

## **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.

<sup>&</sup>lt;sup>1</sup> 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**

orm **990** 

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.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begin	ning 07/	01 <b>,2020</b>	, and en	ding		06/30	, <b>20</b> 21			
<b>D</b> .			C Name of organization					D Employer id	entification	number			
<b>D</b> 0	heck if ap		APLA HEALTH & WELLNESS	5				]					
	Addre chang		Doing Business As APLA HEALTH					84-1661	1910				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suit	e	E Telephone number					
	Initial	return	611 S KINGSLEY DR					(213) 20	1-1600				
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amen returr		LOS ANGELES, CA 90005	<b>G</b> Gross receip	its \$	67,800	,162.						
		cation	F Name and address of principal officer:	CRAIG E. THOM	IPSON			H(a) Is this a gro subordinates		Yes	X No		
	-		611 S. KINGSLEY DR., I	LOS ANGELES, CA	90005			H(b) Are all subord		Yes	No		
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)	or	527	If "No," atta	ch a list. (see i	nstructions)			
J	Websi	te: 🕨	WWW.APLAHEALTH.ORG					H(c) Group exem	ption number	<b>&gt;</b>			
K	Form (	of organ	nization: X Corporation Trust	Association Other >		L Yea	ar of forma	tion: 2005 <b>M</b>	State of leg	al domicile:	CA		
P	art I		mmary										
	1	Briefly	y describe the organization's mission or	most significant activities:	: APLA I	HEALTH	& WEL	LNESS'S M	ISSION	IS TO			
Se		TO :	RESTORE DIGNITY AND TRUS	T WITHIN UNDERS	SERVED (	COMMUN	ITIES	BY					
nan		PRO'	VIDING WORLD-CLASS LGBTQ	+ EMPOWERING HE	ALTHCA	RE. SE	E SCHE	DULE O.					
ver				scontinued its operations	•				S.				
Activities & Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		20.		
<b>ფ</b>	4	Numb	per of independent voting members of t	he governing body (Part V	/I, line 1b) _				4		20.		
iŧie	5	Total	number of individuals employed in cale	endar year 2020 (Part V, lin	ne 2a)				5		321.		
냝			number of volunteers (estimate if necess						6		521.		
ĕ	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			
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)		000	V 50D	┑┕┈	16,297,53		22,692			
	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	Y FOR		39,851,375.		43,749,89			
	10		tment income (Part VIII, column (A), line		PUBLIC IN	NSPECTIO		199,82	29.		1,010		
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				-837,36	56.	-448	8,822		
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	), line 12) .			55,511,37	77.	66,394	1,497		
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				135,90	)5.	11:	3,123		
	14	Benef	fits paid to or for members (Part IX, colu			0.		0					
S	15		es, other compensation, employee bene		19,825,30	21,850	),912						
Expenses	16a	Profes	ssional fundraising fees (Part IX, column		272,29	<b>35.</b>	183	3,237					
×	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶ 1 , 5	727,486	·							
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				30,420,40		34,630			
			expenses. Add lines 13-17 (must equal					50,653,91		56,77			
		Rever	nue less expenses. Subtract line 18 from	line 12				4,857,46	55.	9,61	7,101		
s or							Begin	nning of Current		End of Yea			
set	20		assets (Part X, line 16)					35,366,89		40,810			
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					10,435,57			9,422		
			ssets or fund balances. Subtract line 21	from line 20	<u>.</u>			24,931,32	28.	35,083	1,192		
	rt II		gnature Block										
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than						f my knowle	edge and b	elief, it is		
	-,												
Sig	ın		0:										
He			Signature of officer					Date					
110													
			Type or print name and title						T				
Paid	4		Type preparer's name	Preparer's signature		Date		Check	if PTIN				
	parer	BRI.	AN D TODD					self-employ		422601	<u>.                                    </u>		
	Only	Firm's	s name ▶ BKD, LLP					T IIIII O E II V	44-016				
	•		s address > 910 E ST LOUIS #200/PO I					1 110110 110.	417-86				
May	the I	RS dis	cuss 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 <b>99</b>	0 (2020)		

## 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	-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	umber (TIN)								
orint	APLA HEALTH & WELLNESS			84-166191	910								
File by the	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions.											
lue date for iling your	611 S KINGSLEY DR												
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LOS ANGELES, CA 90005												
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						
	r Form 990-EZ	01	Form 990-T (corporat	ion)			07						
orm 990-BI		02	Form 1041-A				08						
orm 4720	,	03	,	Form 4720 (other than individual)									
Form 990-Pf		04	Form 5227				10						
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870				11						
Telephone If the orga If this is for the whole Itst with the	e No. ► 213 201–1546  anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box ► . It e names and TINs of all members the extension	l business ir ur digit Gro f it is for pa on is for.	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 the group that the group that the group is the group that the group is the group that the g	ck this box		If t and a	this is ttach						
	est an automatic 6-month extension of time un organization named above. The extension is			22 , to file the exemp	t org	aniza	tion return						
2 If the ta	calendar year 20 or tax year beginning 07/0  ax year entered in line 1 is for less than 12 mchange in accounting period	1_, 20 <u>_2</u> (	O, and ending	06/30 , eturn		<u>21</u> .							
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the	tentative tax, less any									
	undable credits. See instructions.	, –	, , , , , , , , , , , , , , , , , , , ,	, <b>,</b>	За	\$	0.						
	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and	-								
estima	ted tax payments made. Include any prior yea	r overpayn	nent allowed as a credit		3b	\$	0.						
c Balanc													
	onic Federal Tax Payment System). See instru				3с		0.						
Caution: If you	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 88	79-EO	for payment						
nstructions.													
or Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n <b>886</b> f	<b>8</b> (Rev. 1-2020)						

Form 990 (2020) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O FOR ADDITIONAL INFORMATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$33,922,871. including grants of \$) (Revenue \$41,150,517)
	APLA HEALTH & WELLNESS IS A FEDERALLY QUALIFIED HEALTH CENTER
	(FQHC) PROVIDING LOW AND NO COST MEDICAL, DENTAL AND BEHAVIORAL
	HEALTH SERVICES TO LOW INCOME INDIVIDUALS, INCLUDING THOSE LIVING
	WITH HIV/AIDS. THE GLEICHER/CHEN HEALTH CENTER IN SOUTH LOS
	ANGELES OFFERS ENROLLMENT ASSISTANCE, PRIMARY CARE, HIV CARE, PREP
	AND PEP COUNSELING AND TREATMENT, STD SCREENING AND TREATMENT,
	DENTAL CARE AND BEHAVIORAL HEALTH SERVICES. THE DOWNTOWN DENTAL
	CLINIC OFFERS COMPREHENSIVE DENTAL SERVICES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.
	(Code:)(Expenses \$4,269,589. including grants of \$)(Revenue \$3,000) THE VANCE NORTH NECESSITIES OF LIFE PROGRAM, (NOLP) PROVIDES FREE FOOD AND HYGIENE ITEMS AND NUTRITION EDUCATION TO LOW-INCOME MEN, WOMEN AND FAMILIES LIVING WITH HIV/AIDS THROUGHOUT THE COUNTY OF LOS ANGELES. DURING THE PAST YEAR, NOLP PROVIDED 1,835 CLIENTS A TOTAL OF 125,274 BAGS OF GROCERIES.
4c	(Code:) (Expenses \$3,522,535. including grants of \$) (Revenue \$2,195,748. )
	THE HOME HEALTH PROGRAM PROVIDES INTENSIVE NURSE AND SOCIAL WORK
	CASE MANAGEMENT TO HIV POSITIVE CLIENTS IN LOS ANGELES COUNTY WHO
	ARE IN DANGER OF FALLING INTO INSTITUTIONALIZED CARE OR OUT OF
	CARE ENTIRELY. THE PROGRAM ALSO PROVIDES ADDITIONAL IN-HOME
	SERVICES SUCH AS ATTENDANT CARE AND PSYCHOTHERAPY IN ORDER TO
	PROMOTE INDEPENDENT LIVING, QUALITY OF LIFE, AND MAXIMIZE HEALTH
	OUTCOMES. THE PROGRAM HELPS CLIENTS STAY IN THEIR OWN HOMES THEREBY REDUCING THE NEED FOR COSTLY SKILLED NURSING OR EXTENDED
	CARE PLACEMENTS, AND REDUCES THE BARRIERS TO EFFECTIVE HIV
	TREATMENT THEREBY HELPING LIMIT HIV-DISEASE PROGRESSION. SEE
	SCHEDULE O FOR ADDITIONAL INFORMATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 9,099,191. including grants of \$ 113,123. ) (Revenue \$ 400,629. )
4e	Total program service expenses ► 50,814,186.

Form 990 (2020)
Part IV Page 3

			Yes	No
4	Is the organization described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vee"		103	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
_	complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Λ	
	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
	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	X	
	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? If "Yes," complete Schedule C, Part III	5		Х
	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		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-
		_		Σ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
	d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١.
	complete Schedule D, Part III	8		X
С	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
C	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
d	ebt negotiation services? If "Yes," complete Schedule D, Part IV	9		Σ
	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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	/II, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		11a	Х	
	omplete Schedule D, Part VI	Ha	21	
	d the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			١.
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
	old the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
О	if its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		2
I	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
rep	orted in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
D	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		2
	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		2
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		2
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	- · · · · · · · · · · · · · · · · · · ·	426	Х	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	- 1	١,
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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		
	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		
	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		
	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	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>-</b>		
		40	Х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	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		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	domestic government on Fait IX, Column (A). The 11 Tes. Comblete schedule i. Faits Land II			

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Part	Checklist of Required Schedules (continued)		Vaa	Na.
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	X	
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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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?			
	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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	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		X
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	20-		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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,"	22		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   83		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030				(2020)
	7338LA K929 5/3/2022 3:21:21 PM V 20-7.21 1165657		P.	AGE 7

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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 321			
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		X
	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).			i
5 a	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			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
b	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			i
а		7a		Х
<b>L</b>	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
	ros, maisais inc names of common section and adming the year in the common section and administration administration and administration administration and administration administration and administration	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
				- 21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	Х	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	711	21	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
	Section 501(c)(7) organizations. Enter:			i
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			i
				i
D	Gross income from other sources (Do not net amounts due or paid to other sources			i
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			i
D	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			
	The engineering meaning and advantage of the engineering and the e			
	Enter the amount of received on hand, [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	1/2		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		25
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					Х				
Sect	ion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20							
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			X				
	supervision of officers, directors, trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to e									
	one or more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,							
	stockholders, or persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during							
	the year by the following:			_	37					
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	١	X				
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	erriai	Revenue	Code	<i>.)</i> Yes	No				
				10a	103	X				
	Did the organization have local chapters, branches, or affiliates?			IVa		21				
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		11a	X					
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	па						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	<ul> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li></ul>									
D		nai c	bula give	12b	Х					
•	rise to conflicts?	oliov?	If "Voc."							
C	describe in Schedule O how this was done	-		12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written whisteblower policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review ar									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-							
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement							
	with a taxable entity during the year?		_	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization									
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	guard the							
	organization's exempt status with respect to such arrangements?			16b						
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{CA}$ ,									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-T	(Sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap									
	Own website Another's website X Upon request Other (explain on So	hedul	∍ O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,				
	and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's ROBYN GOLDMAN, CFO 611 S. KINGSLEY DR. LOS ANGELES, CA 90005 213-201-1546	oooks	and record	s ►						

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

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

#### 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 (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer  Officer  Officer  Or direct			Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer and Officer employ or director			(do not check more than one box, unless person is both an officer and a director/trustee)  or director of the company of the c		Position do not check more than one pox, unless person is both an afficer and a director/trustee) The limit of the limit o		Position onot check more than one x, unless person is both an cer and a director/trustee)  To In Stituti		Position theck more than one ss person is both an d a director/trustee)  Officer  Of		osition ck more than one person is both an a director/trustee) Officer Officer		Position do not check more than one ox, unless person is both an ficer and a director/trustee)  In Officer Individ: Individ:		Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director/trustee)  Or director/trustee)  Or director/trustee)  Or director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director/trustee)  Or director/trustee)  Or director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee) or In Individue Institution of director			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CRAIG E. THOMPSON	40.00																														
CHIEF EXECUTIVE OFFICER	2.00			Х				438,633.	0.	20,759.																					
(2) MICHAEL GOTTLIEB	40.00																														
PHYSICIAN	0.					X		356,590.	0.	593.																					
(3) JAY GLADSTEIN	40.00																														
CHIEF MEDICAL OFFICER	0.				Х			309,747.	0.	32,651.																					
(4) ROBYN GOLDMAN	40.00																														
COO END 05/21/CFO BEG 05/21	2.00			Х				297,963.	0.	30,033.																					
(5) JEROME DE VENTE	36.00																														
ASSOCIATE MEDICAL DIRECTOR	0.				Х			297,205.	0.	18,046.																					
(6)KEVIN TANGONAN	40.00																														
SITE MEDICAL DIRETOR	0.					X		267,784.	0.	22,230.																					
(7)STEVEN VITERO	40.00								_																						
DENTAL DIRECTOR	0.					X		227,796.	0.	28,093.																					
(8) CRAIG BOWERS	40.00			3.7				220 404	0	22.062																					
VC END 9/20/CMO&CEAO BEG 9/20	0.	X		Х				220,404.	0.	23,863.																					
(9) DONNY FAN CHIEF TECHNOLOGY OFFICER	40.00					X		100 204	0.	62,838.																					
(10) ANNA MELINDA SERRANO	40.00							180,394.	0.	02,030.																					
NURSING DIRECTOR	0.					x		180,073.	0.	23,094.																					
(11) AARON CHAWLA	40.00							100,073.	0.	23,074.																					
CFO END 05/21	0.			Х				119,958.	0.	6,391.																					
(12) EDDIE BATCHELOR	1.00							110,000.	<u> </u>	0,351.																					
DIRECTOR END 05/21	0.	Х						0.	0.	0.																					
(13) PAULA CANNON	1.00																														
DIRECTOR	0.	Х						0.	0.	0.																					
(14) TRACY COHEN	1.00																														
DIRECTOR END 06/21	0.	Х						0.	0.	0.																					
	•									Form <b>QQ</b> (2020)																					

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	(do not check more than one box, unless person is both an		compensation	compensation from	amount of				
	week (list any hours for					or/trust		from the	related organizations	other compensation
	related	or	Ins	Off	ē.	Highest cc employee	Foi	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional	Officer	Key employee	ploy	Former	(W-2/1099-MISC)		organization
	below dotted line)	ual t	iona		plo	t co	,			and related organizations
		rust	籄		yee	compensated				organizations
		ee	trustee			nsa				
			U			ted				
15) CHAD FRANKS	1.00									
DIRECTOR	0.	Х						0	0.	0
16) ANTHONY HENDERSON	1.00									
DIRECTOR	0.	Х						0	0.	0
17) MARK KADZIELSKI	1.00									
DIRECTOR	0.	Х						0	0.	0
18) LEE KLOSINSKI	1.50									
DIRCTR END/VICE CHAIR BEG 9/20	0.	Х		Х				0	0.	0
19) JANICE LITTLEJOHN	1.50									
SECRETARY END 06/21	0.	Х		Х				0	0.	0
20) JESSIE MCGRATH	1.50									
SECRETARY BEG 06/21	0.	Х		Х				0	0.	0
21) M'ALYSSA MECENAS	1.00									
DIRECTOR	0.	Х						0	0.	0
22) DUNCAN MOORE	1.00									
DIRECTOR	0.	Х						0	0.	0
23) JAMES PATTON III	1.00									
DIRECTOR	0.	Х						0	0.	0
24) HECTOR PEREZ	1.00									
DIRECTOR	0.	Х						0	0.	0
25) PETER PERKOWSKI	3.00									
CHAIR	2.00	Х		Х				0	0.	0
1b Sub-total							<b></b>	2,896,547.	0.	268,591.
c Total from continuation sheets to Part VII, S			• • •	• •	• •		•	0.	0.	0.
d Total (add lines 1b and 1c)	-						•	2,896,547.	0.	268,591.
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
reportable compensation from the organization						,			,	
										Yes No
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	emn	lovee or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gro										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y										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		

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 ▶

(A)	(B)			(C	3			(D)	(E)	(F	)	
Name and title	Average hours per week (list any hours for related	box,	not ch unless er and	Posit eck r s per a di	tion more son is recto	than or s both a or/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou oth comper from	ated nt of er nsatio	'n
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organi and re organiz	lated	
6) NATALIE RAMOS	1.00											
DIRECTOR	0.	X						0	0.			
7) JOHN SEALY	1.00											
DIRECTOR	0.	X						0	0.			
8) CODY SISCO	1.00											
DIRECTOR	0.	Х						0	0.			
9) JOHN SQUATRITTO	1.00											
DIRECTOR	0.	Х						0	0.			
0) RONALD SYLVESTER	1.00											
DIRECTOR	0.	Х						0	0.			
1) ALAN WALDEN	1.50											
TREASURER	0.	Х		Х				0	0.			
2) MARICELA DE RIVERA	1.00											
DIRECTOR BEG 06/21	0.	Х						0	0.			
3) LINDSEY LAWRENCE	1.00											
DIRECTOR BEG 06/21	0.	Х						0	0.			
4) CHRISTOPHER TANG	1.00											
DIRECTOR BEG 06/21	0.	Х						0	0.			
1h Cub total								0.	0.			0
1b Sub-total c Total from continuation sheets to Part VII,	Section A								Ŭ .			<u> </u>
d Total (add lines 1b and 1c)					• •							_
Total number of individuals (including but no reportable compensation from the organizat	t limited to tl		listed				re	ceived more than	\$100,000 of			
										Υ	es	No
3 Did the organization list any former of												Х
employee on line 1a? If "Yes," complete Sche										3		
4 For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	0,00	00?	If	"Yes,	." (	complete Schedu	le J for such	4	X	
										7	-	
5 Did any person listed on line 1a receive of for services rendered to the organization? If Section B. Independent Contractors										5		X
Complete this table for your five highest co		adana	nda	nt o	onti	rootor	· o +	hat received more	than \$100,000 at	:		_

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> 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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Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any	y 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	22,222.				
	b	Membership dues 1b					
	С	Fundraising events 1c	1,047,573.				
	d	Related organizations 1d					
	е	Government grants (contributions) 1e	18,436,342.				
Sin	f	All other contributions, gifts, grants,					
ontributio		and similar amounts not included above . 1f	3,186,278.				
	g	Noncash contributions included in					
		lines 1a-1f 1g	\$ 633,191.				
ಹ	h	Total. Add lines 1a-1f	▶	22,692,415.			
			Business Code				
<u>8</u>	2a	NET PATIENT SERVICE	624100	41,098,537.	41,098,537.		
Program Service Revenue	b	MEDI-CAL WAIVER	624100	2,195,748.	2,195,748.		
n Si	С	OTHER REVENUE	624100	182,008.	182,008.		
Fan	d	ADAP	624100	142,975.	142,975.		
og R	е	RESIDENTIAL SERVICES REVENUE	531110	107,100.	107,100.		
₫.	f	All other program service revenue		23,526.	23,526.		
	g	Total. Add lines 2a-2f	▶	43,749,894.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		161,828.			161,828.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,169,982.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 930,800.					
₩	١.	Gain or (loss)		222 122			000 100
er	d	Net gain or (loss)		239,182.			239,182.
Other	8a	Gross income from fundraising					
_		events (not including \$1,047,573.					
		of contributions reported on line	26,043.				
		1c). See Part IV, line 18	474,865.				
	b	Less: direct expenses		-448,822.			-448,822.
	C			110,022.			110,022.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
			0.				
	b C	Less: direct expenses		0.			
				0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
<b>S</b>		. , ,	Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
	C						
is R	d	All other revenue					
≥	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		66,394,497.	43,749,894.		-47,812.

## 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).

360	Check if Schedule O contains a response or note to any line in this Part IX					
			(B)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
			expenses	general expenses	expenses	
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	113,123.	113,123.			
_	-	-,	-,			
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	1,571,386.	953,424.	549,557.	68,405.	
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	16,394,956.	13,625,406.	1,867,085.	902,465.	
	Pension plan accruals and contributions (include				<u> </u>	
0	section 401(k) and 403(b) employer contributions	636,414.	502,534.	98,138.	35,742.	
0	Other employee benefits	1,920,523.	1,690,393.	140,013.	90,117.	
	Payroll taxes	1,327,633.	1,076,982.	183,683.	66,968.	
10	Fees for services (nonemployees):	, , , , , , , , ,	, , , , , , , , ,	,		
		0.				
	ı Management	6,987.		6,987.		
	-	120,020.		120,020.		
	Accounting	213,258.	187,774.	25,484.		
	Professional fundraising services. See Part IV, line 17	183,237.	•	,	183,237.	
	f Investment management fees	0.			· · · · · · · · · · · · · · · · · · ·	
9	Other. (If line 11g amount exceeds 10% of line 25, column	2,771,477.	2,253,598.	345,256.	172,623.	
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	29,407.	26,274.	984.	2,149.	
13	Office expenses	1,335,627.	1,079,905.	189,762.	65,960.	
14	Information technology	371,482.	318,162.	16,621.	36,699.	
15	Royalties	0.		,	<u> </u>	
16	Occupancy	2,954,551.	2,659,823.	210,982.	83,746.	
17	Travel	10,522.	7,811.	2,354.	357.	
18	Payments of travel or entertainment expenses		·			
	for any federal, state, or local public officials	0.				
19	Conferences, conventions, and meetings	78,550.	48,563.	29,369.	618.	
20	Interest	68,596.	•	68,596.		
21	Payments to affiliates	0.				
22	Depreciation, depletion, and amortization	779,721.	727,514.	39,997.	12,210.	
23	Insurance	212,558.		212,558.	<u> </u>	
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.)					
a	MEDICAL SUPPLIES & DRUGS	21,410,207.	21,410,207.			
_	FOOD SUPPLIES	1,676,882.	1,676,882.			
~	ATTENDANT CARE	1,650,115.	1,650,115.			
-	TEMP ASSISTANCE	217,648.	160,634.	57,014.		
_	All other expenses	722,516.	645,062.	71,264.	6,190.	
	Total functional expenses. Add lines 1 through 24e	56,777,396.	50,814,186.	4,235,724.	1,727,486.	
	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 if following SOP 98-2 (ASC 958-720)	0.			, , , , , , , ,	
_				I	Form <b>QQ0</b> (2020)	

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	8,866,877.	1	12,170,701.
	2	Savings and temporary cash investments	1,815,530.	2	1,822,335.
	3	Pledges and grants receivable, net	3,360,681.	3	4,054,066.
	4	Accounts receivable, net	5,819,183.	4	4,807,919.
	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.
S	7	Notes and loans receivable, net	79,325.	7	545,085.
Assets	8	Inventories for sale or use	244,111.	8	238,462.
As	9	Prepaid expenses and deferred charges	274,300.	9	290,976.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,418,515.			
	b	Less: accumulated depreciation	3,559,328.	10c	11,833,915.
	11	Investments - publicly traded securities	2,617,480.	11	3,296,972.
	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	8,730,084.	15	1,750,183.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	35,366,899.	16	40,810,614.
	17	Accounts payable and accrued expenses	4,860,203.	17	5,248,836.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	715,878.	19	101,096.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	409,490.	23	379,490.
	24	Unsecured notes and loans payable to unrelated third parties	4,450,000.	24	0.
	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	10,435,571.	26	5,729,422.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	20,637,069.	27	30,442,848.
ä	28	Net assets with donor restrictions	4,294,259.	28	4,638,344.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	24,931,328.	32	35,081,192.
Net	33	Total liabilities and net assets/fund balances	35,366,899.	33	40,810,614.
			,,	55	Form <b>990</b> (2020)

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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			94,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			77,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			17,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2		31,3	
5	Net unrealized gains (losses) on investments	5		5	32,7	763.
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	3	35,0	81,1	.92.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			٦		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.			_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		Г	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts		I	2c	Λ	
	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	rth in	the	_	х	
_	Single Audit Act and OMB Circular A-133?			3a	Λ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			26	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	2.5	

### **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.

► 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 Name of the organization

APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	3.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	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 o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and st						
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		ູ section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	_					
7	X	An organization that norma	-	•	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		-				
8		A community trust describe						
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10 11		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	kceptions ome (les Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
12		An organization organized		-	-			carry out the purposes
		of one or more publicly su		•	-			
		Check the box in lines 12a t						
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	•				•	
		supporting organization.						
b		Type II. A supporting org				with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С	L	Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
	_	its supported organization	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga					•••	I, Type III
		functionally integrated, or			porting o	organiza	tion.	
f		nter the number of supported						
<u>g</u>		ovide the following information					I	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
<u></u>								
(D)								
(E)								
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,696,683.	7,230,716.	16,652,031.	16,297,539.	22,692,415.	69,569,384.
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	6,696,683.	7,230,716.	16,652,031.	16,297,539.	22,692,415.	69,569,384.
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)  Public support. Subtract line 5 from line 4						0. 69,569,384.
	tion B. Total Support						05,505,501.
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,696,683.	7,230,716.	16,652,031.	16,297,539.	22,692,415.	69,569,384.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0,030,003.	7,250,710.	111,992.	156,624.	161,828.	430,444.
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						69,999,828.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	133,411,063.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	•					
14	Public support percentage for 2020 (lin		-			14	99.39%
15	Public support percentage from 2019 \$					15	99.51 <b>%</b>
16a	331/3% support test - 2020. If the org						
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			<del>-</del>	-		
_	organization						
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organiz in Part VI how the organization meets	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	Explain
	organization			•	•	• •	
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
						obodulo A (Form 00	

Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### 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			· 1	<u>'</u>	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and 3						
. u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	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 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. <b>.</b>	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		<del></del>
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020 Page 4

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.
  - 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
) /			
	1		
S d			
	2		
r	3a		
t e			
)	3b		
,	3с		
f			
	4a		
า ว			
	4b		
n d			
,	4c		
" J			
; 1			
	5a		
/	5b		
	5c		
o d r			
'	6		
r			
'	7		
?	8		
9			
	9a		
1	9b		
t	9c		
n d	30		
	10a		
)	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
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)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		0110).	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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. Answer lines 3a and 3b below.			
а	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>If</i> "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.			
Se	Section A - Adjusted Net Income (A) Prior Year						
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					
Se	ection 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex	1					
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020		
_1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
_3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						

Schedule A (Form 990 or 990-EZ) 2020

5

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 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

**2020** 

**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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	N/A	\$\$, 7,185,771.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	N/A	\$\$.	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_	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization APLA HEALTH & WELLNESS

Employer identification number 84-1661910

art II	<b>Noncash Property</b>	(see instructions)	). Use duplicate co	pies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	-----------------------------	---------------------

(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
		\$	
(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) (2020) 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 year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 Relationship of transferor to transferee (a) No.

(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 Relationship 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 Relationship of transferor to transferee

from

Part I

### 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), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c	(Prox
•	Section 501(c)(4), (5), or (6) orga					
Nam	e of organization			Employer ide	ntification number	
API	A HEALTH & WELLNESS			84-1663	L910	
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.	
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ad	ctivities in Part IV. (See in	nstructions for	
	definition of "political campa	ign activities")				
2		xpenditures (See instructions)				
3		campaign activities (See instructio				
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
	If "Yes," describe in Part IV.		(' 504( )		<u>,                                      </u>	
Par	•	organization is exempt under	• • • • • • • • • • • • • • • • • • • •		).	
1		xpended by the filing organization				
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section		
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 nd or a political action committee (	er (EIN) of all section ter the amount paid aptly 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 litical organization	ente , sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of poli contributions receive promptly and dire delivered to a sepa political organization none, enter -0-	ed and ectly arate on. 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) 2020

Schedule C (Form 990 or 990-EZ) 2020 APLA I	EALTH &	WELLNESS		84-1	661910 Page <b>2</b>
Part II-A Complete if the organization section 501(h)).	on is exer	npt under sectior	n 501(c)(3) and f	iled Form 5768 (ele	ction under
A Check ► if the filing organization be address, EIN, expenses, a				ch affiliated group mem	ber's name,
B Check ► if the filing organization ch	ecked box	A and "limited contro	ol" provisions apply	<i>'</i> .	
Limits on Lobb (The term "expenditures" m			)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opin	ion (grassroots lobb	ying)	114,381.	
<b>b</b> Total lobbying expenditures to influence	a legislativ	e body (direct lobbyi	ng)	153,393.	
c Total lobbying expenditures (add lines 1a and 1b)				267,774.	
d Other exempt purpose expenditures				50,571,896.	
e Total exempt purpose expenditures (add lines 1c and 1d)				50,839,670.	
f Lobbying nontaxable amount. Enter the columns.		•		1,000,000.	
				1,000,000.	
If the amount on line 1e, column (a) or (b) is			IS:		
Not over \$500,000		amount on line 1e.			
Over \$500,000 but not over \$1,000,000		lus 15% of the excess			
Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess			
Over \$1,500,000 but not over \$17,000,000	<u> </u>	lus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	\$1,000,000			27.2.2.2	
g Grassroots nontaxable amount (enter 2				250,000.	
h Subtract line 1g from line 1a. If zero or I				0.	0.
i Subtract line 1f from line 1c. If zero or le				0.	0.
j If there is an amount other than zero	on either	line 1h or line 1i, c	did the organization	on file Form 4720	
reporting section 4911 tax for this year?					Yes No
	4-Year Avei	raging Period Under	r Section 501(h)		
(Some organizations that made	a section 50	01(h) election do no	t have to complet	e all of the five colum	ıns below.
See	the separa	te instructions for I	ines 2a through 2	f.)	
Lob	bying Expe	nditures During 4-Ye	ear Averaging Peri	od	
	) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total		
Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.		
Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.		
Total lobbying expenditures		273,909.	240,939.	267,774.	782,622.		
Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.		
Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.		
Grassroots lobbying expenditures		86,786.	74,833.	114,381.	276,000.		
	beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  Grassroots lobbying expenditures  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount (250, 000.  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  Grassroots lobbying expenditures  Grassroots lobbying expenditures  Grassroots lobbying expenditures		

Schedule C (Form 990 or 990-EZ) 2020

Page 3 Schedule C (Form 990 or 990-EZ) 2020

Eor.	(election under section 501(h)).	(a	a)	(b)			
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
1	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:						
a b	Volunteers?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j 2a	Total. Add lines 1c through 1i						
za b	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?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5)	, or s	ectio	า		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)				3		
· ai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount relition expenditures for which the postion 537(f) to whom relition	nts (	of				
а	political expenses for which the section 527(f) tax was paid). Current year			2a			
a b	Carryover from last year			2b			
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng				
_	and political expenditure next year?			5			
<sub>5</sub> Par	Taxable amount of lobbying and political expenditures (See instructions)			3			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	up list	); Part	II-A, li	nes 1	and

Schedule C (Form 990 or 990-EZ) 2020 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

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

API	A HEALTH & WELLNESS	84-1661910
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	linated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspect	
3	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
Ū	b	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
	<b>▶</b> \$	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are sections.	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or res	search in furtherance of public service,
	provide the following amounts relating to these items:	<b>&gt;</b> 0
	(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 similar	assets for financial gain, provide the
2	following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1	<b>▶</b> ¢
a b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or	Other Sin	nilar Assets (c		rage =
3	Using the organization's acquisition	n, accession, and o	ther records, che	ck any of the	e following	that make sign	ificant use	of its
	collection items (check all that appl	y):						
а	Public exhibition		d Loa	n or exchange	program			
b	Scholarly research		e Othe	er				
С	Preservation for future gener	rations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part							
	XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
	assets to be sold to raise funds rath		ined as part of the	e organization	n's collection	1?	Yes	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	tion answered "Ye	s" on Form 990	Part IV, line	9, or repo	rted an amour	nt on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trus							_
	included on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following	able:				
						Amount		
С	Beginning balance							
d	Additions during the year			1d				
е	Distributions during the year							
f	Ending balance							
	Did the organization include an am						Yes	∐No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanati	on has been p	rovided on F	Part XIII		
Pa	rt V Endowment Funds.							
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two yea		Three years back	(e) Four years	back
1a	Beginning of year balance	2,645,143.	2,596,388					
b	Contributions	12,000.	12,000	. 12	,000.	2,507,507.		
С	Net investment earnings, gains,							
	and losses	831,700.	186,107	. 220	,228.			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	158,396.	149,352	. 143	,347.			
f	Administrative expenses							
g	End of year balance	3,330,447.	2,645,143	. 2,596	,388.	2,507,507.		
2	Provide the estimated percentage		end balance (line 1	g, column (a))	held as:			
а	Board designated or quasi-endowm	ient ▶	_%					
b	Permanent endowment >	%						
С	Term endowment ► 100.0000							
	The percentages on lines 2a, 2b, a	· ·						
3a	Are there endowment funds not in	the possession of th	e organization the	at are held an	d administe	red for the	74	T
	organization by:						Yes	No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	_	•				3b	
4	Describe in Part XIII the intended u							
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	<b>iipment.</b> ation answered "Ye	es" on Form 990	Part IV line	e 11a See	Form 990 Pa	rt X line 10	)
	Description of property	(a) Cost or		st or other basis	(c) Accumu		Book value	·
		(invest		(other)	depreciati			
1a	Land							
b	Buildings		_	640 070	0 252	0.65	2 070	005
С	Leasehold improvements			,649,870.	2,370,		3,278,	
d	Equipment			,980,541.	1,213,	,635.	766,	
	Other			,788,104.			7,788,	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	า 990, Part X, colu	mn (B), line 10	Oc.)	▶	11,833,	915.

Schedule D (Form 990) 2020

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	0111 330/ 2020			i age 🗸
Part VII	Investments - Other Securities.	"Voc" on Form 00(	) Part IV line 11h See Form 000 Part V line	. 12
			), 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	
• •	al derivatives			
	held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line	: 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	(.,	(4, = 22.1. 12	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		l "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line	15.
	<b>(a)</b> De	scription	(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.			
		l "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part	Χ,
1.	(a) Descrip	tion of liability	(b) Book v	value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
LIADIIILY 10	in uncertain tax positions. In Part Am, provide the	text of the lootilote to	the organization's financial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2020
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Page 4 Schedule D (Form 990) 2020

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.	
1	Total revenue, gains, and other support per audited financial statements	1	67,953,156.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,109,837.
3	Subtract line 2e from line 1	3	66,843,319.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe III Fait Alli.)	4c	-448,822.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	66,394,497.
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	57,803,292.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		1 005 006
е	Add lines 2a through 2d	2e	1,025,896.
3	Subtract line 2e from line 1	3	56,777,396.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Late Ann.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	56,777,396.
	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Page 5

# 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.

APLA HEALTH & WELLNESS

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: \$(448,822) SPECIAL EVENT NET INCOME

SCHEDULE D, PART XII, LINE 2D

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

\$ 448,822 SPECIAL EVENT NET INCOME

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

# **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.

Internal Revenue Service

OMB No. 1545-0047

Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number APLA HEALTH & WELLNESS 84-1661910 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ X Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 AIDS WALK 1,054,234 1,014,234. MZA EVENTS INC. PRODUCER X 40,000 2 DIRECT MAIL CONSULTANT Χ 528,398. C.I. PARTNERS DIRECT 671,635 143,237 3 6 8 9 10 1,725,869. 183,237 1,542,632. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Pa		Fundraising Events. Complemore than \$15,000 of fundrate events with gross receipts great the second	aising event contribut			
		<u> </u>	(a) Event #1 AIDS WALK	(b) Event #2 GRASSROOTS	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,054,234.	19,382.		1,073,616
Ř	2	Less: Contributions Gross income (line 1 minus	1,028,838.	18,735.		1,047,573
	3	line 2)	25,396.	647.		26,043
	4	Cash prizes				
	5	Noncash prizes	23,996.	50.		24,046
sesu	6	Rent/facility costs	11,351.			11,351
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment	1,400.	400.		1,800
	9	Other direct expenses	430,811.	6,857.		437,668
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		474,865 -448,822
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue		\$13,000 0111 01111 990-L2, III	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es		Cash prizes				
xpenses		Noncash prizes				
Direct E)	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9		Enter the state(s) in which the org	anization conducts ga	ming activities:		
a b		Is the organization licensed to con If "No," explain:	duct gaming activities		es?	Yes No
10 a	,	Were any of the organization's gamin	a licenses revoked suc	nanded or terminated de	uring the tay year?	Yes No
k		If "Yes," explain:	y iioerises revokeu, sus	ponded, or lemmated di	anny the tax year:	L res L No

#### APLA HEALTH & WELLNESS

Sched	ule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
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?
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?
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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

# SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
APLA HEALTH & WELLNESS						84-166193	10
Part I General Information on Grants a	nd Assistanc	e					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	nts or assistand	e?					X Yes No
Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIDS UNITED							
1104 14TH STREET NW, SUITE 300	52-1706646	501(C)(3)	55,000.				SUPPORT OF HIV/AIDS
(2) PROJECT ANGEL FOOD							
922 N. VINE ST. LOS ANGELES, CA 90038	95-4115863	501(C)(3)	16,458.				SUPPORT OF HIV/AIDS
(3) LACBA AIDS LEGAL SERVICES PROJECTS							
1055 W, 7TH ST. LOS ANGELES, CA 90017	95-3998111	501(C)(3)	6,305.				SUPPORT OF HIV/AIDS
(4) BEING ALIVE							
6043 HOLLYWOOD BLVD., STE B	95-4137742	501(C)(3)	11,767.				SUPPORT OF HIV/AIDS
_(5)							
(6)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	-	-					4.
3 Enter total number of other organizations I For Paperwork Reduction Act Notice, see the Instru							chedule I (Form 990) 2020

APLA HEALTH & WELLNESS 84-1661910

Schedule I (Form 990) (2020)

art 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
1					
1					

**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 Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► 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 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)						
L	If any of the house on line to are checked did the arranization follows a written nation regarding narrant						
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						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	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:	4a		Х			
a	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Λ			
	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						
3	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.	0.0					
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		Х			
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) 2020

APLA HEALTH & WELLNESS 84-1661910

Schedule J (Form 990) 2020 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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	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 BOWERS	(i)	220,404.	0.	0.	13,327.	10,536.	244,267.	0.
1 VC END 9/20/CMO&CEAO BEG 9/20	(ii)	0.	0.	0.	0.	0.	0.	0.
CRAIG E. THOMPSON	(i)	438,633.	0.	0.	17,400.	3,359.	459,392.	0.
2 <sup>CHIEF</sup> EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBYN GOLDMAN	(i)	297,963.	0.	0.	17,400.	12,633.	327,996.	0.
3 <sup>COO</sup> END 05/21/CFO BEG 05/21	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL GOTTLIEB	(i)	331,590.	0.	25,000.	0.	593.	357,183.	0.
4 <sup>PHYSICIAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN TANGONAN	(i)	267,784.	0.	0.	16,067.	6,163.	290,014.	0.
5 <sup>SITE</sup> MEDICAL DIRETOR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN VITERO	(i)	227,796.	0.	0.	13,668.	14,425.	255,889.	0.
6 DENTAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DONNY FAN	(i)	180,394.	0.	0.	12,160.	50,678.	243,232.	0.
7 <sup>CHIEF</sup> TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JEROME DE VENTE	(i)	297,205.	0.	0.	17,400.	646.	315,251.	0.
8 ASSOCIATE MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
JAY GLADSTEIN	(i)	309,747.	0.	0.	17,400.	15,251.	342,398.	0.
9 <sup>CHIEF</sup> MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNA MELINDA SERRANO	(i)	180,073.	0.	0.	9,507.	13,587.	203,167.	0.
10 NURSING 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) 2020

APLA HEALTH & WELLNESS 84-1661910

Schedule J (Form 990) 2020

# Part III 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 (Form 990) 2020

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

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

Par	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	Х	5.	2,125.	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							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	10.	631,067.	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 V, Donee Acknowledge	ement	29			
	<b>-</b>						Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	•			•	20-		Х
	to be used for exempt purposes for		olding period?			30a		Λ
	If "Yes," describe the arrangement i		rana and Paris de Constitution	and the second				
31	Does the organization have a	-		=		24	Х	
00-	contributions?					31	^	
32a	Does the organization hire or use	•	•			22-	x	
	contributions?					32a	Λ	
	If "Yes," describe in Part II.	amount in -	volumn (a) for a time of	norty for which column (-)	\ ia abaalaad			
33	If the organization didn't report an describe in Part II.	amount in C	olullii (c) for a type of pro	perty for which column (a	, із спескеа,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) 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 M (Form 990) (2020)

## 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

Omage 

Open to Public Inspection

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.

84-1661910

APLA HEALTH & WELLNESS

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

APLA HEALTH & WELLNESS'S MISSION IS TO RESTORE DIGNITY AND TRUST WITHIN UNDERSERVED COMMUNITIES BY PROVIDING WORLD-CLASS LGBTQ+ EMPOWERING HEALTHCARE, SUPPORT SERVICES, AND HIV SPECIALTY CARE.

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION:

APLA HEALTH & WELLNESS PROVIDES PRIMARY MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES, HIV TESTING, PREP AND PEP COUNSELING/TREATMENT, STD SCREENING/TREATMENT IN ITS COMMUNITY HEALTH CENTERS, AND PROVIDES HOME HEALTH, NUTRITION, HOUSING AND BENEFITS ENROLLMENT SERVICES TO HIV POSITIVE INDIVIDUALS AS WELL AS HEALTH EDUCATION & HIV-PREVENTION SERVICES TO THOSE MOST AT RISK.

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 DOWNTOWN DENTAL CLINIC, BEHAVIORAL HEALTH SERVICES AT THE DAVID GEFFEN CENTER IN MID CITY, THE LONG BEACH HEALTH CENTER, AND THE MID-WILSHIRE 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 MID-WILSHIRE HEALTH CENTER PROVIDES PRIMARY MEDICAL CARE, HIV CARE, PREP COUNSELING AND TREATMENT, AND BEHAVIORAL HEALTH SERVICES. THE AGENCY TREATED 10,181 CLIENTS WITH 46,668 VISITS DURING THE YEAR ENDED JUNE 30, 2021.

FORM 990, PART III, LINE 4C

HOME HEALTH PROGRAM:

ADDITIONAL MAJOR OUTCOMES OF THE PROGRAM INCLUDE ADDRESSING ADDICTION AND MENTAL ILLNESS WHICH UNDERMINE STABILITY, HELPING CLIENTS MANAGE A VAST ARRAY OF CO-OCCURRING DISEASES AND DISORDERS, AND DECREASING THE RISK OF TRANSMITTING HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS. THE PROGRAM SERVED 206 CLIENTS DURING THE YEAR END JUNE 30, 2021.

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

MANAGERS AND LANDLORDS.

Employer identification number

84-1661910

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; LINKAGE AND RETENTION IN CARE SUPPORT SERVICES; BENEFITS COUNSELING; SERVICES TO THOSE AGING WITH HIV; PREP/PEP NAVIGATION; AND RESEARCH PROJECTS.

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 FINANCE 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

Name of the organization

APLA HEALTH & WELLNESS

Employer identification number

84-1661910

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.

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 VII, LINE 12

BOARD MEMBER COMPENSATION:

CRAIG BOWERS' COMPENSATION IS RELATED TO HIS WORK AS CHIEF MARKETING AND EXTERNALS AFFAIR OFFICER, AND NOT FOR HIS TIME SERVED AS A BOARD MEMBER.

FORM 990, PART IX, LINE 26

JOINT COST ALLOCATION:

THE ORGANIZATION HAD TOTAL JOINT COSTS IN FY 2021 OF \$319,853 TO EXPAND

OUTREACH FOCUSED ON ACHIEVING HEALTH CARE EQUITY AND PROMOTING WELL-BEING

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

FOR THE LGBT AND OTHER UNDERSERVED COMMUNITIES AND TO RAISE FUNDS. OF THOSE COSTS, \$222,682 WAS ALLOCATED TO FUNDRAISING AND \$97,171 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

ATTACHMENT 1

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

HAVE THEREFORE BEEN SHOWN ON PART VIII, LINE 8B.

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BALDWIN HILLS INVESTORS, LTD. 141 EL CAMINO DR., SUITE 207 BEVERLY HILLS, CA 90212	RENT	1,056,899.
PARKER BROWN 6727 VARIEL AVE CANOGA PARK, CA 91303	CONSTRUCTION	552,316.
ENVOY HEALTH CARE, INC. 500 N. CENTRAL AVE., SUITE 935 GLENDALE, CA 91203	HOME HEALTH	448,040.
CAMBRIAN HOMECARE 5199 E. PACIFIC COAST HWY., SUITE 100 LONG BEACH, CA 90804	HOME HEALTH	406,657.
DONALD PARKER SEPARATE PROPERTY TRUST 4370 TUJUNGA AVE., SUITE 220 STUDIO CITY, CA 91604	RENT	411,729.

#### **SCHEDULE R** (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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 number APLA HEALTH & WELLNESS 84-1661910

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	<b>(b)</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 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) THE GLOBAL FORUM ON MSM & HIV (MSMGF) 47-1065461							
C/O APLA HEALTH 611 S KINGSLEY LOS ANGELES, CA 90005	SEE PART VII	CA	501(C)(3)	7	APLA H&W	X	
(2)							
_(3)	-						
_(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2020

JSA

APLA HEALTH & WELLNESS 84-1661910

Schedule R (Form 990) 2020 Page **2** 

(a) Name, address, and EIN of related organization	<b>(b)</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		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		(k) Percentage ownership
		Country)		36010113 312 - 314)			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														

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 income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(6)

(7)

APLA HEALTH & WELLNESS 84-1661910

Page 3

Schedule R (	(Form 990) 2020
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 N	ю
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ
	Gift, grant, or capital contribution from related organization(s)				1c		Χ
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		Χ
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Χ
	Sale of assets to related organization(s)				1g		Χ
	Purchase of assets from related organization(s)				1h		Χ
	Exchange of assets with related organization(s)				1i		Χ
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
,							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
	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		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Χ
	Sharing of paid employees with related organization(s)				10		Χ
·	onaring of paid omployood with foldiod organization(o)						
n	Reimbursement paid to related organization(s) for expenses				1р		Χ
-	Reimbursement paid by related organization(s) for expenses				1q	Х	_
ч	Trembursement paid by related organization(s) for expenses 1111111111111111111111111111111111						
	Other transfer of cash or property to related organization(s)				1r		Χ
	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 the	this line, including cove	ered relationships and trans	action thre		 3.	_
	(a)	(b)	(c)		(d)		_
	Name of related organization	Transaction	Amount involved	Method	of dete unt invo		
		type (a-s)		amou	טאווו ווועט	iveu	
(1)	THE GLOBAL FORUM ON MSM & HIV (MSMGF)	Q	169,880.	FMV			
(2)							
(3)							
							_
(4)							
							_
(5)							
							_
(6)							

JSA

Schedule R (Form 990) 2020

APLA HEALTH & WELLNESS 84-1661910

Schedule R (Form 990) 2020

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Organizations:		(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
(4)			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) 2020

Page 4

Part VI

Schedule R (Form 990) 2020 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:

PROMOTING THEIR HEALTH AND HUMAN RIGHTS WORLDWIDE.

THE PRIMARY ACTIVITY OF THE GLOBAL FORUM ON MSM & HIV (MSMGF) D/B/A MPACT GLOBAL ACTION FOR GAY MEN'S HEALTH & RIGHTS ADVOCATES FOR EQUITABLE ACCESS TO EFFECTIVE HIV PREVENTION, CARE, TREATMENT AND SUPPORT SERVICES FOR GAY MEN AND BISEXUAL MEN, INCLUDING THOSE LIVING WITH HIV, WHILE

Form **990-T** 

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

		For cale	ndar year 2020 or other tax year beginning $\phantom{00000000000000000000000000000000000$	1	20 <b>20</b>					
	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.	L	On an de Bublic leanneties for					
Interna	al Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only					
Α _	Check box if address changed.			-	yer identification number					
		<b>D</b>	APLA HEALTH & WELLNESS		1661910					
	empt under section	Print or		E Group exemption number (see instructions)						
X	501(C)(3)	Туре	611 S KINGSLEY DR	`	,					
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code							
	408A 530(a)		LOS ANGELES, CA 90005		Check box if an amended return.					
	529(a)529A		k value of all assets at end of year \$\ \rightarrow\$ 40,810,614.							
	heck organization t				applicable reinsurance entity					
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 24							
			ation filing a consolidated return with a 501(c)(2) titleholding corporation							
			Schedules A (Form 990-T)							
	-		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No					
	· · · · · · · · · · · · · · · · · · ·		identifying number of the parent corporation	0.01	1546					
L TI	ne books are in care	e of ► 1	ROBYN GOLDMAN, CFO Telephone number ▶ 213-	201-	-1546					
			C11 G WINGGI BY DD							
			511 S. KINGSLEY DR.							
			LOS ANGELES CA 90005							
Pai			Business Taxable Income	1						
1			ness taxable income computed from all unrelated trades or businesses (see							
				1						
2				2						
3				3						
4			see instructions for limitation rules)	4						
5			axable income before net operating losses. Subtract line 4 from line 3	5	0.					
6			g loss. See instructions	6						
7			ness taxable income before specific deduction and section 199A deduction.							
				7						
8			ally \$1,000, but see instructions for exceptions)	8						
9			uction. See instructions	9						
10			es 8 and 9	10						
11	Unrelated busin	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
				11	0.					
Pai	rt			1						
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1						
2		Г	rates. See instructions for tax computation. Income tax on the amount on							
	Part I, line 11 fron	_	Tax rate schedule or Schedule D (Form 1041)	2						
3			·	3						
4			structions	4						
5	Alternative minim	um tax (1	trusts only)	5						
6			lity income. See instructions	6						
7			6 to line 1 or 2, whichever applies	7						
ror I	-aperwork Reduct	ION ACT	Notice, see instructions.		Form <b>990-T</b> (2020)					

JSA 0X2740 1.000

# 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	-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	number (TIN)						
orint	APLA HEALTH & WELLNESS			84-166191	51910						
ile by the	Number, street, and room or suite no. If a P.O. box, see instructions.										
lue date for 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				
Form 990-BI		02	Form 1041-A				08				
orm 4720	,	03	Form 4720 (other tha	09							
Form 990-PF		04	Form 5227		10						
	(sec. 401(a) or 408(a) trust)	05	Form 6069								
-01111 990-1	(trust other than above)  ROBYN GOLDMAN,	06	Form 8870				12				
Telephone If the orga If this is for the whole Is the with the	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 ion is for.	Fax No.   the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the control of the group, check the group is the group that the group is the group is the group that the group that the group is the group that the group is the group that the group is the group that the group that the group that the group is the group that th	ck this box		If t and a	this is				
	est an automatic 6-month extension of time un			22_, to file the exemp	t org	anıza	tion return				
2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 07/  ax year entered in line 1 is for less than 12 methange in accounting period	<u>01</u> , 20 <u>20</u>	o, and ending	06/30 , eturn	_	<u>21</u> .					
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the	tentative tax, less any							
nonrefu	undable credits. See instructions.				3a	\$	0.				
<b>b</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.				
	e 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.				
Caution: If you	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 88	79-EO	for payment				
nstructions.											
or Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n <b>886</b> 8	<b>8</b> (Rev. 1-2020)				

Par	t III	Tax and Payments									
1 a	Foreign	tax credit (corporations attach Form 1118; tru	usts attach Form 1116).		1a						
b	Other of	redits (see instructions)		<u>L</u>	1b						
С	Genera	ll business credit. Attach Form 3800 (see instru	ctions)		1c						
d	Credit f	or prior year minimum tax (attach Form 8801 of	or 8827)		1d						
е	Total c	redits. Add lines 1a through 1d						1e			
2	Subtrac	ct line 1e from Part II, line 7	<u></u> <u></u> .					2			
3	Other ta	xes. Check if from: Form 4255 Form 861	1 Form 8697 Form 8697	orm 8866							
		Other (attach statement) .						3			
4		ax. Add lines 2 and 3 (see instructions).									
	section	1294. Enter tax amount here						4			0.
5	2020 n	et 965 tax liability paid from Form 965-A or Fo	orm 965-B, Part II, column (	(k), line 4	٠.,			5			
6 a	Payme	nts: A 2019 overpayment credited to 2020		🗠	6a						
b	2020 e	stimated tax payments. Check if section 643(g	g) election applies	<u> </u>	6b						
С	Tax dep	posited with Form 8868		🗠	6с						
d	•	organizations: Tax paid or withheld at source	,		6d						
е	Backup	withholding (see instructions)		🗠	6e						
f		or small employer health insurance premiums			6f						
g	Other c	redits, adjustments, and payments: Form 2	2439								
			To								
7		ayments. Add lines 6a through 6g						7			
8		ted tax penalty (see instructions). Check if Forn						8			
9		e. If line 7 is smaller than the total of lines 4, 5									
10	•	yment. If line 7 is larger than the total of lines		overpaid			>				
11		e amount of line 10 you want: Credited to 2021 estin				Refunde					
Par		Statements Regarding Certain A				· · · · · · · · · · · · · · · · · · ·				T.,	
1		time during the 2020 calendar year, did				_				Yes	No
		financial account (bank, securities, or ot	· · ·			-					
		Form 114, Report of Foreign Bank and	f Financial Accounts. If	f "Yes,"	ente	er the name of	the	foreig	n country		7.7
	here <b>•</b>										X
2	_	the tax year, did the organization rece				-					37
		trust?									X
_		" see instructions for other forms the organization	•								
3		ne amount of tax-exempt interest received or a									v
		organization change its method of accounting									X
b		is "Yes," has the organization described	ŭ								
Par		in Part V			• • •				<u></u>		
		Supplemental Information									
Provi	de the ex	xplanation required by Part IV, line 4b. Also, pro	ovide any other additional	informat	ion. S	See instructions.					
		SUPPLEMENTAL INFORMATION AT	TACHED								
			1110111111								
	U	nder penalties of perjury, I declare that I have examined	this return, including accompa	nying sched	dules a	and statements, and to	the	best of r	ny knowledge	and beli	ief, it is
Sigr	+-	ue, correct, and complete. Declaration of preparer (other than					_				
Her									IRS discuss preparer sl		
		ignature of officer	Date T	itle			_	ee instruct		es	No
		Print/Type preparer's name	Preparer's signature		Di	ate			PTIN		
Paid		BRIAN D TODD					Che self-	ck L i -employe	f P004	12260	1
Prep		Firm's name BKD, LLP	1					's EIN ▶			
Use	Only	Firm's address > 910 E ST LOUIS #200/	PO BOX 1190, SPRING	GFIELD	, MO	65806-2523			17-865-		
JSA 0Y274	1 1 000								Form 9		(2020)
UAZ14	1 1.000										,

#### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER:

LINE NUMBER:

#### EXPLANATION:

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.