

#### **Public Disclosure Copy**

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the 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. The public inspection requirement applies to the Form 990 (and 990-T if applicable) and all required schedules and attachments. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

#### 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. As an alternative to providing copies, an organization may provide access to its Form(s) 990 (and 990-T, if applicable) through the organization's website. The website must provide instructions for downloading the document(s). The information on the website 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.

#### **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. 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.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

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

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

▶ 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.

and ending

A F	or th	e 202	2 calendar year, or tax year begir	nning 07/01/202	2	and ending		06/	/30/2023
ь.			C Name of organization				D Employer ic	lentific	ation number
В	heck if ap	pplicable:	APLA HEALTH & WELLNES	SS					
	Addre		Doing Business As APLA HEAL	TH			84	-166	51910
	7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	1	Room/suite	E Telephone r	number	
	Initial	l return	611 S KINGSLEY DR				(2	13)2	201-1600
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code			,	,-	
	Amer	nded	LOS ANGELES, CA 90005	5			<b>G</b> Gross recei	ots \$	91,358,520.
		cation	F Name and address of principal officer:	CRAIG E. THOM	PSON		H(a) Is this a gro	oup retur	
	pendi	ing	611 S. KINGSLEY DR.,				subordinate H(b) Are all subor		
$\overline{}$	Тах-ех	empt st		<u> </u>	4947(a)(1) o	r 527			(see instructions)
÷			WWW.APLAHEALTH.ORG	) (macrino.)	+5+1 (a)(1) 0	1 327	H(c) Group exen		
<u>к</u>				Association Other		I Year of fo	ermation: 2005 M		· · · · · · · · · · · · · · · · · · ·
$\overline{}$	art I		mmary	7100001411011		<b>1</b> 1001 01 10		Otato	or regar definition. CA
			describe the organization's mission of	r most significant activities:	7\ DT.7\ 1	עבאויים או	ID WELLNESS!	MTC	OT DI MOIDS
ø			TORE DIGNITY AND TRUST W						
ů			LD-CLASS LGBTQ+ EMPOWERI				31 FICOVIDING		
ern.	2		this box if the organization d				25% of its not asso		
Governance	3		per of voting members of the governing	-	•			3	17
<u>«</u>	4	Numb	er of independent voting members of t	he governing body (Part VI	line 1h)			4	17
ies	5		number of individuals employed in cale					5	349
Activities &	6							6	3,221
Act	_	Total	number of volunteers (estimate if necess unrelated business revenue from Part V	III. column (C) line 12				7a	3,221
			nrelated business taxable income from					7b	NONE
_	- 5	ivet ui	meiated business taxable income from	FOITH 990-1, IIIIE 34			Prior Year	7.0	Current Year
	8	Contri	ibutions and grants (Part VIII line 1h)	-			19,035,4	56	21,920,400.
Revenue	9	Drogr	ibutions and grants (Part VIII, line 1h)	FOR	54,295,2		62,597,413.		
Ver	10	Invocat	am service revenue (Part VIII, line 2g)	2 2 4 and 7d\	PUBLIC IN	SPECTION	251,1		278,005.
Re	11		revenue (Part VIII, column (A), lines 5,			——————————————————————————————————————	-388,4		-612,345.
	12								
	13		revenue - add lines 8 through 11 (must sand similar amounts paid (Part IX, colu				73,193,4		84,183,473.
	14							ONE	204,972. NONE
	4-		its paid to or for members (Part IX, colues, other compensation, employee bene				24,064,7	_	28,029,044.
Expenses	15								
ben	Ioa	Total	ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	n (A), line i ie)	0 000		109,6	03.	217,772.
Ĕ	17						42,319,8	20	52,863,833.
	18	Total	expenses (Part IX, column (A), lines 11 expenses. Add lines 13-17 (must equal	Port IV column (A) line 25		• • • • •	66,672,9		81,315,621.
			nue less expenses. Subtract line 18 from				6,520,4	_	2,867,852.
-Se		Kevei	rue less expenses. Subtract line to from	Tille IZ.,			Seginning of Current		End of Year
ance	20	Total	coacte (Port V. line 16)			-	54,378,6	_	
Asse Bala	21		assets (Part X, line 16)				11,864,4		70,732,021.
Net Assets or Fund Balances	22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21				42,514,2	_	23,854,958.
	rt II		anature Block	Hom line 20			42,314,2	0 / .	46,877,063.
			of perjury, I declare that I have examined this	is return including accompan	vina schedul	es and statemer	nts and to the hest o	of my k	nowledge and helief it is
			complete. Declaration of preparer (other than					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sig	jn		Signature of officer				Date		
He	re		•						
			Type or print name and title						
			Type preparer's name	Preparer's signature		Date	Chask	if P	TIN
Paid	d						Check self-employ	ן יי ∟	
Pre	parer		AN D TODD	BRIAN D TODD					P00422601
Use	Only		s name FORVIS, LLP	/DO DOY 1100 CDDINGETT	D MO (F00	6 2522	Firm's EIN		17 065 0701
May	/ the I		saddress > 910 E ST LOUIS #2007 cuss this return with the preparer show	PO BOX 1190 SPRINGFIELD  n above? (see instructions)			Phone no.	41	17-865-8701 X Yes No
_			Reduction Act Notice, see the separat			<u> </u>	<u> </u>		X Yes No
. 01	. apc	. ** ** *	moderation not incline, acc the acpairal						1 OHH & & (2022)

### Form **8868**

(Rev. January 2022)

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 filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on th	e electronic
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		
-	ons required to file an income tax return oth		•	20-C filers), partnerships, REMICs	s, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	
<b>print</b> File by the	APLA HEALTH & WELLNESS  Number, street, and room or suite no. If a P.O. bo.	x. see instruc	ctions	84-1661910	
due date for filing your return. See	611 S KINGSLEY DR City, town or post office, state, and ZIP code. For				
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
ls For		Code	Is For		Code
	r Form 990-EZ	01	Form 1041-A		08
Form 4720	,	03	Form 4720 (other tha	n individual)	09
Form 990-PF		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above) (corporation)	06 07	Form 8870		12
<ul> <li>If the orga</li> <li>If this is for the whole</li> <li>a list with the</li> </ul>	e No. ► 213 201–1546  anization does not have an office or place of the property of the prope	business in ur digit Grof fit is for paion is for.	Fax No. ▶  n the United States, check the pup Exemption Number (art of the group, check the properties of the group, check the group th	ck this box	his is tach
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 m change in accounting period	01_, 202 <u>2</u>	, and endingck reason: Initial re	eturn Final return	
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the ten	tative tax, less any 3a \$	NONE
estima	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit	undable credits and	NONE
	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Systen	•	' '	orm, if required, by 3c \$	NONE
Caution: If your instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,		
Can Duissans A	at and Denamicals Dedication Act Notice are instru			F 00C0	(D 4 0000)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form 990 (2022) Page **2** 

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1 Br	iefly describe the organization's mission:
_5	EE SCHEDULE O FOR ADDITIONAL INFORMATION.
_	
	d the organization undertake any significant program services during the year which were not listed on the
	or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
	d the organization cease conducting, or make significant changes in how it conducts, any program
	rvices?Yes X No
	Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measured by
ех	penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, a total expenses, and revenue, if any, for each program service reported.
4a (C	
_	PLA HEALTH AND WELLNESS IS A FEDERALLY QUALIFIED HEALTH CENTER  FQHC) PROVIDING LOW AND NO COST MEDICAL, DENTAL AND BEHAVIORAL
_	EALTH SERVICES TO LOW INCOME INDIVIDUALS, INCLUDING THOSE LIVING
_	ITH HIV/AIDS. THE GLEICHER/CHEN HEALTH CENTER IN SOUTH LOS
_	NGELES OFFERS ENROLLMENT ASSISTANCE, PRIMARY CARE, HIV CARE, PREP
_	ND PEP COUNSELING AND TREATMENT, STD SCREENING AND TREATMENT,
_	ENTAL CARE AND BEHAVIORAL HEALTH SERVICES. THE DOWNTOWN DENTAL
_	LINIC OFFERS COMPREHENSIVE DENTAL SERVICES. SEE SCHEDULE O FOR
Z	DDITIONAL INFORMATION.
	Ode:)(Expenses \$4,035,265. including grants of \$)(Revenue \$) THE VANCE NORTH NECESSITIES OF LIFE PROGRAM, (NOLP) PROVIDES FREE OOD AND HYGIENE ITEMS AND NUTRITION EDUCATION TO LOW-INCOME MEN, OMEN AND FAMILIES LIVING WITH HIV/AIDS THROUGHOUT THE COUNTY OF OS ANGELES. DURING THE PAST YEAR, NOLP PROVIDED 1,729 CLIENTS A OTAL OF 177,482 BAGS OF GROCERIES.
_	
_	
_	
	ode:) (Expenses \$3,803,259. including grants of \$) (Revenue \$2,470,892)
_	HE HOME HEALTH PROGRAM PROVIDES INTENSIVE NURSE AND SOCIAL WORK
_	ASE MANAGEMENT TO HIV POSITIVE CLIENTS IN LOS ANGELES COUNTY WHO
_	RE IN DANGER OF FALLING INTO INSTITUTIONALIZED CARE OR OUT OF
_	ARE ENTIRELY. THE PROGRAM ALSO PROVIDES ADDITIONAL IN-HOME
_	ERVICES SUCH AS ATTENDANT CARE AND PSYCHOTHERAPY IN ORDER TO
_	PROMOTE INDEPENDENT LIVING, QUALITY OF LIFE, AND MAXIMIZE HEALTH
_	UTCOMES. THE PROGRAM HELPS CLIENTS STAY IN THEIR OWN HOMES  THEREBY REDUCING THE NEED FOR COSTLY SKILLED NURSING OR EXTENDED
_	HEREBY REDUCING THE NEED FOR COSTLY SKILLED NURSING OR EXTENDED  ARE PLACEMENTS, AND REDUCES THE BARRIERS TO EFFECTIVE HIV
_	REATMENT THEREBY HELPING LIMIT HIV-DISEASE PROGRESSION. SEE
_	CHEDULE O FOR ADDITIONAL INFORMATION.
	her program services (Describe on Schedule O.)  xpenses \$ 13,364,014. including grants of \$ 204,972. ) (Revenue \$ 401,499. )
	xpenses \$ 13,364,014. including grants of \$ 204,972. ) (Revenue \$ 401,499. ) tal program service expenses 74,724,013.

JSA 2E1020 1.000 Form **990** (2022)

Form 990 (2022)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		21
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			- 21
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11.5		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	]		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2022) Page 4

Part	V Checklist of Required Schedules (continued)		·	-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		3.7
20	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 the Schedule L,			
•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -	v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	y aau	(2022)
2E1030	2.000	LOIM	550	(2022)

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
	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 349								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	9a							
	Did the sponsoring organization make any taxable distributions under section 4966?	9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	44-		37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v					
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
10	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes." complete Form 6069.								

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Part VI

Governance, Management, a	and Disclosure.	For each	"Yes"	response	to lines 2	2 through	7b belov	v, and t	or a	"No
response to line 8a, 8b, or 10b b	below, describe the	e circumsta	ances,	processes	, or chan	ges on S	chedule O.	See ins	struct	ions
Check if Schedule O contains a r	response or note to	o any line i	n this F	Part VI						x

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	17			
	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	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	shin with			
_	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
3	supervision of officers, directors, trustees, or key employees to a management company or other			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to e					
ı a	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
b	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
•	the year by the following:	ortant	in during			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-				
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review are					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			45-	37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		-	16a		X
	with a taxable entity during the year?			100		21
D	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					
	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 CA,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)	990.	and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.	J 000 1	,5501		J . (U)
	Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents.	conflict of	inter	est p	olicv.
	and financial statements available to the public during the tax year.					- ,,
20	State the name, address, and telephone number of the person who possesses the organization's	books	and records	S		
	KRISTINA DIXON, CFO 611 S. KINGSLEY DR. LOS ANGELES, CA 90005					

213-201-1546

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

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(1) CRAIG THOMPSON	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	rson	e than control Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
CHIEF EXECUTIVE OFFICER	(4) CDATC THOMPSON	40.00									
C2	_ ` /				v				529 321	NONE	32 827
CHIEF MEDICAL OFFICER					Δ.				327,321.	INOINE	32,027.
CHIEF FINANCIAL OFFICER   2.00   X   319,827.   NONE   34,701.		_				x			347.351	NONE	35.840
CHIEF FINANCIAL OFFICER   2.00		_				21			317,331.	110111	33,010.
ASSOCIATE MEDICAL DIRECTOR   NONE   X   308,765.   NONE   19,594.		-			х				319,827.	NONE	34.701.
ASSOCIATE MEDICAL DIRECTOR NONE X 308,765. NONE 19,594.  (5) MICHAEL GOTTLIEB 40.00 PHYSICIAN NONE X 313,036. NONE 1,015. (6) KEVIN TANGONAN 40.00 SITE MEDICAL DIRECTOR NONE X 264,374. NONE 24,279.  (7) STEVEN VITERO 40.00 DENTAL DIRECTOR NONE X 235,469. NONE 30,616.  (8) CRAIG BOWERS 40.00 CHIEF MARKETING & EXTERNAL AFF NONE X 237,175. NONE 24,616. (9) FRANCISCA MATA 40.00 PHYSICIAN NONE X 224,983. NONE 21,458.  (10) ALAN R. WALDEN 1.50 TREASURER NONE X X NONE NONE NONE NONE (11) ANTHONY HENDERSON 1.50 DIRECTOR NONE X NONE NONE NONE NONE (12) CHAD FRANKS 1.00 DIRECTOR NONE X NONE NONE NONE NONE (13) CHRISTOPHER TANG 1.00 DIRECTOR NONE X NONE NONE NONE NONE NONE (14) CODY SISCO 1.00 DIRECTOR NONE X NONE NONE NONE NONE NONE NONE (14) CODY SISCO 1.00 DIRECTOR NONE X NONE NONE NONE NONE NONE NONE (14) CODY SISCO 1.00 DIRECTOR NONE X NONE NONE NONE NONE NONE NONE NO		_							015/02/1	1,01,1	317.011
C5 MICHAEL GOTTLIEB	_ \	_				X			308,765.	NONE	19,594.
Column		40.00							,		
SITE MEDICAL DIRECTOR	PHYSICIAN	NONE					X		313,036.	NONE	1,015.
C7 STEVEN VITERO	(6) KEVIN TANGONAN	40.00									
DENTAL DIRECTOR	SITE MEDICAL DIRECTOR	NONE					Х		264,374.	NONE	24,279.
(8) CRAIG BOWERS       40.00       X       237,175.       NONE       24,616.         (9) FRANCISCA MATA       40.00       X       224,983.       NONE       21,458.         (10) ALAN R. WALDEN       1.50       X       X       NONE	(7) STEVEN VITERO	40.00									
CHIEF MARKETING & EXTERNAL AFF         NONE         X         237,175.         NONE         24,616.           (9) FRANCISCA MATA         40.00         X         224,983.         NONE         21,458.           (10) ALAN R. WALDEN         1.50         X         NONE         NONE	DENTAL DIRECTOR	NONE					Х		235,469.	NONE	30,616.
(9) FRANCISCA MATA         40.00           PHYSICIAN         NONE         X         224,983.         NONE         21,458.           (10) ALAN R. WALDEN         1.50         NONE         X         X         NONE	(8) CRAIG BOWERS	40.00									
PHYSICIAN	CHIEF MARKETING & EXTERNAL AFF	NONE					X		237,175.	NONE	24,616.
(10) ALAN R. WALDEN         1.50           TREASURER         NONE         X         X         NONE	(9) FRANCISCA MATA	40.00									
TREASURER         NONE         X         X         NONE         NONE         NONE           (11) ANTHONY HENDERSON         1.50         X         NONE	PHYSICIAN	NONE					X		224,983.	NONE	21,458.
(11) ANTHONY HENDERSON         1.50           DIRECTOR         NONE         X           (12) CHAD FRANKS         1.00           DIRECTOR         NONE         X           (13) CHRISTOPHER TANG         1.00           DIRECTOR         NONE         X           NONE         NONE         NONE           (14) CODY SISCO         1.00           DIRECTOR         NONE         X           NONE         NONE         NONE	(10) ALAN R. WALDEN	1.50									
DIRECTOR         NONE         X         NONE         NONE         NONE           (12) CHAD FRANKS         1.00	TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) CHAD FRANKS         1.00           DIRECTOR         NONE         X         NONE         NONE         NONE           (13) CHRISTOPHER TANG         1.00         X         NONE	(11) ANTHONY HENDERSON	1.50									
DIRECTOR         NONE         X         NONE         NONE         NONE           (13) CHRISTOPHER TANG         1.00  <	DIRECTOR	NONE	X						NONE	NONE	NONE
(13) CHRISTOPHER TANG         1.00           DIRECTOR         NONE         X           (14) CODY SISCO         1.00           DIRECTOR         NONE         X           NONE         NONE         NONE	(12) CHAD FRANKS	1.00									
DIRECTOR NONE X NONE NONE NONE (14) CODY SISCO 1.00 DIRECTOR NONE X NONE NONE NONE NONE	DIRECTOR	NONE	X						NONE	NONE	NONE
(14) CODY SISCO   1.00     DIRECTOR   NONE     X   NONE     NONE   NONE     NONE   NONE	(13) CHRISTOPHER TANG	1.00									
DIRECTOR NONE X NONE NONE NONE		NONE	X						NONE	NONE	NONE
	<u>`</u>										
	DIRECTOR	NONE	X						NONE	NONE	

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do l	ant of		ition	o than a		Reportable	Reportable		timated	
	hours per week (list any	,				e than or is both a		compensation from	compensation from related		ount of	Ī
	hours for	office	er and	ad	lirect	or/truste	ee)	the	organizations		pensati	on
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High emp	Former	organization	(W-2/1099-MISC)		om the	_
	organizations below dotted	/idu:	tutic	ĕ	emp	lest	ner	(W-2/1099-MISC)		-	anizatio d related	
	line)	or tr	mal		oloye	e com				orga	nization	ns
		ıste	trus		ě	pen						
		U	lee			Highest compensated employee						
15) JAMES PATTON III	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
16) JESSIE L. MCGRATH	1.50											
SECRETARY	NONE	Х		Х				NONE	NONE			NONE
17) JOHN SEALY	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
18) JOHN SQUATRITTO	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
19) LEE KLOSINSKI	1.50											
VICE CHAIR	NONE	Х		Х				NONE	NONE			NONE
20) LINDSEY MORRISON	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
21) M'ALYSSA MECENAS	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
22) MARICELA DE RIVERA	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
23) PETER PERKOWSKI	3.00											
CHAIR	NONE	Х		Х				NONE	NONE			NONE
24) PAULA CANNON	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
25) MARK KADZIELSKI	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
1b Sub-total							$\blacktriangleright$	2,780,301.	NONE		224,	946.
c Total from continuation sheets to Part VII							$\blacktriangleright$	NONE	NONE			NONE
d Total (add lines 1b and 1c)							<b>&gt;</b>	2,780,301.	NONE		224,	946.
2 Total number of individuals (including but n		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organiza	tion <b>&gt;</b>					56						
											Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3		
4 For any individual listed on line 1a, is th	e sum of rer	oortah	ole c	nm	ner	sation	ו או	nd other compen	sation from the			
organization and related organizations	greater than	\$15	50.0	00?	)   <sub> </sub>	"Yes	"	complete Schedu	le J for such			
individual										4		
5 Did any person listed on line 1a receive												
for services rendered to the organization? If										5		

Section B. Independent Contractors

1 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

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

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Part VI Section A. Officers, Directors, T	rustees, Ke	ey En	npic	ye	es,	and F	lıgı	hest Compensat	ed Employe	<b>؛es</b> (¢	ontinuec	d)
(A)	(B)			(	C)			(D)	(E)		. (	(F)
Name and title	Average			Pos	sition			Reportable	Reportabl	ie	Esti	mated
	hours per	(do	not cl	heck	mor	e than o	ne	compensation	compensation		amo	ount of
	week (list any					is both		from	related		of	ther
	hours for				_	tor/trust		the	organizatio	ns	comp	ensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-M	/IISC)	fror	m the
	organizations	dire	<del>[</del>	ice	en en	hes	me	(W-2/1099-MISC)	,		_	nization
	below dotted	dividual t	l ti	,	뤛	st co	"					related
	line)	T E	a t		Уe	) m					organ	nizations
		stee	ns		Ι Φ	Den					ì	
		0	ee			compensated ee					ì	
						be						
26) NATALIE RAMOS	1.00										ì	
DIRECTOR	NONE	X						NONE	: 1	NONE	ì	NONI
	-+	1									ì	
											ì	
											ì	
	-+	1									ì	
		1									ì	
											ì	
		1									ì	
		-								$\overline{}$		
		-									ì	
											ì	
											ì	
	-+	-									ì	
											ì	
		1									ì	
		1									ì	
1b Sub-total												
c Total from continuation sheets to Part VII,	Section A						$\triangleright$				ì	
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but no							- ro	soived more than	\$100 000 of			
, ,		nose	iiste	ua	DOV	e) wiic	ле	ceived more man	\$ 100,000 01			
reportable compensation from the organizat	ion 🕨											
											,	Yes No
3 Did the organization list any former of	ficer directo	or or	tri	ıcta	Δ.	kev e	mn	lovee or highes	t compensat	ted		
employee on line 1a? If "Yes," complete Sche											3	Х
• •											3	Λ
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	satior	n ai	nd other compen	sation from t	he		
organization and related organizations	greater than	\$15	50,0	00?	? It	"Yes	s,"	complete Schedu	ile J for su	ıch		
individual											4	X
5 Did any person listed on line 1a receive of									on or individu	ual		
for services rendered to the organization? If											5	v
	res, comple	16 30	ieuu	iie c	) 101	Sucri	per	3011				X
Section B. Independent Contractors												
1 Complete this table for your five highest co												
compensation from the organization. Report	t compensati	on fo	r the	ca	lend	dar ye	ar e	ending with or witl	nin the organ	izatio	n's tax	
year.												
								<b></b>				
(A)								(B)		_	(C)	
SEE SCHEDULE O Name and business a	adaress							Description of se	ervices		compensa	ation
							+					
							+					
							1					
2 Total number of independent contractors				nite	d to	thos	se li	isted above) who	received			
more than \$100,000 in compensation from	the organiza	tion 🕽	<b>&gt;</b>					19				

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### Part VIII Statement of Revenue

		Check if Schedule O	contains a re	espor	nse or note to an	y line in this Part V	/111		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		1b					
פֿעַ	С	Fundraising events	[	1c	1,252,586.				
fts, Ir A	d	Related organizations		1d					
ਲੁੰ≅	e	Government grants (contrib		1e	16,207,865.				
ns, Sin	f	All other contributions, gifts	· · · · · ·						
rti er		and similar amounts not includ		1f	4,459,949.				
ğ	g	Noncash contributions incl							
dr	"	lines 1a-1f		1g	<b>\$</b> 1,382,465.				
ಇ ೧	h	Total. Add lines 1a-1f	_			21,920,400.			
					Business Code				
မွ	2a	NET PATIENT SERVICE			624100	58,864,262.	58,864,262.		
هٍ ₹	١.	MEDI-CAL WAIVER			624100	2,454,342.	2,454,342.		
Se	b	MANAGEMENT SERVICES			623000	879,999.	879,999.		
am sve	C	OTHER REVENUE			624100	156,640.	156,640.		
Re	d	ADAP			624100	122,200.	122,200.		
Program Service Revenue	e				900099	119,970.	119,970.		
_	f g	All other program service re <b>Total.</b> Add lines 2a-2f				62,597,413.			
	3	Investment income (inclu				, , , , ,			
	"	other similar amounts)	-			308,991.			308,991.
	4	Income from investment of				NONE			
	5	B 10	•		proceeds .	NONE			
			(i) Rea		(ii) Personal				
	6a	Gross rents 6a			. ,				
	١.	Less: rental expenses 6b							
	b	Rental income or (loss) 6c		NONE	NONE				
	۲ C	Net rental income or (loss)				NONE			
	d 7a	Gross amount from	(i) Securi		(ii) Other	NONE			
	/ a		(1) 000011		(, 6.1.6.				
			6,388	005					
4		,	0,500	,,055.					
evenue	b	Less: cost or other basis	6,419	001					
, ve		and sales expenses 7b		,986.					
≃	١.	Gain or (loss)				-30,986.			-30,986.
Other	a	• ,				30,700.			30,700.
5	8a		fundraising 1,252,586.						
		overtte (net merdanig ¢							
		of contributions reported			142,821.				
	.	1c). See Part IV, line 18		8a 8b	755,166.				
	b	Less: direct expenses Net income or (loss) from f			-	-612,345.			-612,345.
	C		_	VEITE		312,313.			012,515.
	9a	Gross income from	gaming	00	NONE				
	.	activities. See Part IV, line 1			NONE				
	b	Less: direct expenses Net income or (loss) from			1	NONE			
	C	` ,		villes .		NOME			
	10a	Gross sales of inventeurns and allowances	•	100	NONE				
					NONE				
	b	b Less: cost of goods sold		orv.		NONE			
<b>'</b> 0		31 21 3. (.000) Holli 0		,	Business Code	HOME			
Miscellaneous Revenue	11-								
nue	11a								
els	b								
Re	c d	All other revenue							
Σ	e	Total. Add lines 11a-11d				NONE			
	12	Total revenue. See instruct				84,183,473.	62,597,413.		-334,340.
									<u> </u>

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,				(D)		
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses		
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез		
	and domestic governments. See Part IV, line 21	204,972.	204,972.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and	NONE					
	foreign individuals. See Part IV, lines 15 and 16	NONE					
	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors, trustees, and key employees	1,628,226.	1,075,184.	468,880.	84,162.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
_	persons described in section 4958(c)(3)(B)	NONE	10.005.440	1 066 600	600 000		
7	Other salaries and wages	21,582,022.	19,035,440.	1,866,692.	679,890.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	848,812.	733,352.	94,182.	21,278.		
9	Other employee benefits	2,236,655.	1,977,855.	198,189.	60,611.		
10	Payroll taxes	1,733,329.	1,488,469.	195,772.	49,088.		
11	Fees for services (nonemployees):						
	Management	NONE		10 550			
	Legal	13,758.		13,758.			
	Accounting	167,325.	244,716.	167,325.			
	Lobbying	275,083. 217,772.	244,/10.	30,367.	217,772.		
	Professional fundraising services. See Part IV, line 17.	NONE			211,112.		
	Investment management fees	NONE					
y	Other. (If line 11g amount exceeds 10% of line 25, column	4,605,960.	3,985,174.	460,809.	159,977.		
12	(A), amount, list line 11g expenses on Schedule O.)  Advertising and promotion	190,577.	171,614.	15,517.	3,446.		
13	Office expenses	1,234,104.	929,276.	224,185.	80,643.		
14	Information technology	903,562.	612,001.	242,480.	49,081.		
15	Royalties	NONE					
16	Occupancy	4,258,691.	3,907,932.	288,352.	62,407.		
17	Travel	103,016.	78,937.	21,410.	2,669.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	123,975.	74,070.	49,389.	516.		
20	Interest	NONE					
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	1,285,960.	1,068,846.	185,680.	31,434.		
23	Insurance	176,194.	345.	175,478.	371.		
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.)						
2	MEDICAL SUPPLIES & DRUGS	34,512,153.	34,512,153.				
	FOOD SUPPLIES	2,089,017.	2,089,017.				
	ATTENDANT CARE	1,739,628.	1,739,628.				
	TEMP ASSISTANCE	383,707.	230,961.	152,735.	11.		
	All other expenses	801,123.	564,071.	232,408.	4,644.		
	Total functional expenses. Add lines 1 through 24e	81,315,621.	74,724,013.	5,083,608.	1,508,000.		
	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)						
		·			= 000 (2222)		

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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		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	14,330,488.	1	11,197,296.
	2	Savings and temporary cash investments	1,989,209.	2	7,988,564.
	3	Pledges and grants receivable, net	5,566,087.	3	9,109,259.
	4	Accounts receivable, net	13,210,226.	4	8,032,337.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	2,123,660.	7	2,712,269.
Assets	8	Inventories for sale or use	174,378.	8	233,556.
Ą	9	Prepaid expenses and deferred charges	655,735.	9	612,073.
	_	Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 10a 18,912,804.			
	b	Less: accumulated depreciation	13,299,219.	10c	12,812,449.
	11	Investments - publicly traded securities		11	2,709,726.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11		15	15,324,492.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	70,732,021.
_	17	Accounts payable and accrued expenses		17	6,213,406.
	18	Grants payable	NONE		NONE
	19	Deferred revenue		19	236,181.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	110112		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	379,490.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NOINE		110111
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	17,025,881.
	26	Total liabilities. Add lines 17 through 25		26	23,854,958.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	11/001/100.		2376317336.
and	27	Net assets without donor restrictions	20 620 051	27	12 067 014
Ba	28	Net assets with donor restrictions.		28	43,067,014. 3,810,049.
pq	20	Organizations that do not follow FASB ASC 958, check here	3,004,330.	20	3,010,049.
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances		32	46,877,063.
_	33	Total liabilities and net assets/fund balances	54,378,695.	33	70,732,021.
					Form <b>990</b> (2022)

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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					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	4,1	83,	<u>473</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	1,3	15,	<u>621</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	67,	<u>852</u> .
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					<u> 207</u>
5	5 Net unrealized gains (losses) on investments					<u> 201</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,2	57,	<u>803</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	6,8	77,	<u>063</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	крlain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at	udits .		3b	Χ	

#### SCHEDULE A (Form 990)

## **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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

API	A 1	HEALTH & WELLNESS					84-1	1661910
Pai	ťΙ	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
Γhe	orga	anization is not a private fou	ındation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>sect</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	A)(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or f	rom the general public
	_	described in section 170(b	)(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in <b>section 170(</b> b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state	of the college or
		university:						
0		An organization that norma receipts from activities rela	ated to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more tha	an 331/3 % of its
		support from gross investr acquired by the organization						n businesses
1		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to ca	arry out the purposes o
		one or more publicly suppo	orted organizations	described in <b>section 5</b>	09(a)(1	) or sect	i <b>on 509(a)(2).</b> See <b>s</b> e	ection 509(a)(3). Check
	_	the box on lines 12a through	gh 12d that describ	es the type of suppor	ting orga	anization	and complete lines	12e, 12f, and 12g.
а		<b>Type I.</b> A supporting org	anization operated	, supervised, or contro	olled by	its supp	orted organization(s)	, typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or trust	ees of the
		supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		<b>Type II.</b> A supporting org	ganization supervis	ed or controlled in co	nnection	with its	supported organiza	tion(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or ma	nage the supported
	_	organization(s). <b>You mus</b>	t complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and function	ally integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppo	rted organization(s)
		that is not functionally int		•	•		•	nd an attentiveness
		requirement (see instruc	•	•				
е		Check this box if the orga					•••	II, Type III
	_	functionally integrated, o			porting o	organizat	ion.	
Ť		nter the number of supported						
g		ovide the following informati						( ) , , , ,
	(I) N	lame 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))	docui	ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
Ta46	.1							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,652,031.	16,297,539.	22,692,415.	19,035,456.	21,920,400.	96,597,841.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	16,652,031.	16,297,539.	22,692,415.	19,035,456.	21,920,400.	96,597,841.
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)						150,802.
6	Public support. Subtract line 5 from line 4						96,447,039.
	tion B. Total Support ndar year (or fiscal year beginning in)	(-) 2048	(b) 2040	(=) 2020	(4) 2024	(5) 2022	(f) Total
_	, , , , , ,	(a) 2018	( <b>b)</b> 2019	(c) 2020 22,692,415.	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,992.	156,624.	161,828.	19,035,456.	21,920,400.	839,721.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						97,437,562.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	230,825,166.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (lin					14	98.98 %
15	Public support percentage from 2021	•	•			15	98.95 <b>%</b>
16a	331/3% support test - 2022. If the org box and stop here. The organization qu						
h	331/3% support test - 2021. 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					-	-
	organization			•	•	•	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	•	•				
	in Part VI how the organization meets					-	•
	organization			•	•	•	
18	Private foundation. If the organizatio						
	instructions						

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

(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			,,	<u> </u>	,	
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2, and 3						
/a	received from disqualified persons						
h	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 20.0	(2) 20:0	(0, 2020	(4) 2021	(0) 2022	(.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
	Net income from unrelated business						
11							
	activities not included on 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	4ha ' ''	ania fit	 	- fifth '		F04/-\/0\
14	First 5 years. If the Form 990 is for	_					
<del></del>	organization, check this box and stop here.						
<u>Sec</u>	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			ımn (f))		15	%
16							
$\overline{}$	Public support percentage from 2021 Sche tion D. Computation of Investment					16	70
	Investment income percentage for 2022 (lin			13 column (f))		17	%
17 18	Investment income percentage for 2022 (III					18	
	331/3% support tests - 2022. If the org						
154	17 is not more than 331/3%, check this	-					
<b>L</b>	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-	•		• • • • • • • • • • • • • • • • • • • •	
				,,	,		

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI.</b>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		

b Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **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.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9b

9c

10a

Part	V Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	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		
Section	on C. Type II Supporting Organizations	1	V = -	NI -
			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		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
·	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 on 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uction	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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? If "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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

APLA HEALTH & WELLNESS

Schedule A (Form 990) 2022 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5				
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 organ	izations n	nust complete Sectio	ns A through E.			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	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 <b>Part VI</b> ):						
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	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).	-		· -			

Schedule A (Form 990) 2022

23

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 responsive							
	(provide details in Part VI). See instructions.	8						
9	Distributable amount for 2022 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						
Soot	(i) (ii) Underdistribution	16	(iii) Distributable					

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

**2022** 

Employer identification number Name of the organization 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

#### **Special Rules**

contributor's total contributions.

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9916b, and that received from any one contributor, during the year, total contributions of the gree (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part Part Part Part Part Part Part Part	0), Part II, line 13, 16a, or ater of <b>(1)</b> \$5,000; or
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, or literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete N/A" in column (b) instead of the contributor name and address), II, and III.	charitable, scientific,
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, be contributions totaled more than \$1,000. If this box is checked, enter here the total contribution during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable totaling \$5,000 or more during the year	out no such ns that were received a parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

APLA HEALTH & WELLNESS

Employer identification number 84-1661910

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if addition	onal space is needed.
--------	--------------	---------------------	------------------	----------------------------	-----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$4,056,147.	Person X 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	\$962,138.	Person X 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	\$8,293,977.	Person X 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	\$1,857,122.	Person X 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	\$1,161,073.	Person X Payroll X Noncash X (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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	FOOD INVENTORY			
5_				
		\$1,161,073.	VAR	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Name of o	rganization			Employer identification number		
	APLA HEALTH & WELLNES			84-1661910		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any o ons completing Part e year. (Enter this inf	ne contributor. Colli, enter the total cormation once. Se	complete columns (a) through (e) and of exclusively religious, charitable, etc		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transf  Transferee's name, address, and ZIP + 4		_	hip 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					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee		

#### **SCHEDULE C** (Form 990)

## **Political Campaign and Lobbying Activities**

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

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h	)): Complete Part II-B. Do no	t complete Part II-A	
	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 35	c (Prox
•	Section 501(c)(4), (5), or (6) orga					
	e of organization	·		Employer ide	ntification number	
API	LA HEALTH & WELLNESS			84-10	561910	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.	
1	-	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructi	ons fo
	definition of "political campa	nign activities."				
2	Political campaign activity e	xpenditures. See instructions		\$		
3		campaign activities. See instruction				
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 \$		
2	Enter the amount of any exc	ise tax incurred by organization m	anagers under secti	on 4955 \$		
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes	No
4a	Was a correction made?				Yes	No
	If "Yes," describe in Part IV.					
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	S).	
1		xpended by the filing organization				
2		g organization's funds contributed				
3	line 17b	enditures. Add lines 1 and 2. Ent		\$		
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 d or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza d from the filing organiza divered to a separate po	ations to which the cation's funds. Als Ditical organization	so ente
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of positive contributions recepromptly and didelivered to a sepolitical organizal finone, enter	eived and irectly eparate zation.
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 APLA HEALTH & WELLINESS 84-1661910 Page 2

_		LA UEALIU &				-1001910 Fage <b>2</b>
Pa	Complete if the organ section 501(h)).	nization is exem	npt under section	501(c)(3) and	filed Form 5768 (elec	ction under
Α	Check if the filing organizat EIN, expenses, and	•	• • •		ach affiliated group meml	oer's name, address,
В	Check if the filing organizat	ion checked box A	and "limited contro	l" provisions app	ly.	
	Limits or (The term "expenditure	n Lobbying Expendes" means amoun		)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opini	on (grassroots lobb	ying)	70,834.	
b	Total lobbying expenditures to infl	uence a legislative	body (direct lobbyi	ng) [	221,749.	
С	: Total lobbying expenditures (add l	lines 1a and 1b)		[	292,583.	
d	I Other exempt purpose expenditure	es		[	74,461,797.	
е	Total exempt purpose expenditure	es (add lines 1c an	d 1d)		74,754,380.	
f	Lobbying nontaxable amount. Er	nter the amount f	rom the following	table in both		
	columns.				1,000,000.	
	If the amount on line 1e, column (a) o	r (b) is: The lobbyin	g nontaxable amount i	s:		
	Not over \$500,000	20% of the a	amount on line 1e.			
	Over \$500,000 but not over \$1,000,0	00 \$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500	,000 \$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000	0,000 \$225,000 pl	us 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
_	Grassroots nontaxable amount (e	·		_	250,000.	
	Subtract line 1g from line 1a. If ze			<b>—</b>		
	Subtract line 1f from line 1c. If zer					
j	If there is an amount other than			_		
	reporting section 4911 tax for this					Yes No
	(0)		aging Period Under			1 . 1 .
	(Some organizations that n		• •			ns below.
		See the separat	e instructions for I	ines za through	<b>2</b> τ.)	
		Lobbying Expen	ditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> Total
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,00	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.

267,774.

250,000.

114,381.

391,430.

250,000.

150,289

4. 410,337. Schedule C (Form 990) 2022

1,192,726.

1,000,000.

1,500,000.

292,583

250,000.

70,834

c Total lobbying expenditures

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

240,939.

250,000.

74,833.

Schedule C (Fo	rm 990) 2022	APLA HEALTH 8	WELLNESS	84-1661910 P
Part II-B	Complete if the (election under s	organization is exe section 501(h)).	empt under s	section 501(c)(3) and has NOT filed Form 5768

	For each "Vos." response on lines to through the holey provide in Part IV a detailed		a)	(b)			
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	F	Amou	nt	
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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
C	Media advertisements?						
d e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g 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	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	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?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection			
	501(c)(6).	(0)(0)	, 0. 0	,0011011			
						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	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Рa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501		-		no 2	io	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (L	)) Pa	it III-A, II	ne s	, IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount			-			
_	political expenses for which the section 527(f) tax was paid).	unts	O1				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
5	and political expenditures next year?			5			
	Taxable amount of loopying and pointed expenditures. See instructions: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		<u> </u>				
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list	); Part II-	A, lin	es 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	J	•	,,	,		

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

# 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

Nam	e of the organization	Employer identification number							
AP1	LA HEALTH & WELLNESS	84-1661910							
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	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 f								
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for								
	conferring impermissible private benefit?								
Pa	Irt    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							
	Protection of natural habitat Preservation	of a certified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation							
	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							
С	Number of conservation easements on a certified historic structure included in (a)	2c							
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on								
	a historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the							
	tax year								
4	Number of states where property subject to conservation easement is located								
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of							
	violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year							
_	Described to the second of the	C - 470/L\(4\(\D\('\)							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect								
•	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its rebalance sheet, and include, if applicable, the text of the footnote to the organization's fi	•							
	organization's accounting for conservation easements.	nancial statements that describes the							
P:	irt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, ea. , 1555151							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	in statement and halance sheet works							
ıa	of art, historical treasures, or other similar assets held for public exhibition, education,	, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes								
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue								
	art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,							
	(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								
-	following amounts required to be reported under FASB ASC 958 relating to these items:	assets for infancial gain, provide the							
а	Revenue included on Form 990, Part VIII, line 1	\$							
b	Assets included in Form 990, Part X	\$							

Pa	rt    Organizations Maintaini	na Collections o		rical Tre	asures. o	r Other S		continue	<del>/ age <u>2</u></del>
3	Using the organization's acquisitio								
•	collection items (check all that appl		011101 10001	40, 011001	carry or an		ig that make eigh	miodin de	.0 01 110
2	a Public exhibition d Loan or exchange program								
b									
		ations	e _	_ Other					
C	Preservation for future gener		استد استد م	-!   4	la a £		:		: Dt
4	Provide a description of the organ	lization's collection	is and expi	ain now t	ney furthe	r the orga	anization's exemp	purpose	in Part
_	XIII.	1							
5	During the year, did the organizatio						_	¬.,	
	assets to be sold to raise funds rath		tained as pa	art of the c	organizatio	n's collecti	ion?	Yes	No_
Pa	ert IV Escrow and Custodial A		/" <b>-</b>	000 5	N= =4 IV / II:==	. 0			
	Complete if the organiza	tion answered "Y	es" on For	m 990, F	art IV, Ilne	e 9, or rep	ported an amour	it on For	m
_	990, Part X, line 21.								
1a	Is the organization an agent, trust							¬.,	
_	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance					:			
d	Additions during the year					1			
е	Distributions during the year					!			
f	Ending balance								
2a	Did the organization include an am							Yes	No No
	If "Yes," explain the arrangement in	n Part XIII. Check I	nere if the e	xplanation	has been p	provided or	n Part XIII		
Pa	rt V Endowment Funds.		–						
	Complete if the organiza	tion answered "Y	es" on For	m 990, F					
		(a) Current year	(b) Prid	or year	(c) Two year	ars back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	2,621,569.	3,3	30,447.	2,645,	143.	2,596,388.	2,50	7,507.
b	Contributions	12,000.		12,000.	12	,000.	12,000.	1	12,000.
С	Net investment earnings, gains,								
	and losses	295,792.	-5	46,135.	831,	700.	186,107.	22	20,228.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	167,518.	1	74,743.	158,	396.	149,352.	14	13,347.
f	Administrative expenses								
g	End of year balance	2,761,843.	2,6	21,569.	3,330,	447.	2,645,143.	2,59	6,388.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1a	column (a)	) held as:			
a	Board designated or quasi-endowm		%	o (o .g,	(u)	,			
b	Permanent endowment	%							
С	Term endowment 100.0000 %	_							
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a	Are there endowment funds not in	-		ation that	are held ai	nd adminis	stered for the		
	organization by:	·	Ū					Y	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	Х
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	ipment.							
	Complete if the organiza	ation answered "\							
	Description of property		or other basis estment)		or other basis ther)	(c) Accu		) Book value	е
1a	Land			(0		300100			
b	Buildings								
C	Leasehold improvements			16 0	97,336.	4 29	0,505.	11,806	. 831
d	Equipment.				18,947.		0,670.		,277.
	Other				96,547.		9,180.		,341.
	I. Add lines 1a through 1e. (Column		m 000 Part				J, 100.	12.812	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			-1661910 Page 3
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  (c) Method of valuation  (c) Tart IV, line 11b. See Form 990,	on:
		Cost of end-of-year marke	t value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered  (a) Description of investment	"Yes" on Form 99 (b) Book value	0, Part IV, line 11c. See Form 990, (c) Method of valuation	•
(a) Besorption of investment	(b) Book value	Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription	i	(b) Book value
(1)OTHER RECEIVABLES	•		793,407.
(2)DEPOSITS			230,340.
(3)SPLIT INTEREST AGREEMENT			23,215.
(4)ROU ASSETS			14,277,530.
(5)			21/2///0001
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15 )		15,324,492.
Part X Other Liabilities.	110 10.)		13,324,492.
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,
line 25.		· · · · · · · · · · · · · · · · · · ·	
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)DUE TO RELATED PARTY			2,703,842.
(3)ROU LIABILITIES			14,322,039.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).			17,025,881.
2. Liability for uncertain tax positions. In Part XIII, provide 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	,489,698.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants.	
d Other (Describe in Part XIII.)	
a other (bosonio in a arvaini)	,693,880.
	,795,818.
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 in Part XIII.)  4b -612,345.	
	-612,345.
	,183,473.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	,384,645.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	,069,024.
3 Subtract line 2e from line 1	,315,621.
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 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
	,315,621.
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 42; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	; Part X, line
SEE SUPPLEMENTAL PAGE	

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

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

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

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

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: \$ (612,345) SPECIAL EVENT NET INCOME

SCHEDULE D, PART XII, LINE 2D

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

\$ 612,345 SPECIAL EVENT NET INCOME

#### **SCHEDULE G** (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

APLA HEALTH & WELLNESS

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

Inspection

Employer identification number

84-1661910

<b>Part I</b> Fundraising Activities. Comp Form 990-EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
<ul><li>1 Indicate whether the organization rais</li><li>a X Mail solicitations</li></ul>		any of the	following a	activities. Check a		
<ul> <li>b X</li> <li>c X</li> <li>d X</li> </ul> Internet and email solicitations <ul> <li>d X</li> </ul>	f g		-	government grants ising events	5	
<ul> <li>Did the organization have a written of or key employees listed in Form 990.</li> <li>If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the organization.</li> </ul>	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION 1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total  3 List all states in which the organizat	ion is registered c	or licensed	d to solicit	671,635.	217,772. has been notified	453,863. it is exempt from
registration or licensing.						
					<del></del>	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1  AIDS WALK LA (event type)	(b) Event #2  GRASS ROOTS (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))				
	1	Gross receipts	1,375,236.	17,241.	2,930.	1,395,407.				
		Less: Contributions Gross income (line 1 minus	1,232,415.	17,241.	2,930.	1,252,586.				
	4	Cash prizes	142,821.			142,821.				
ınses		Noncash prizes	31,308.		1,327.	32,635				
	6	Rent/facility costs	33,697.		7,975.	41,672				
Direct Expenses	7	Food and beverages	9,385.		41,223.	50,608				
Direc	8	Entertainment	832.		1,819.	2,651.				
	9	Other direct expenses	613,046.		14,554.	627,600.				
	11	Direct expense summary. Add lir Net income summary. Subtract I	line 10 from line 3, col	umn (d)		-612,345.				
<b>Gaming.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.										
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
<u>~</u>	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses		Noncash prizes								
Direct		Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes% No	Yes% No					
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d) <sub></sub>						
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)						
9 a b	ı l	Enter the state(s) in which the organization licensed to con f "No," explain:		in each of these state		Yes No				
10a k		Nere any of the organization's gamino f "Yes," explain:	g licenses revoked, sus			Yes No				

Sched	ule G (Form 990 or 990-EZ) 2022 APLA HEALTH & WELLNESS	84-1	561910	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	/		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b		13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books	s and		
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	aming		
	revenue?	_	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ►\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal inforr	nation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

C.I. PARTNERS DIRECT, INC.

ACTIVITY :

DIRECT MAIL CONSULTANTS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY: 671,635.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 217,772.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 453,863.

## SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Employer identification number Name of the organization APLA HEALTH & WELLNESS 84-1661910 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of (g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) AIDS UNITED 1104 14TH ST., NW, SUITE 300 501(C)(3) 52-1706646 17,500. SUPPORT OF HIV/AIDS (2) BEING ALIVE PEOPLE LIVING W/HIV/AIDS ACTION 6043 HOLLYWOOD BLVD., STE B 95-4137742 501(C)(3) 24,128. SUPPORT OF HIV/AIDS (3) LACBA AIDS LEGAL SERVICES PROJECTS 1055 W. 7TH ST., SUITE 2700 95-3998111 501(C)(3) 7,385. SUPPORT OF HIV/AIDS (4) PROJECT ANGEL FOOD 922 N. VINE ST. LOS ANGELES, CA 90038 95-4115863 501(C)(3) 12,615. SUPPORT OF HIV/AIDS (5) OUTFEST 3470 WILSHIRE BLVD LOS ANGELES, CA 90010 95-4089601 501(C)(3) 30,000. SUPPORT OF HIV/AIDS (6) HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE NW 52-1243457 501(C)(4) 15,000. SUPPORT OF HIV/AIDS (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2022

Schedule I (Form 990) (2022) APLA HEALTH & WELLNESS 84-1661910 Page **2** 

Part III	Grants and Other Assistance to Domestic Individuals. C	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>(b)</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					
2					
3					
4					
5					
6					
7					

**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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

APLA HEALTH & WELLNESS

Part I Questions Regarding Compensation

Employer identification number

84-1661910

			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			
	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)			
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			
Ū	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		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) 2022

Schedule J (Form 990) 2022 APLA HEALTH & WELLNESS 84-1661910 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-MISC and/or 1099-NEC 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 THOMPSON	(i)	529,321.	NONE	NONE	31,759.	1,068.	562,148.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBYN GOLDMAN	(i)	319,827.	NONE	NONE	19,190.	15,511.	354,528.	NONE
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAY GLADSTEIN	(i)	347,351.	NONE	NONE	20,841.	14,999.	383,191.	NONE
3 CHIEF MEDICAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEROME DE VENTE	(i)	308,765.	NONE	NONE	18,526.	1,068.	328,359.	NONE
4 ASSOCIATE MEDICAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG BOWERS	(i)	237,175.	NONE	NONE	14,231.	10,385.	261,791.	NONE
5 CHIEF MARKETING & EXTERNAL AFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANCISCA MATA	(i)	224,983.	NONE	NONE	13,499.	7,959.	246,441.	NONE
6 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN TANGONAN	(i)	264,374.	NONE	NONE	15,862.	8,417.	288,653.	NONE
7 SITE MEDICAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL GOTTLIEB	(i)	313,036.	NONE	NONE	NONE	1,015.	314,051.	NONE
8 PHYSICIAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN VITERO	(i)	235,469.	NONE	NONE	14,128.	16,488.	266,085.	NONE
9 DENTAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Part I Types of Property

(a) Check if applicable Items contributed Items contribution amounts Items contributed Items contributed Items contribution amounts Items contributed Items contribution amounts Items contribution amounts Items contribution amounts Items contribution amounts Items contributed Items contribution amounts Items contributed Items contribution amounts Items contribution amounts Items contributed Items c

2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	I I			
5	Clothing and household				
	goods				
6	Cars and other vehicles.				
7	Boats and planes				
8	Intellectual property	1			
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous	1			
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	1	4	1,294,378.	FMV
20	Drugs and medical supplies	Х	2	88,087.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►(				

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?					
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				Yes	No
to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through			
b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		to be used for exempt purposes for the entire holding period?	30a		Х
contributions?	b				
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
contributions?		contributions?	31	Х	
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>	32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		contributions?	32a	Х	
	b	If "Yes," describe in Part II.			
describe in Part II.	33				
		describe in Part II.			

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

Schedule M (Form 990) 2022

28

Other ▶(

Part II

**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.

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

84-1661910

APLA HEALTH & WELLNESS

FORM 990, PART 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 BALDWIN HILLS, THE DOWNTOWN DENTAL CLINIC, BEHAVIORAL HEALTH SERVICES AT THE DAVID GEFFEN CENTER IN KOREATOWN, THE LONG BEACH HEALTH CENTER, THE MID-WILSHIRE HEALTH CENTER IN THE FAIRFAX-CARTHAY CIRCLE NEIGHBORHOOD, THE APLA HEALTH CENTER, CDU/MLK MEDICAL CAMPUS IN SOUTH LOS ANGELES, AND THE OUT HERE SEXUAL HEALTH CENTER IN BALDWIN HILLS.

#### FORM 990, PART III, LINE 4A

FEDERALLY QUALIFIED HEALTH CENTER PROGRAM:

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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84-1661910

APLA HEALTH & WELLNESS

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 CDU/MLK MEDICAL CAMPUS HEALTH CENTER OFFERS PRIMARY CARE, PREP COUNSELING AND TREATMENT, ENROLLMENT ASSISTANCE, AND DENTAL CARE. THE OUT HERE SEXUAL HEALTH CENTER PROVIDES STD SCREENING AND TREATMENT AND PREP COUNSELING. THE AGENCY TREATED 12,120 CLIENTS WITH 56,934 VISITS DURING THE YEAR ENDED JUNE 30, 2023.

#### 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 201 CLIENTS DURING THE YEAR END JUNE 30, 2023.

#### 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

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 84-1661910

APLA HEALTH & WELLNESS

MANAGERS AND LANDLORDS.

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

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

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

PRIOR TO ENTERING A PROPOSED FINANCIAL RELATIONSHIP WITH A DIRECTOR OR

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

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

INTEREST POLICY. THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE STATEMENTS

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

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

APLA HEALTH & WELLNESS 84-1661910

RESPONSIBLE FOR ENSURING ALL DISCLOSURE STATEMENTS ARE SUBMITTED BY THE BOARD MEMBERS.

#### FORM 990, PART VI, SECTION B, LINE 15A & 15B

EXECUTIVE COMPENSATION POLICY:

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

#### FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE:

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

#### FORM 990, PART IX, LINE 26

JOINT COST ALLOCATION:

THE ORGANIZATION HAD TOTAL JOINT COSTS IN FY 2023 OF \$578,202 TO EXPAND OUTREACH FOCUSED ON ACHIEVING HEALTH CARE EQUITY AND PROMOTING WELL-BEING FOR THE LGBT AND OTHER UNDERSERVED COMMUNITIES AND TO RAISE FUNDS. OF THOSE COSTS, \$416,766 WAS ALLOCATED TO FUNDRAISING AND \$161,436 WAS ALLOCATED TO PROGRAM SERVICES. THESE EXPENSES WERE NOT INCLUDING ON PART IX, LINE 1-24 AS THEY WERE DIRECT COSTS RELATED TO SPECIAL EVENTS, AND HAVE THEREFORE BEEN SHOWN ON PART VII, LINE 8B.

## 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

APLA HEALTH & WELLNESS

84-1661910

FORM 990, PART XI, LINE 9

OTHER CHANGES IN FUND BALANCE:

\$ 1,257,803 TRANSFER FROM AFFILIATES

Name of the organization	Employer identification number
ADI.A HEALTH & WELLINESS	84-1661910

IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BALDWIN HILLS INVESTORS, LTD.		
141 EL CAMINO DRIVE, STE 207		
BEVERLY HILLS, CA 90212	RENT	1,167,563.
ENVOY HEALTH CARE, INC.		
3151 CAHUENGA BLVD WEST, STE 320		
LOS ANGELES, CA 90068	HOME HEALTH	640,019.
AUTOMAT PICTURES, INC		
4201 RUSSELL AVE		
LOS ANGELES, CA 90027	DOCUMENTARY PRODUCTI	490,000.
EVILSIZER CONSTRUCTION INC		
26470 RUETHER AVE #106		
SANTA CLARITA, CA 91350	CONSTRUCTION	503,470.
DONALD PARKER SEPARATE PROPERTY TRUST		
4370 TUJUNGA AVE STE 220		
STUDIO CITY, CA 91604	RENT	472,799.

#### SCHEDULE R (Form 990)

## **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 Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

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
			Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

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

(a) Name, address, and EIN of related organization	<b>(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	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) THE GLOBAL FORUM ON MSM & HIV (MSMGF) 47-1065461							
C/O APLA HEALTH 611 S. KINGSLE LOS ANGELES, CA 90005	SEE PART VII	CA	501(C)(3)	7	APLA H&W	х	
(2) ALLIANCE FOR HOUSING AND HEALING 95-4147364							
825 COLORADO BLVD SUITE 100 LOS ANGELES, CA 90041	SEE PART VII	CA	501(C)(3)	7	APLA H&W	х	
_(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 APLA HEALTH & WELLNESS 84-1661910 Page **2** 

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

(a) Name, address, and EIN of related organization	domicil (state o foreign	(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	Share of total	(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)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	<b>(b)</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	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022 APLA HEALTH & WELLNESS 84-1661910 Page **3** 

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

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		Х
ï	Exchange of assets with related organization(s).	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s).	1j		Х
,	2000 01 100 miles, oquipment, of other 2000 to related organization(0), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services of membership of fundraising solicitations by related organization(s)	1m		Х
		1n	_	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	10		-25
O	Sharing of paid employees with related organization(s)	10	21	
	Deimburgement neid to valeted expenimation(s) for expenses	1n		Х
	Reimbursement paid to related organization(s) for expenses	1q	v	
q	Reimbursement paid by related organization(s) for expenses	14	Λ	
		4-		Х
	Other transfer of cash or property to related organization(s)	1r		X
2	Other transfer of cash or property from related organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thre	1s shold		X
	(a) (b) (c)	211010	13.	
	Name of related organization Transaction Amount involved Method	of det	ermini	ng

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALLIANCE FOR HOUSING AND HEALING	A	71,487.	COST
(2) ALLIANCE FOR HOUSING AND HEALING	0	359,455.	COST
(3) ALLIANCE FOR HOUSING AND HEALING	Q	1,064,194.	COST
(4) THE GLOBAL FORUM ON MSM & HIV (MSMGF)	Q	146,317.	COST
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 APLA HEALTH & WELLNESS 84-1661910 Page **4** 

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

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

(a) Name, address, and E	IN of entity	<b>(b)</b> Primary activity	(state or foreign   income (related   unrelated, excluding   from tax under		micile Predominant preign income (related, unrelated, excluded from tax under fro			(g) Share of end-of-year assets	(g) Share of end-of-year			amount in box 20 managing of Schedule K-1 partner?		g ownership	
				sections 512 - 514)	Yes	No			Yes	No		Yes	No		
<u>(1)</u>															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)		-													
(8)															
(9)		-													
(10)		-													
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

#### Part VII

#### **Supplemental Information**

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

SCHEDULE R, PART II, LINE 1, COLUMN B

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

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

SCHEDULE R, PART II, LINE 2, COLUMN B

ALLIANCE FOR HOUSING AND HEALING PRIMARY ACTIVITY:

THE PRIMARY ACTIVITY OF ALLIANCE FOR HOUSING AND HEALING IS TO PROVIDE

THE BASIC NECESSITIES OF LIFE TO MEN, WOMEN, CHILDREN, AND FAMILIES

LIVING WITH HIV/AIDS AND OTHER CHRONIC ILLNESSES THROUGH A SAFETY NET OF

ESSENTIAL HOUSING AND DIRECT SUPPORTIVE SERVICES.

For	<sub>m</sub> 990-T	Ex	en	npt Organization						Retur	'n	ОМВ	OMB No. 1545-0047			
		For cale	ndar y	ear 2022 or other tax year	beginning	07/0	1	2022, and ending	<u> </u>	06/30,2	2 <u>0</u> 23	<u>23</u>   2(0) <b>22</b>				
- 1	artment of the Treasury			Go to www.irs.gov/Ford	m990 <b>T</b> for in	nstructi	ons	and the latest ir	nforr	nation.		Open to	Public Insp	ection		
_	rnal Revenue Service	Do		nter SSN numbers on this						on is a 501(d		_	or 501(c)(3) anizations O			
Α	Check box if address changed.		Nam	ne of organization ( Ch	eck box if nan	ne chang	jed a	and see instructions.	.)		D Em	nployer identif	ication nu	ımber		
	address changed.		API	A HEALTH & WEL:	LNESS							-166191				
BΕ	xempt under section	Print	Num	ber, street, and room or suit	e no. If a P.O.	box, see	inst	ructions.				oup exemptione instructions)				
X	501(C <u>)( 3</u> )	or Type	611	S. KINGSLEY D	R.						(36	e instructions)				
	408(e) 220(e)	.,,,,	City	or town, state or province,	country, and Z	IP or fore	eign	postal code								
	408A 530(a)		LOS	S ANGELES, CA 9	0005						F	Check bo				
	529(a) 529A	C Bool	c valu	e of all assets at end of year					707	32021.		an amend	ed return.			
G	Check organization t		X		501(c) ti			401(a) trust		Other trus	t	State colle	ae/unive	rsitv		
	Check if filing only to			Claim credit from Form	8941			Claim a refund	sho	wn on Form	2439	-	<u> </u>			
T	Check if a 501(c)(3)	organiza	tion	filing a consolidated retu	urn with a 50	01(c)(2)	title	holding corporation	on .							
				edules A (Form 990-T)												
				pration a subsidiary in ar									Yes	X No		
	•			ifying number of the pare	_	•	a pu	Torre outsidiary of	,,,,,	iiou gioup.				21 110		
	The books are in care			STINA DIXON, CF		211		Telephone	nur	mber 21	3-20	1_1546				
_	THE BOOKS ATO III CAIC			S. KINGSLEY DR				Тогоритоги	, ,,,,,,,		J 20.	1 1340				
				ANGELES, CA 90												
			202	ANGELES, CA 90	003											
P:	art I Total Unre	lated F	usir	ness Taxable Incom	e											
1				taxable income comp		all ur	rela	ated trades or	bus	inesses (se	ee					
•										•		1				
2	,											2				
3												3				
4				structions for limitation ru								4				
		,			,											
5				le income before net ope	•							5				
6		•	•	s. See instructions							⊢	6				
7				taxable income before	•											
												7				
8	Specific deduction	n (genera	ally \$	1,000, but see instructio	ns for except	tions) .						8				
9				n. See instructions							_	9				
10	Total deductions.	Add line	s 8 a	ınd 9 • • • • • • • • •							· · <u>  1</u>	10				
11	Unrelated busine	ess taxa	ble	income. Subtract line	10 from li	ne 7.	If I	ine 10 is grea	ter	than line	7,					
											1	1		NONE		
Pa	art II Tax Comp	outation	1													
1	Organizations tax	xable as	corpo	orations. Multiply Part I,	line 11 by 21	1% (0.2	1) .					1		NONE		
2	Trusts taxable	at trus <u>t</u>	rate	es. See instructions for	r_tax_com	putatior	n. I	ncome tax on	the	amount o	on					
	Part I, line 11 from	ո։ [	1	Tax rate schedule or	Schedul	e D (Fo	rm ′	1041)			:	2				
3	Proxy tax. See in:	structions										3	_			
4	Other tax amount	s. See in:	struct	ions							🗔	4				
5	Alternative minim	um tax (t	rusts	only)							🗔	5				

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

NONE

6

7

6

## Form **8868**

(Rev. January 2022)

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 filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

•	orm, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		
	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships, REMICs	, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)	
<b>print</b> File by the	APLA HEALTH & WELLNESS  Number, street, and room or suite no. If a P.O. box	84-1661910			
due date for filing your return. See instructions.	611 S KINGSLEY DR City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
	LOS ANGELES, CA 90005				0 7
Enter the Re	turn Code for the return that this application	is for (file	a separate application to	or each return)	
Application		Return	Application		Return
Is For		Code	Is For		Code
	Form 990-EZ	01	Form 1041-A		08
Form 4720 (	,	03	Form 4720 (other tha	in individual)	09
Form 990-PF		04 05	Form 5227 Form 6069		10
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870		12
Form 990-T	,	07	1 01111 0070		12
<ul><li>If the orga</li><li>If this is fo</li><li>for the whole</li></ul>	611 S. KINGSLEY  e No. ► 213 201–1546  unization does not have an office or place of lar a Group Return, enter the organization's for a group, check this box  • group, check this box  • If	lbusiness in ur digit Gro	Fax No. ►	ck this box	nis is
	e names and TINs of all members the extensi st an automatic 6-month extension of time ur		05/15 202	24 , to file the exempt organizati	on roturn
for the	organization named above. The extension is	for the org	ganization's return for:		on retuin
2 If the ta	calendar year 20 or tax year beginning 07/  ax year entered in line 1 is for less than 12 m hange in accounting period				
3a If this	application is for Forms 990-PF, 990-T, indable credits. See instructions.	4720, or	6069, enter the ten	ntative tax, less any 3a \$	NONE
estimat	application is for Forms 990-PF, 990-T, ed tax payments made. Include any prior yea	r overpayn	nent allowed as a credit	t. 3b \$	NONE
using E	e due. Subtract line 3b from line 3a. In FTPS (Electronic Federal Tax Payment System	n). See inst	tructions.	3c \$	NONE
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,	see Form 8453-TE and Form 8879-TE	for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Part	: III	Tax and Payments					
1a	Foreigr	n tax credit (corporations attach Form 1118; tru	ısts attach Form 1116)1	la			
b	Other	credits (see instructions)	<u>1</u>	lb			
С	Genera	al business credit. Attach Form 3800 (see instru	ctions) 1	Ic			
d	Credit	for prior year minimum tax (attach Form 8801 o	or 8827)	ld			
е	Total c	redits. Add lines 1a through 1d			1e		
2	Subtra	ct line 1e from Part II, line 7	<u></u> <u></u>		2		NONE
3	Other a	mounts due. Check if from: Form 4255 F	Form 8611 Form 8697 Fo	rm 8866			
		Other (attach statem	ient)		3		
		,	Check if includes tax previously def				
		1294. Enter tax amount here					NONE
		t net 965 tax liability paid from Form 965-A, Pa	' '	1	5		
		nts: A 2021 overpayment credited to 2022		Sa			
		stimated tax payments. Check if section 643(g	· · · · — —	Sb			
		posited with Form 8868.		SC .			
	-	n organizations: Tax paid or withheld at source (	,	Sd Sa			
		o withholding (see instructions)		Se Se			
		for small employer health insurance premiums		6f			
g		Form 4136 Form 2	2439 Total <b>6</b>	Sg			
7		payments. Add lines 6a through 6g			7		
		ted tax penalty (see instructions). Check if Forn					
		e. If line 7 is smaller than the total of lines 4, 5			-		NONE
		syment. If line 7 is larger than the total of lines			<del>                                  </del>		
	-	e amount of line 10 you want: Credited to 2023 esting	·	Refun			
	t IV	Statements Regarding Certain A		mation (see instru	ictions)		
1	At any	time during the 2022 calendar year, dic	the organization have an inte	rest in or a signatu	re or other a	uthority	Yes No
	over a	financial account (bank, securities, or ot	her) in a foreign country? If "	'Yes," the organization	on may have	to file	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,"	enter the name of	the foreign	country	
	here _						X
2	During	the tax year, did the organization receive a	distribution from, or was it the	grantor of, or transfer	or to, a foreig	n trust?	X
		" see instructions for other forms the organizati	-				
		he amount of tax-exempt interest received or a					
4	Enter a	available pre-2018 NOL carryovers here \$	Do not includ	le any post-2017 NOL	carryover		
	shown	on Schedule A (Form 990-T). Don't re	duce the NOL carryover show	n here by any de	duction repor	ted on	
	Part I, I	ine 6.					
5		017 NOL carryovers. Enter the Business					
	the am	ounts shown below by any NOL claimed on any					
		Business Activity Cod	e	Available post-2	017 NOL carryc	ver	
				<b>Φ</b>			
				\$ 			
				Φ		—— I	
62	Did the	organization change its method of accounting	(see instructions)	Φ		— I	V
		is "Yes," has the organization described	,		orm 1128? I	f "No"	X
-		in Part V	•				
Part		Supplemental Information					
		xplanation required by Part IV, line 6b. Also, pro	vide any other additional information	on. See instructions.			
		SUPPLEMENTAL INFORMA	TTON ATTACHED				
			111 111 011 11				
	Und	der penalties of perjury, I declare that I have examin-	ed this return, including accompanying	schedules and statemen	ts, and to the be	st of my kr	nowledge an
Sign	) beli	ief, it is true, correct, and complete. Declaration of prep	parer (other than taxpayer) is based on a	ii iiiioiiiiation of which pre	May the IR		this return
Here					with the pr		
	Sig	nature of officer	Date Title		(see instructions	s)? X Ye	s No
D		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		BRIAN D TODD			self-employed	P0042	22601
Prep	arer Only	Firm's name FORVIS, LLP			Firm's EIN 4	4-0160	)260
	Jilly	Firm's address 910 E ST LOUIS #2	00/PO BOX 1190, SPRIN	GFIELD, MO 6	Phone no. 417		
JSA 2X2741	1 1.000					Form 99	<b>90-T</b> (2022

#### SUPPLEMENTAL INFORMATION

PART NUMBER: 1

LINE NUMBER:

#### EXPLANATION:

\_\_\_\_\_

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED  $\S512(A)$ ) 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.