures. Add lines 1 and 2. Ent		▶\$		
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom and or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the ation's funds. Also ditical organization	ente n, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of pol contributions receiv promptly and dire delivered to a sep political organizat none, enter -0	ectly arate ion. If
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2019

		EALTH & WELLNESS	84-16	001910	Page Z
P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under	
Α		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	er's name,	
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions ap	oly.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliate group tota	
18	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	74,833.		
ı	Total lobbying expenditures to influence	a legislative body (direct lobbying)	166,106.		
(Total lobbying expenditures (add lines 1	a and 1b)	240,939.		
(d Other exempt purpose expenditures		45,144,584.		
•	Total exempt purpose expenditures (ad	d lines 1c and 1d)	45,385,523.		
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both			
	columns.		1,000,000.		
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
Ç	g Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.		
ı	n Subtract line 1g from line 1a. If zero or l	ess, enter -0-	0.		0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.		0.
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720		_
	reporting section 4911 tax for this year?			Yes	No
		4-Year Averaging Period Under Section 501(h)			
	(Some organizations that made a	a section 501(h) election do not have to comp	lete all of the five columr	ıs below.	
	See	the separate instructions for lines 2a through	2f.)		

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.			
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000.			
c Total lobbying expenditures			273,909.	240,939.	514,848.			
d Grassroots nontaxable amount			250,000.	250,000.	500,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.			
f Grassroots lobbying expenditures			86,786.	74,833.	161,619.			

Schedule C (Form 990 or 990-EZ) 2019

Page 3 Schedule C (Form 990 or 990-EZ) 2019

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?	Yes	No				
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		NO		Amo	unt	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
Mailings to members, legislators, or the public?						
Publications, or published or broadcast statements?						
Grants to other organizations for lobbying purposes?						
Direct contact with legislators, their staffs, government officials, or a legislative body?						
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?						_
Total. Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
If "Yes," enter the amount of any tax incurred under section 4912						
If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	1		
001(0)(0).					Yes	
Were substantially all (90% or more) dues received nondeductible by members?				1		Ť
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		+
Did the organization make only in-nouse lobbying experiations of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		+
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No") Par	ection t III-A		3, is	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members) Par			3, is	_
answered "Yes."			t III-A		3, is	
answered "Yes." Dues, assessments and similar amounts from members			t III-A		3, is	
answered "Yes." Dues, assessments and similar amounts from members	ınts d	of	t III-A		3, is	
Dues, assessments and similar amounts from members	ints o	of	t III-A		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year.	ints o	of	t III-A		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total.	ints o	of	1 1 2a 2b		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year.	ints o	of	1 2a 2b 2c		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following in the section 162(e) due of the following interest in the section 162(e) due of the following interest in the section 162(e) due of the following interest in the section 162(e) due of the following interest intere	ints of	of 	1 2a 2b 2c		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following political expenditure next year?	unts of the obbyin	of	1 2a 2b 2c		3, is	
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the following in the section 162(e) due of the following interest in the section 162(e) due of the following interest in the section 162(e) due of the following interest in the section 162(e) due of the following interest intere	unts of the obbyin	of	1 2a 2b 2c 3		3, is	

Schedule C (Form 990 or 990-EZ) 2019 Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	ne of the organization	1	mployer identification number
AP:	LA HEALTH & WELLNESS		84-1661910
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar F	unds or Ac	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		. ,
	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		danar advisad
5	Did the organization inform all donors and donor advisors in writing that the assigned funds are the organization's property, subject to the organization's exclusive legal co		
6			
6	Did the organization inform all grantees, donors, and donor advisors in writing that	_	
	only for charitable purposes and not for the benefit of the donor or donor advisor,	-	
Б	conferring impermissible private benefit?		Tes NO
	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, lir	20.7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•			historically important land area
			historically important land area
		ervation of a	a certified historic structure
2	Preservation of open space	ibution in the	form of a companyation
2	Complete lines 2a through 2d if the organization held a qualified conservation contri	ibution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements	I .	
b	,	I .	
С	Number of conservation easements on a certified historic structure included in (a) .	I .	<u> </u>
d	Number of conservation easements included in (c) acquired after 7/25/06, and no		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished,	or terminat	ed by the organization during the
_	tax year		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring,	-	-
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e	enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	forcing cons	ervation easements during the year
_	Parameter and the second secon		170 (L) (A) (D) (')
8	Does each conservation easement reported on line 2(d) above satisfy the requirement		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its rev		
	balance sheet, and include, if applicable, the text of the footnote to the organization organization's accounting for conservation easements.	i s imanciai s	statements that describes the
D.	art III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Si	milar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		mai Addition
4-			totomont and halance about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its of art, historical treasures, or other similar assets held for public exhibition, ed	s revenue si lucation, or	research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that de	scribes these	e items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its re-		
	art, historical treasures, or other similar assets held for public exhibition, education	n, or researd	ch in furtherance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other		ets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these ite		. .
a	Revenue included on Form 990, Part VIII, line 1		
U	/ NOOCIO INCIAUTU III I UIIII DOU, I AIL / NEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE		D

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 2

Pa	rt Organizations Maintaini	ng Collections of	Art, Histori	cal Trea	asures,	, or (Other	Similar Asse	ts (coi	ntinued)	
3	Using the organization's acquisition	n, accession, and c	ther records	s, check	any of	the	follow	ing that make	signifi	cant use	of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan o	r exchai	nge p	orogran	n			
b	Scholarly research		е	Other _							
С	Preservation for future gene										
4	Provide a description of the organ	nization's collections	and explain	n how th	ney furt	her t	he org	ganization's exe	empt p	urpose ir	Part
	XIII.										
5	During the year, did the organization									1 -	_
_	assets to be sold to raise funds rath		ained as part	of the o	rganiza	tion's	collec	tion?		Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	tion answered "Ye							nount	on Form	
1a	Is the organization an agent, truste										_
	included on Form 990, Part X?								. L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the follo	wing tabl	le:						
								Ame	ount		
C	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					1e					
f 2a	Ending balance Did the organization include an am					1f	todial	account liability	2	Yes	No
	If "Yes," explain the arrangement in									· <u> </u>	⊣ ''
	rt V Endowment Funds.	TT GIT AIII. OHOOK III	oro ir tiro oxp	ianation	1140 000	ni pio	viaca	on are on a			
	Complete if the organiza	ition answered "Ye	s" on Form	990, Pa	art IV, I	line 1	10.				
	,	(a) Current year	(b) Prior y		(c) Two			(d) Three years b	ack (e) Four years	back
1a	Beginning of year balance	2,596,388.	2,507	,507.							
b	Contributions	12,000.	12	,000.	2,5	07,	507.				
	Net investment earnings, gains,										
·	and losses	186,107.	220	,228.							
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	149,352.	143	,347.							
f	Administrative expenses										
g	End of year balance	2,645,143.	2,596	,388.	2,5	07,	507.				
2	Provide the estimated percentage		end balance	(line 1g, d	column	(a)) h	eld as:				
а	Board designated or quasi-endown		_%								
b	Permanent endowment >	%									
С	Term endowment ► 100.0000	•	1000/								
2-	The percentages on lines 2a, 2b, a	•		an that a	اماما مدر	ا ممما	a al ma i m	into word for the			
зa	Are there endowment funds not in	the possession of the	ie organizati	on mai a	are neid	anu	aumm	istered for the		Yes	No
	organization by: (i) Unrelated organizations									3a(i)	X
	(ii) Related organizations								F	3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								F	3b	
4	Describe in Part XIII the intended u	•	•								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ipment.				line '	11a. S	See Form 990	, Part	X, line 10).).
	Description of property	(a) Cost or (invest		(b) Cost or (oth		sis		umulated eciation	(d) E	Book value	
1a	Land	, , ,		(011	,		асрі	55.4001			
b	Buildings										
С	Leasehold improvements			4,6	44,54	1.	1,7	54,754.		2,889,	787.
d	Equipment			1,4	55,493	3.	1,0	50,126.		405,	367.
e	Other				64,17					264,	
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X	, column	(B), line	e 10c.	.)	•		3,559,	328.

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	d "Voo" on Form 000	2. Part IV line 11h. See Form 000. Part V line 12
		O, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered	d "Yes" on Form 990	O, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1) EST AMOUNT DUE FROM 3RD PARTY		1,443
(2) OTHER RECEIVABLES		444,414
(3) DEPOSITS		8,270,140
(4) SPLIT INTEREST AGREEMENT		14,087
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	8,730,084
Part X Other Liabilities.	,	
	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Descrip	otion of liability	(b) Book value
(1) Federal income taxes	,	(4) 23311 1883
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
		\
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB		

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Schedule D (Form 990) 2019 Page 4

Part	VI December of Povenue ner Audited Financial Statements With Povenue ner Petur		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
	•	,	56,969,084.
1	Total revenue, gains, and other support per audited financial statements	1	50,505,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments. 74,019		
а	The difference gains (losses) of five sufference		
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		620 241
е	Add lines 2a through 2d	2e	620,341.
3	Subtract line 2e from line 1	3	50,340,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Fait Alli.)		-837,366.
	Add lines 4a and 4b	4c	55,511,377.
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,311,377.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
			52,037,600.
1	Total expenses and losses per audited financial statements	1	32,037,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Departed services and use of facilities 546, 322.		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Falt Alli.)		1 202 600
е	Add lines 2a through 2d	2e	1,383,688.
3	Subtract line 2e from line 1	3	30,033,912.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	50,653,912.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	30,033,912.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
SEE PAGE 5			
255	PAGE 3		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

THE AGENCY'S TEMPORARILY RESTRICTED ENDOWMENT WAS DONATED TO SUPPORT ITS VANCE NORTH NECESSITIES OF LIFE PROGRAM.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: \$(837,366) SPECIAL EVENT NET INCOME

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25:

\$ 837,366 SPECIAL EVENT NET INCOME

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization					Employer identification	on number
APLA HEALTH & WELLNESS					84-1661910	
Form 990-EZ filers are no				Yes" on Form 99	0, Part IV, line 1	7.
1 Indicate whether the organization				activities. Check a	II that apply.	
a X Mail solicitations	e		_	non-government g		
b X Internet and email solicitation				government grants		
c X Phone solicitations	g			ising events		
d X In-person solicitations	J			3		
 Did the organization have a writted or key employees listed in Formation If "Yes," list the 10 highest paid compensated at least \$5,000 by 	990, Part VII) or entity individuals or entities	in connec	ction with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1	AIDS WALK					
MZA EVENTS, INC.	LOGISTICS		X	1,225,006.	75,000.	1,150,006.
2	DIRECT MAIL					
C.I. PARTNERS DIRECT	CONSULTANT		X	713,282.	197,295.	515,987.
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶	1,938,288.	272,295.	1,665,993.
3 List all states in which the organ registration or licensing.	nization is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
CA,						

	art II Fundraising Events. Comple	to if the organization	anguared "Vee" on I	Torm 000 Port IV	Page Z
Га	more than \$15,000 of fundr				
	events with gross receipts gre		iono ana groco incon	10 011 1 01111 000 122	, illioo i alia ob. Elot
		(a) Event #1 AIDS WALK	(b) Event #2 GRASSROOTS	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	1,225,006.	20,407.		1,245,413
ď	2 Less: Contributions	844,948.	8,358.		853,306
	3 Gross income (line 1 minus line 2)	380,058.	12,049.		392,107
	4 Cash prizes				
	5 Noncash prizes	36,154.	1,800.		37,954
Direct Expenses	6 Rent/facility costs	62,152.			62,152
Expe	7 Food and beverages	2,520.			2,520
Direct	8 Entertainment	68,134.	750.		68,884
	9 Other direct expenses	1,045,644.	12,319.		1,057,963
	40 Direct over an account many Add line	an Athennyah Oim ank	()	_	1 220 472
	10 Direct expense summary. Add lin11 Net income summary. Subtract li	ine 10 from line 3 colu	umn (d)		1,229,473
	Gaming. Complete if the org \$15,000 on Form 990-EZ, lir	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	
Revenue	T	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses					
xpenses	3 Noncash prizes				
Direct Ex	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	% Yes% No	Yes% No	
	7 Direct expense summary. Add lin	nes 2 through 5 in colu	ımn (d)		
	8 Net gaming income summary. So	ubtract line 7 from line	e 1, column (d)	>	
9	Enter the state(s) in which the org	anization conducts ga	ming activities:		

a Is the organization licensed to conduct gaming activities in each of these states?

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2019

b If "No," explain: _

b If "Yes," explain:

No

APLA HEALTH & WELLNESS

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b			
_	or spent in the organization's own exempt activities during the tax year > \$		
Par			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. **Open to Public** Inspection ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization APLA HEALTH & WELLNESS 84-1661910 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) AIDS UNITED 1104 14TH STREET WASHINGTON, DC 20005 52-1706646 501(C)(3) 17,500. SUPPORT OF HIV/AIDS (2) ELIZABETH TAYLOR AIDS FOUNDATION 95-4349614 42,351. C/O SSBB 2049 CENTURY PARK E., SUITE 1400 501(C)(3) SUPPORT OF HIV/AIDS (3) LACBA AIDS LEGAL SERVICES PROJECTS 1055 W. 7TH ST. LOS ANGELES, CA 90017 95-3998111 501(C)(3) 11,441. SUPPORT OF HIV/AIDS (4) PROJECT ANGEL FOOD 95-4115863 501(C)(3) 16,745. 922 N. VINE ST. LOS ANGELES, CA 90038 SUPPORT OF HIV/AIDS (5) (6) (7) (8) (9) (10)(11)(12)4. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

JSA

APLA HEALTH & WELLNESS 84-1661910

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	•
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Ĺ					
j					
,					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

MONITORING OF THE USE OF GRANT FUNDS:

IT IS THE POLICY OF THE BOARD OF DIRECTORS TO SUPPORT OTHER SERVICE

ORGANIZATIONS WHOSE GOALS ARE COMPATIBLE WITH AND WHOSE SERVICES

SUPPLEMENT THOSE OF THE AGENCY. THE AGENCY MONITORS THE USE OF GRANTS TO

UNRELATED ORGANIZATIONS THROUGH SITE VISITS AND/OR PERIODIC REPORTS.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

APLA HEALTH & WELLNESS

Employer identification number

84-1661910

Part	Questions Regarding Compensation								
			Yes	No					
1a	Check the appropriate 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 indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
	Many of the house of the Asian should all the constants follows a self-transfer of the self-t								
b	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							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10							
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on lin								
	1a?								
3	Indicate which, if any, of the following the organization used to establish the compensation of the	2							
3	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								
	X Independent compensation consultant X Compensation survey or study								
	X Form 990 of other organizations X Approval by the board or compensation committee								
4	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:								
а	Receive a severance payment or change-of-control payment?	4a	Х						
b									
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	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:								
а	The organization?	5a		Х					
b	Any related organization?	5b		X					
	If "Yes" on line 5a or 5b, describe in Part III.								
6	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:								
а	The organization?	6a		Х					
b	Any related organization?	6b		Х					
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed								
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject								
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe								
_	in Part III	8		X					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	9							

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

Schedule J (Form 990) 2019

APLA HEALTH & WELLNESS 84-1661910

Schedule J (Form 990) 2019

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CRAIG E. THOMPSON	(i)	365,335.	0.	0.	16,500.	3,284.	385,119.	0.
1 ^{CHIEF} EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBYN GOLDMAN	(i)	225,008.	25,000.	0.	13,992.	11,338.	275,338.	0.
2 ^{CHIEF} FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL GOTTLIEB	(i)	289,504.	0.	0.	0.	440.	289,944.	0.
3 ^{PHYSICIAN}	(ii)	0.	0.	0.	0.	0.	0.	0.
JAY GLADSTEIN	(i)	237,438.	0.	0.	14,276.	634.	252,348.	0.
4 ^{MEDICAL} SITE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN VITERO	(i)	194,184.	0.	0.	11,665.	13,756.	219,605.	0.
5DENTAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH MINTZER	(i)	171,495.	0.	0.	0.	42,196.	213,691.	0.
6 ^{CHIEF} ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MELINDA SERRANO	(i)	167,207.	0.	0.	10,047.	12,051.	189,305.	0.
7NURSING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
JEROME DE VENTE	(i)	253,479.	0.	0.	15,209.	634.	269,322.	0.
8 ^{MEDICAL} DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY PUSATERI	(i)	198,816.	0.	18,016.	0.	10,042.	226,874.	0.
9 ^{CHIEF} OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
VALLERIE WAGNER	(i)	154,871.	0.	0.	9,307.	11,811.	175,989.	0.
10 ^{CLINIC DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

APLA HEALTH & WELLNESS 84-1661910

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

SEVERANCE WAS PAID IN EXCHANGE FROM A RELEASE FROM TIMOTHY PUSATERI IN

THE AMOUNT OF \$108,098, OF WHICH \$18,016 WAS IN 2019, AND THE REMAINING

\$90,082 WAS PAID IN 2020.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Inspection Employer identification number

APLA HEALTH & WELLNESS

84-1661910

Par	t I Types of Property			-				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			-
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles		9.	4,810.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
14	structures							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		11.	710,484.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	-						
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	•			•	20-		X
	to be used for exempt purposes for		olaing perioa?			30a		
	If "Yes," describe the arrangement i		anno noliny that require	a the review of one	~~~t~~d~rd			
31	Does the organization have a			-		31	Х	
322	contributions? Does the organization hire or use					31		
JZd	contributions?	•	•	• •		32a	Х	
h	If "Yes," describe in Part II.					0±u		
33	If the organization didn't report an	amount in o	olumn (c) for a type of pro	perty for which column (a)) is checked			
	describe in Part II.	a.mount in 0	5.5 (o) 101 a type of pro		.o onconou,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTORS:

THE NUMBER OF CONTRIBUTIONS PROVIDED IS BASED ON THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, PART I, LINE 32B

USE OF THIRD PARTIES:

THE ORGANIZATION USES THIRD PARTIES TO SOLICIT AND SELL VEHICLE

CONTRIBUTIONS. DONORS CAN CONTACT THE THIRD PARTIES AND SPECIFY THE

ORGANIZATION AS THE RECIPIENT OF THE DONATED VEHICLE. THE THIRD PARTY

WILL THEN HANDLE THE SALE OF THE DONATED VEHICLE AND ISSUE THE FUNDS TO

THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 84-1661910

APLA HEALTH & WELLNESS

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION:

THESE SERVICES ARE PROVIDED TO ALL, BUT WITH A SPECIFIC FOCUS ON LOW-INCOME GAY AND BISEXUAL MEN OF COLOR AND TRANSGENDER INDIVIDUALS LIVING IN LOS ANGELES COUNTY. APLAHW IS A FEDERALLY QUALIFIED HEALTH CENTER THAT INCLUDES THE GLEICHER/CHEN HEALTH CENTER IN SOUTH LOS ANGELES, THE WILSHIRE DENTAL CLINIC DOWNTOWN, BEHAVIORAL HEALTH SERVICES AT THE DAVID GEFFEN CENTER IN MID-CITY, THE LONG BEACH HEALTH CENTER AND THE OLYMPIC HEALTH CENTER IN THE FAIRFAX-CARTHAY CIRCLE NEIGHBORHOOD.

FORM 990, PART III, LINE 4A

FEDERALLY QUALIFIED HEALTH CENTER PROGRAM:

THE DAVID GEFFEN CENTER IN KOREATOWN OFFERS BEHAVIORAL HEALTH COUNSELING SERVICES. THE LONG BEACH HEALTH CENTER OFFERS ENROLLMENT ASSISTANCE, PRIMARY CARE, PREP AND PEP COUNSELING AND TREATMENT, DENTAL CARE, AND BEHAVIORAL HEALTH COUNSELING SERVICES. THE OLYMPIC HEALTH CENTER PROVIDES PRIMARY MEDICAL CARE, HIV CARE, PREP COUNSELING AND TREATMENT, AND BEHAVIORAL HEALTH SERVICES. THE AGENCY TREATED 10,163 CLIENTS WITH 39,972 VISITS DURING THE YEAR ENDED JUNE 30, 2020.

FORM 990, PART III, LINE 4B

HOME HEALTH PROGRAM:

ADDITIONAL MAJOR OUTCOMES OF THE PROGRAM INCLUDE ADDRESSING ADDICTION AND MENTAL ILLNESS WHICH UNDERMINE STABILITY, HELPING CLIENTS MANAGE A VAST

Name of the organization Employer identification number APLA HEALTH & WELLNESS 84-1661910

ARRAY OF CO-OCCURRING DISEASES AND DISORDERS, DECREASING THE RISK OF TRANSMITTING HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS. THE PROGRAM SERVED 205 CLIENTS DURING THE YEAR ENDED JUNE 30, 2020.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

APLA HEALTH & WELLNESS HOUSING SUPPORT SERVICES PROVIDE THE FOLLOWING SERVICES TO CLIENTS: ASSISTANCE WITH SECURING AFFORDABLE, SAFE AND PERMANENT HOUSING; FINANCIAL ASSISTANCE MOVING INTO A NEW HOME OR APARTMENT; RESOURCE REFERRALS TO PROGRAMS THAT WILL PROVIDE ASSISTANCE WITH UTILITY BILLS, RENT, OR MORTGAGES; EDUCATION ABOUT TENANTS' RIGHTS AND RESPONSIBILITIES AND ACTING AS A LIAISON BETWEEN CLIENTS AND PROPERTY. DURING THE YEAR, THE HOUSING PROGRAM SERVED 503 CLIENTS.

APLA HEALTH & WELLNESS PROVIDES A NUMBER OF OTHER SMALLER PROGRAMS TO CLIENTS, INCLUDING FREE CONFIDENTIAL HIV COUNSELING AND TESTING; STD SCREENING AND TREATMENT; ACTIVELY OUTREACHING TO THE COMMUNITY AT-RISK FOR CONTRACTING HIV AND AIDS WITH A VARIETY OF PREVENTION-FOCUSED INTERVENTIONS; BENEFITS COUNSELING; SERVICES TO THOSE AGING WITH HIV; PREP/PEP; HEALTH NAVIGATION; CAPACITY BUILDING ASSISTANCE; AND RESEARCH PROJECTS.

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

DURING THE FISCAL YEAR, APLA HEALTH & WELLNESS UPDATED THE BYLAWS OF THE ORGANIZATION. THESE UPDATES ARE AS FOLLOWS:

Name of the organization

APLA HEALTH & WELLNESS

84-1661910

ARTICLE 3

DIRECTORS

THE BOARD'S POWERS AND AUTHORITY SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING:

- (E) APPROVAL OF DECISIONS TO SUBCONTRACT FOR SUBSTANTIAL PORTION OF THE CORPORATION'S SERVICES;
- (I) ESTABLISHING WRITTEN POLICIES AND PROCEDURES TO ENSURE THE

 APPROPRIATE USE OF FEDERAL STATUTES, REGULATIONS, AND THE TERMS AND

 CONDITIONS OF ANY FEDERAL GRANTS;
- (M) ESTABLISHING, REVIEWING AND UPDATING, AT LEAST ONCE EVERY THREE YEARS AND AS NEEDED, THE CORPORATIONS' POLICIES RELATING TO ITS SLIDING FEE DISCOUNT PROGRAM, QUALITY IMPROVEMENTS/ASSURANCE PROGRAM, AND BILLING AND COLLECTIONS (POLICY FOR WAIVING OR REDUCING PATIENT FEES AND, IF APPLICABLE, REFUSAL TO PAY);

ARTICLE 4

COMMITTEES

(F) QUALITY, AUDIT, RISK AND COMPLIANCE COMMITTEE

THE CORPORATION WILL HAVE AN ANNUAL AUDIT PERFORMED BY AN INDEPENDENT

THIRD PARTY AUDITOR TO DETERMINE, AMONG OTHER THINGS, THE FISCAL

INTEGRITY OF FINANCIAL TRANSACTIONS AND REPORTS AND COMPLIANCE WITH

APPLICABLE LAWS, REGULATIONS, AND THE TERMS AND CONDITIONS OF ANY GRANTS

THE CORPORATION MAY BE SUBJECT TO. THE QUALITY, AUDIT, RISK AND

COMPLIANCE COMMITTEE OF THE BOARD (THE "QUALITY, AUDIT, RISK AND

COMPLIANCE COMMITTEE") SHALL BE RESPONSIBLE FOR RECOMMENDING TO THE BOARD THE RETENTION AND TERMINATION OF THE INDEPENDENT THIRD PARTY AUDITOR, SETTING THE AUDITOR'S COMPENSATION, CONFERRING WITH THE AUDITOR TO SATISFY ITS MEMBERS THAT THE FINANCIAL AFFAIRS OF THE CORPORATION ARE IN ORDER, REVIEWING AND DETERMINING WHETHER TO ACCEPT THE AUDIT, ASSURING THAT ANY NONAUDIT SERVICES PERFORMED BY THE AUDITING FIRM CONFORM WITH ACCEPTED STANDARDS FOR AUDITOR INDEPENDENCE AND APPROVING PERFORMANCE OF NONAUDIT SERVICES BY THE AUDITING FIRM. THE QUALITY, AUDIT, RISK AND COMPLIANCE COMMITTEE SHALL ALSO BE RESPONSIBLE FOR MONITORING AND EVALUATING THE QUALITY OF SERVICES AND CLINICAL PROGRAMS AND EVALUATING ENTERPRISE RISK INCLUDING: REVIEWING AND RECOMMENDING RISK MANAGEMENT POLICIES, PROTOCOLS AND PROCEDURES GOVERNING THE PROVISION OF PATIENT SERVICES, THE QUALITY ASSURANCE PLAN DEVELOPED BY THE CORPORATION'S STAFF, AND ASSESSMENTS AND CLINICAL AUDITS PERFORMED BY THE CORPORATION'S STAFF. THE QUALITY, AUDIT, RISK AND COMPLIANCE COMMITTEE SHALL ALSO BE RESPONSIBLE FOR REVIEWING AND RECOMMENDING THE CLINICAL PRIVILEGES OF HEALTH CENTER PROVIDER STAFF, ENSURING THAT PROGRAMS SERVICES AND HOURS ARE PATIENT FRIENDLY AND MEET PATIENT NEEDS AND OVERSEEING AND EVALUATING THE CORPORATION'S PATIENT SATISFACTION ACTIVITIES. THE COMPOSITION OF THE QUALITY, AUDIT, RISK, AND COMPLIANCE COMMITTEE SHALL AT ALL TIMES COMPLY WITH THE REQUIREMENTS CONTAINED IN SECTION 12586 OF THE CALIFORNIA GOVERNMENT CODE OR ANY SUCCESSOR THERETO.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 REVIEW PROCESS:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE

AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE AUDIT COMMITTEE OF APLA HEALTH & WELLNESS REVIEWS A DRAFT VERSION OF THE FORM 990. ONCE THE COMMITTEE HAS ACCEPTED THE DRAFT VERSION OF THE FORM 990, IT IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR COMMENTS. FOLLOWING THE REVIEW BY THE BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

PRIOR TO ENTERING A PROPOSED FINANCIAL RELATIONSHIP WITH A DIRECTOR OR

OFFICER, OR A BUSINESS CONTROLLED BY A DIRECTOR OR OFFICER, THE

ORGANIZATION REFERS TO AND COMPLIES WITH THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY. THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE STATEMENTS

TO BE COMPLETED BY ALL DIRECTORS AND OFFICERS. THE BOARD ASSISTANT IS

RESPONSIBLE FOR ENSURING ALL DISCLOSURE STATEMENTS ARE SUBMITTED BY THE

BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B EXECUTIVE COMPENSATION POLICY:

THE CEO AND CFO ARE COMPENSATED BY APLA HEALTH & WELLNESS. THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS INDEPENDENTLY, WITHOUT PARTICIPATION OF INTERESTED PARTIES. AS PART OF THE REVIEW, COMPARABILITY DATA OF SIMILAR TYPE ORGANIZATIONS IS EVALUATED. THE PROCESS IS THEN DOCUMENTED BY THE BOARD OF DIRECTORS.

Name of the organization Employer identification number APLA HEALTH & WELLNESS 84-1661910

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORMS 990 FROM THE PAST THREE YEARS ARE POSTED ON THE WEBSITE AT WWW.APLAHEALTH.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 26

JOINT COST ALLOCATION:

THE ORGANIZATION HAD TOTAL JOINT COSTS IN FY 2020 OF \$637,231 TO EXPAND OUTREACH FOCUSED ON ACHIEVING HEALTH CARE EQUITY AND PROMOTING WELL-BEING FOR THE LGBT AND OTHER UNDERSERVED COMMUNITIES AND TO RAISE FUNDS. OF THOSE COSTS, \$427,145 WAS ALLOCATED TO FUNDRAISING AND \$210,086 WAS ALLOCATED TO PROGRAM SERVICES. THESE EXPENSES WERE NOT INCLUDING ON PART IX, LINE 1-24 AS THEY WERE DIRECT COSTS RELATED TO SPECIAL EVENTS, AND HAVE THEREFORE BEEN SHOWN ON PART VIII, LINE 8B.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BALDWIN HILLS INVESTORS, LTD. 141 EL CAMINO DR., SUITE 207 BEVERLY HILLS, CA 90212	RENT	928,355.
EVILSIZER CONSTRUCTION, INCL 26470 REUTHER AVE. #106 SANTA CLARITA, CA 91350	CONSTRUCTION	640,081.
ENVOY HEALTH CARE, INC. 500 N. CENTRAL AVE., SUITE 935 GLENDALE, CA 91203	HOME HEALTH	558,166.
CAMBRIAN HOMECARE 5199 E. PACIFIC COAST HWY., SUITE 100 LONG BEACH, CA 90804	HOME HEALTH	468,681.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number APLA HEALTH & WELLNESS 84-1661910 ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DONALD PARKER SEPARATE PROPERTY TRUST 4370 TUJUNGA AVE., SUITE 220 STUDIO CITY, CA 91604

400,731. RENT

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) (2) (3) (4) (5) (6)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(a) (512(b)(13) (o) (13) (o) (13) (o) (13) (o) (13) (o) (13) (o) (13) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o)
						Yes	No
(1) THE GLOBAL FORUM ON MSM & HIV (MSMGF) 47-1065461 1111 BROADWAY, FLOOR 3 OAKLAND, CA 94607	SEE PART VII	CA	501(C)(3)	7	APLA H&W	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

APLA HEALTH & WELLNESS 84-1661910

Schedule R (Form 990) 2019

Part III	Identification of Relat because it had one or	ted Organizations more related orga	Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the eartnership during the	organization a e tax year.	inswered "Yes"	on Form	n 990, Part IV,	line 34,	
	(2)	(b)	(c)	(4)	(0)	/f \	(a)	(b)	<i>(</i> i)	(i)	ī

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	allocations? amount in b		Code V - UBI Genera amount in box 20 manag		Code V - UBI General or managing of Schedule K-1 partner?		(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No			
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

APLA HEALTH & WELLNESS 84-1661910

Page 3

Schedule R ((Form 990) 2019	Pa
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		·	ction thres		3.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminin	a
		type (a-s)			nt invo		3
(4)	THE GLODAL EODIM ON MGM C HILL (MGMGE)		100 025	TZIN/IS Z			
(1)	THE GLOBAL FORUM ON MSM & HIV (MSMGF)	Q	199,925.	FMV			
(2)							
(2)							
(2)							
(3)							
(4)							
(4)							
(5)							
(5)							
(6)							

JSA

Schedule R (Form 990) 2019

APLA HEALTH & WELLNESS 84-1661910

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	Are all sec 501 organiz	partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		ner?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019 Page 5

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, LINE 2, COLUMN B

THE GLOBAL FORUM ON MSM & HIV (MSMGF) PRIMARY ACTIVITY:

THE PRIMARY ACTIVITY OF THE GLOBAL FORUM ON MSM & HIV (MSMGF) D/B/A MPACT

IS TO ADVOCATE FOR EQUITABLE ACCESS TO EFFECTIVE HIV PREVENTION, CARE,

TREATMENT AND SUPPORT SERVICES FOR GAY MEN AND OTHER MEN WHO HAVE SEX

WITH MEN.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

	For cale	ndar year 2019 or other tax year begin	ning	07/01, 2019	, and er	nding 06/3	0,20	<u>20</u> .	2	2019		
Department of the Treasury		► Go to www.irs.gov/Form990	<i>T</i> for in	nstructions and	the late	st information			Open to	Public Inspection for		
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a					501(c		501(c)(3)	Organizations Only		
A Check box if address changed		Name of organization (Check bo	ox if nar	ne changed and se	e instruct	ions.)				fication number see instructions.)		
B Exempt under section	1	APLA HEALTH & WELLNI	ESS									
X 501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O.	box, see instruction	ns.			84-1	661910			
408(e) 220(e	Type							E Unrelated business activity (See instructions.)				
408A530(a		611 S KINGSLEY DR						(See II	istructions.)			
529(a)		City or town, state or province, country	, and Z	IP or foreign postal	code							
C Book value of all assets at end of year		LOS ANGELES, CA 9000										
		up exemption number (See instructi										
35,366,899.		eck organization type X 501	. ,		501	(c) trust		401(a)		Other trust		
	•	inization's unrelated trades or busine	sses.						(or first) ι			
trade or business he						e, complete Pa				, describe the		
•		e end of the previous sentence, cor	nplete	Parts I and II, co	mplete a	a Schedule M fo	or eac	h additio	nal			
trade or business, th			_4				0			Yes X No		
		corporation a subsidiary in an affili			subsidiar	ry controlled gro	oup?		►∟	Yes _X_ No		
		identifying number of the parent con ARON CHAWLA, CFO	porauc	on. 🖊	Talanh	ione number	21	3-201				
		or Business Income		(A) Inco			xpens		T	(C) Net		
1a Gross receipts or				(A) IIICO	ilic	(5) 2	хренк			(O) Net		
b Less returns and allow		c Balance ▶	1c									
		ule A, line 7)	2									
-		2 from line 1c	3									
·		attach Schedule D)	4a									
		Part II, line 17) (attach Form 4797)	4b									
• , , ,		rusts	4c									
		r an S corporation (attach statement)	5									
` ,			6									
		come (Schedule E)	7						1			
		ents from a controlled organization (Schedule F)	8									
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9									
10 Exploited exempt	t activity in	ncome (Schedule I)	10									
11 Advertising incor	me (Sched	dule J)	11									
12 Other income (S	ee instruc	ctions; attach schedule)	12									
		ough 12	13		0	-						
		Taken Elsewhere (See instr		ns for limitati	ons or	n deductions	s.) (C	educti)	ons mus	st be directly		
		ne unrelated business incom										
		directors, and trustees (Schedule K)										
									_			
									+			
		(see instructions)										
		4500)		1				. 19				
		4562) on Schedule A and elsewhere on re										
				_				21b	+			
		compensation plans							+			
		S							+			
		Schedule I).							+			
		chedule J)							+			
		schedule)							†			
		s 14 through 27							1			
		ole income before net operating										
		g loss arising in tax years beginning										
		e income. Subtract line 30 from line	-									

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

OMB No. 1545-0047

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	a-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships	, RE	MICs,	, and trusts
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	umbe	r (TIN))
orint	APLA HEALTH & WELLNESS			84-166191	. 0		
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
iling your	611 S KINGSLEY DR						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For LOS ANGELES, CA 90005	a foreign ad	dress, see instructions.				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7
Application		Return	Application				Return
s For		Code	Is For				Code
	r Form 990-EZ	01	Form 990-T (corporat	ion)			07
orm 990-Bl		02	Form 1041-A	n individual)			08
orm 4720 Form 990-Pf	,	03 04	Form 4720 (other that Form 5227	n individual)			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11							
	(trust other than above)	06	Form 8870				12
Telephone If the orga If this is for	e No. 213 201–1546 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa	Fax No. n the United States, checoup Exemption Number (art of the group, check the process of the process of the group, check the process of the process o	ck this box		If and a	this is
	est an automatic 6-month extension of time u			21, to file the exemp	t org	janiza	ation return
2 If the ta	calendar year 20 or tax year entered in line 1 is for less than 12 mchange in accounting period	<u>01</u> , 20 <u>19</u>	Э, and ending	06/30 , eturn Final retur	_	20	
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	O, or 6069, enter the	tentative tax, less any			
nonref	undable credits. See instructions.				3a	\$	0.
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and			
	ted tax payments made. Include any prior yea				3b	\$	0.
	ee due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS			
	onic Federal Tax Payment System). See instru				3с		0.
	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Forr	n 887	79-EO	for payment
nstructions.							<u> </u>
or Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n ୪୪6	8 (Rev. 1-2020)

Par	t III	Total Unrelated Business Taxable	e Income				
32	Total o	f unrelated business taxable income con	nputed from all unrelated t	rades or businesses (s	ee		
	instruct	ons)	·		32		
33		s paid for disallowed fringes					
34		ole contributions (see instructions for limitation					
35		nrelated business taxable income before					
33							0.
26		the sum of lines 32 and 33					
36		on for net operating loss arising in					
		ons)					
37		unrelated business taxable income before spe					
38	•	deduction (Generally \$1,000, but see line 38					000.
39		ed business taxable income. Subtract line					
		e smaller of zero or line 37			39		0.
Par	t IV	Tax Computation					
40	Organiz	ations Taxable as Corporations. Multiply line 3	39 by 21% (0.21)		. ▶ 40		
41	Trusts	Taxable at Trust Rates. See ins	tructions for tax comput	ation. Income tax	on		
	the amo	ount on line 39 from: Tax rate schedule o	r Schedule D (Form 10)41)	.▶ 41		
42	Proxy t	ax. See instructions					
43	-	ive minimum tax (trusts only)					
44		Noncompliant Facility Income. See instructions					
45							
		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies	 	45		
Par		Tax and Payments		40.			
		tax credit (corporations attach Form 1118; true					
		redits (see instructions)					
		business credit. Attach Form 3800 (see instruc	, , , , , , , , , , , , , , , , , , ,				
d	Credit f	or prior year minimum tax (attach Form 8801 o	r 8827) [46d			
е	Total ci	edits. Add lines 46a through 46d			46e		
47	Subtrac	t line 46e from line 45	. <u></u> <u></u>	<u></u>	47		
48	Other ta	ces. Check if from: Form 4255 Form 8611	Form 8697 Form 886	66 Other (attach schedul	e) . 48		
49	Total ta	x. Add lines 47 and 48 (see instructions)			49		0.
50	2019 ne	et 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line	3	50		
51 a		ts: A 2018 overpayment credited to 2019	· · · I	1			
		timated tax payments	ľ		0.		
		osited with Form 8868	T T				
		organizations: Tax paid or withheld at source (s					
	_		•				
		withholding (see instructions)					
T		or small employer health insurance premiums (· · · · · · · · · · · · · · · · · · ·	51f			
g		edits, adjustments, and payments: Form 2	439				
			Total ▶			1.0	400
52		ayments. Add lines 51a through 51g		Г	52	12,	400.
53	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached	▶└	53		
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		.▶ 54		
55	Overpa	yment. If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount o	verpaid	. ▶ 55	12,	400.
56	Enter the	e amount of line 55 you want: Credited to 2020 esti	mated tax	Refunded	▶ 56	12,	400.
Par	t VI	Statements Regarding Certain A	ctivities and Other Info	ormation (see instruc	tions)		
57	At any	time during the 2019 calendar year, did		· · · · · · · · · · · · · · · · · · ·		authority Yes	No
		financial account (bank, securities, or oth		_			
		Form 114, Report of Foreign Bank and					
		Tom 114, Report of Foreign Bank and	Tinanciai Accounts. Il Tes,	cite the name of t	ine roreign	Country	Х
E 0	here ►	ho toy your did the error indian access at	ribution from arms - 14 44 -	ntor of or transferents (orolan to -10	<u>, </u>	X
58	Ū	he tax year, did the organization receive a dist		ntor or, or transferor to, a f	oreign trust?		
		see instructions for other forms the organizatio					
<u>59</u>		e amount of tax-exempt interest received or ac		. 1. 1	0	Leader 11	
-	tri	nder penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than to			the best of my	knowledge and bel	ıet, it i
Sigı	וו		<u> </u>	, .,	May the IF	RS discuss this i	return
Her	e 🚩 _		<u> </u>			preparer shown b	
	S	gnature of officer	Date Title		(see instruction	ns)?X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		BRIAN D TODD			elf-employed	P0042260)1
	arer	Firm's name ▶ BKD, LLP				44-0160260)
Use	Only	Firm's address > 910 E ST LOUIS #200/F	O BOX 1190, SPRINGFIELD			7-865-8701	

Form 990-T (2019)								Pag	e 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	ory valuation	>				
1 Inventory at beginning of						ar	6		
2 Purchases						ld. Subtract line			
3 Cost of labor				6 from li	ne 5. Enter	here and in Part			
4a Additional section 263A c				I, line 2			7		
(attach schedule)	4a			_		section 263A (w		O Yes N	lo
b Other costs (attach sched						or acquired for			
5 Total. Add lines 1 through	· · / • 								
Schedule C - Rent Incom		Property a	nd Perso	nal Property	Leased V	Vith Real Proper	rty)		_
(see instructions)	•					•	• •		
Description of property									_
(1)									_
(2)									
(3)									
(4)									_
	2. Rent rece	ived or accru	ed						_
(a) From personal property (if the				l personal property	(if the	3(a) Deductions di	irectly connected w	with the income	
for personal property is more t	han 10% but not	percent	age of rent fo	or personal property	y exceeds		(a) and 2(b) (attach		•
more than 50%)	50% o	r if the rent is	s based on profit or	income)				
(1)									
(2)									
(3)									
(4)									_
Total		Total							_
(c) Total income. Add totals of c	volumne 2(a) and 2					(b) Total deduction			
here and on page 1, Part I, line 6	` '	` '				Enter here and or Part I, line 6, colur			
Schedule E - Unrelated D			e instruct	ions)		T are i, into o, colar	····· (<i>D</i>)		_
0011000100	obt i manoca	11001110 (0		<u> </u>	3. [Deductions directly cor	nnected with or allo	cable to	_
1. Description of de	bt-financed property		1	income from or to debt-financed		debt-financ			
			р	roperty		nt line depreciation ich schedule)	(b) Other d (attach so		
(1)					(,	(333333	,	
(2)									_
(3)									
(4)									
4. Amount of average	5. Average adju	ısted basis							_
acquisition debt on or	of or allocation	able to		Column divided		income reportable	8. Allocable (column 6 x tot		
allocable to debt-financed property (attach schedule)	debt-financed (attach sch		1	column 5	(colum	n 2 x column 6)	3(a) and		
(1)	(attaon oo			%					
(2)									
(3)				<u>%</u>					
(4)			1	%	Enter her	e and on page 1	Enter here an	d on page 1	_
						re and on page 1, ne 7, column (A).	Part I, line 7,		
						, ,	, ,	` '	
Totals									
Total dividends-received deduc	tions included in c	oiumn 8 👢 👢				▶			

Page 4

Name of controlled organization			mpt Controlled	Organizati	ons				
(1)	2. Employer identification numb	lei	let unrelated incomss) (see instructions	-	of specified ents made	included	f column 4 th in the contro on's gross in	olling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruc		9. Total of sp payments r		include	t of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)									
(2)									
(3)									
(4)						columns 5 a			dd columns 6 and 11.
Totals	ncome of a Sec	ction 501	(c)(7), (9), or		Part I	nere and on line 8, colui	mn (A).		ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of	income	directl	eductions / connected n schedule)			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)	Enter here and Part I, line 9, c	olumn (A).							Enter here and on page 1 Part I, line 9, column (B).
Schedule I-Exploited Exe	empt Activity In	come, Ot	her Than Adv	ertising li	ncome (s	ee instru	ctions)		
	2. Gross	2 Evnor	cted with 2 minus column 3). If a gain, compute coles 5 through 7 column		5. Gross income from activity that is not unrelated				
1. Description of exploited activity	unrelated business income from trade or business	direct connected production unrelated business in	ly from ur or busin 2 minu or busin 2 minu or lf a ga	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
	unrelated business income from trade or	direct connecte producti unrelat	ly from ur or busin 2 minu or busin 2 minu or lf a ga	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(1)	unrelated business income from trade or	direct connecte producti unrelat	ly from ur or busin 2 minu or busin 2 minu or lf a ga	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(1)	unrelated business income from trade or	direct connecte producti unrelat	ly from ur or busin 2 minu or busin 2 minu or lf a ga	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(1) (2) (3)	unrelated business income from trade or	direct connecte producti unrelat	ly from ur or busin 2 minu or busin 2 minu or lf a ga	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(1)	unrelated business income from trade or	direct connecte producti unrelat	from ur or busin 2 minu 1 g ag cols. §	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(1) (2) (3) (4)	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A).	direct connecter production unrelated business in the second production of the second production	from ur or busin 2 minu 1 g ag cols. §	related trade ness (column s column 3). in, compute	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1,
(1) (2) (3) (4) Totals	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A).	direct connecter production unrelated business in Enter here page 1, Filine 10, counctions)	from ur or busin 2 minu If a ga cols. §	related trade less (column s column 3). in, compute through 7.	from ac	tivity that nrelated	attributa	able to	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1,
(1) (2) (3) (4) Totals	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A).	direct connecter production unrelated business in Enter here page 1, Filine 10, counctions)	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	related trade less (column s column 3). in, compute through 7.	from ac is not u busines	tivity that nrelated	attributa	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1,
(1) (2) (3) (4) Totals Schedule J – Advertising Ir Part I Income From Per 1. Name of periodical	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). Come (see instr Ciodicals Report	Enter here page 1, F line 10, cc	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	Basis divertising r (loss) (col. 3). If n, compute	from ac is not u busines	culation	attribúta colum	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 25. 7. Excess readership costs (column 6 minus column 5, but not more than
(1) (2) (3) (4) Totals Schedule J – Advertising Ir Part I Income From Per 1. Name of periodical	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). Come (see instr Ciodicals Report	Enter here page 1, F line 10, cc	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	Basis divertising r (loss) (col. 3). If n, compute	from ac is not u busines	culation	attribúta colum	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 25. 7. Excess readership costs (column 6 minus column 5, but not more than
(1) (2) (3) (4) Totals	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). Come (see instr Ciodicals Report	Enter here page 1, F line 10, cc	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	Basis divertising r (loss) (col. 3). If n, compute	from ac is not u busines	culation	attribúta colum	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 25. 7. Excess readership costs (column 6 minus column 5, but not more than
(1) (2) (3) (4) Totals	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). Come (see instr Ciodicals Report	Enter here page 1, F line 10, cc	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	Basis divertising r (loss) (col. 3). If n, compute	from ac is not u busines	culation	attribúta colum	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 25. 7. Excess readership costs (column 6 minus column 5, but not more than
(1) (2) (3) (4) Totals	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col. (A). Come (see instr Ciodicals Report	Enter here page 1, F line 10, cc	and on lart I, ol. (B). Consolidated 4. A gain core grows grows a gain core grows	Basis divertising r (loss) (col. 3). If n, compute	from ac is not u busines	culation	attribúta colum	able to n 5	expenses (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 25. 7. Excess readership costs (column 6 minus column 5, but not more than

Form **990-T** (2019)

Part II	Income From Periodicals Reported on a Separate	Basis	(For e	each p	periodical	listed	in	Part II,	fill	in	columns
	2 through 7 on a line-by-line basis.)										

	,	,								
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
Totals from Part I.										
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.				
Totals, Part II (lines 1-5)										
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)										
1. Name		2.	Title	3. Percent of time devoted to	4. Compensatio					

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	·		

Form **990-T** (2019)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME AND TO REQUEST A REFUND OF ESTIMATED TAX PAID.