

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HEALTH ADVOCATES FOR OLDER PEOPLE, INC.		<b>D Employer identification number</b> 13-4165807
	Doing business as		<b>E Telephone number</b> (212) 980-1700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	10 GRAND CENTRAL, 155 E 44TH ST, FL. 6		<b>G Gross receipts \$</b> 846,498.
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> LINDA M. HARTLEY SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.HAFOP.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1985	<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PROMOTE SAFE & HEALTHY AGING THROUGH PROGRAMS DESIGNED TO FACILITATE INDEPENDENCE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	6
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	939,525.	298,805.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,942.	64,543.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,147.	48,530.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,001,320.	411,878.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,075.	4,170.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	207,689.	178,874.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,917.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,947.	181,809.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	358,711.	364,853.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	642,609.	47,025.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	2,183,619.	2,568,957.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,300.	13,300.
		2,170,319.	2,555,657.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer Gwendolen L. Wade President of the Board	Date 10/22/2020			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAMES J. REILLY	Preparer's signature .....	Date 10/21/2020	Check if self-employed <input type="checkbox"/>	PTIN P00183769
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN 13-3628255	Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Phone no. 212-661-7777	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
88 Liberty Street  
New York, NY 10038

2019

Open to Public Inspection

## 1. General Information

For Fiscal Year Beginning (month/year) 01/01/2019 and Ending (month/year) 12/31/2019

<input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Flag ID Pending	Name of Organization: <b>HEALTH ADVOCATES FOR OLDER PEOPLE, INC.</b> Mailing Address: <b>10 GRAND CENTRAL, 155 E 44TH ST, FL. 6</b> City / State / ZIP: <b>NEW YORK, NY 10017</b> Website: <b>WWW.HAPOP.ORG</b>	Employer Identification Number (EIN): <b>13-4165807</b> NY Registration Number: <b>20-15-23</b> Telephone: <b>212 980-1700</b> Email:
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Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EID&P- Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatures.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: Signature: <u>[Signature]</u> Print Name and Title: <b>Gwendolen L. Wade President</b> Date: <b>10/22/20</b>	Chief Financial Officer or Treasurer: Signature: <u>[Signature]</u> Print Name and Title: <b>Lindan M. Hartley</b> Date: <b>10/25/2020</b>
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### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only) and/or both categories (DUAL filing) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate how(s) you are submitting here:

7A filing fee	EPTL filing fee	Total fee	Make a single check or money order payable to: <b>"Department of Law"</b>
\$ <u>25.</u>	\$ <u>250.</u>	\$ <u>275.</u>	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)  
\*The "Lumpsum" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

HEALTH ADVOCATES FOR OLDER PEOPLE, INC.

13-4165807

Name and title of officer

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	411,878.
2a Form 990-EZ check here	▶	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶	b Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CONDON O' MEARA MCGINTY & DONNELLY LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ..... Date ▶ 10/21/2020

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13601807777

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CONDON O' MEARA MCGINTY & DONNELLY L ..... Date ▶ 10/21/2020

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19