EXTENDED TO NOVEMBER 15, 2022

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2021 calendar year, or tax year beginning	and	ending					
	heck if oplicabl	C Name of organization			D Employer ider	ntification	number		
X	Addre	HEALTH ADVOCATES FOR OLDER PEOPLE	I INC.						
F	Name chang				13-41658	07			
F	Initial return	Number and street (or P.0. box if mail is not de	livered to street address)	Room/suite	E Telephone nur	nber			
F	Final return	420 LEXINGTON AVENUE, SUITE 300	involva to otroot address;	riooni, ouito	(212) 980-1700				
	termin ated		ZIP or foreign postal code		G Gross receipts \$		1,757,529.		
Г	Amen	, , , , , , , , , , , , , , , , , , , ,			H(a) Is this a grou	ıp return	· · ·		
	Applic	F Name and address of principal officer: LIND	A M. HARTLEY		for subordina	•	Yes X No		
	pendir	SAME AS C ABOVE			H(b) Are all subordina				
ΙΤ	ax-ex	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 527	7		ee instructions		
		e: WWW.HAFOP.ORG			H(c) Group exem	ption num	ber >		
K F	orm of	organization: X Corporation Trust As	ssociation Other ►	L Year	of formation: 1985	M State	of legal domicile: NY		
		Summary							
•	1	Briefly describe the organization's mission or most	significant activities: PROMOT	E SAFE &	HEALTHY AGING				
Governance		THROUGH PROGRAMS DESIGNED TO FACILITA							
rna	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net	assets.			
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	20		
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	20		
S S	5	Total number of individuals employed in calendar y	vear 2021 (Part V, line 2a)			5	6		
Λij	6	Total number of volunteers (estimate if necessary)				6	100		
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.		
					Prior Year		Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			238,67	_	569,834.		
enc						0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4			-5,53		245,859.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		144,71	_	58,556.			
		Total revenue - add lines 8 through 11 (must equal			377,85	_	874,249.		
		Grants and similar amounts paid (Part IX, column (0.	0.		
			enefits paid to or for members (Part IX, column (A), line 4)						
es		Salaries, other compensation, employee benefits (I			271,25	_	321,867.		
Expenses		Professional fundraising fees (Part IX, column (A), I				0.	0.		
ă		Total fundraising expenses (Part IX, column (D), lin	•		202 64		004.054		
ш		Other expenses (Part IX, column (A), lines 11a-11d			203,66	_	204,854.		
		Total expenses. Add lines 13-17 (must equal Part I			474,91		526,721.		
	19	Revenue less expenses. Subtract line 18 from line	12		-97,06		347,528.		
Net Assets or Fund Balances	00	Tatal assats (Dart V. line 46)		В	eginning of Current Ye 2,721,88		End of Year 3,162,118.		
sse. Bala	20	Total assets (Part X, line 16)			49,84		21,419.		
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from			2,672,03	_	3,140,699.		
	rt II	Signature Block	line 20		2,072,00	<u>/ - • </u>	3,110,033.		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the hest o	f my knowl	edge and helief it is		
	•	t, and complete. Declaration of preparer (other than office			•	i iiiy kiiowi	oago ana bonoi, it io		
,	001100	y and completes becaute of property (care man emet	.,	non proparo	nue uny mienneuger				
Sigr	,	Signature of officer			Date				
Her									
	_	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check		PTIN		
Paid		ALEXANDER LAZZARUOLO	Alexander Larra	ruolo	7/11/2022 if self-e	mployed PC	1775353		
Prep	arer	Firm's name CONDON O'MEARA MCGINTY &			Firm's EIN 13-3628255				
Use		Firm's address ONE BATTERY PARK PLAZA,							
		NEW YORK, NY 10004			Phone no.	212-661-	7777		
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No		

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROMOTE HEALTHY AGING THROUGH WELLNESS, EXERCISE CLASSES AND HOME	
	SAFETY VISITS AND PROVIDE FOR THE GROWING FRAIL ELDERLY POPULATION	
	WITH THE TOOLS, TECHNIQUES AND SUPPORT NEEDED TO AGE WITH VITALITY AND INDEPENDENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	V v -
	prior Form 990 or 990-EZ?	X Yes No
•	If "Yes," describe these new services on Schedule O.	X Yes No
3	0, , , , , , , , , , , , , , , , , , ,	X Yes No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 398,664. including grants of \$) (Revenue \$) SOCIAL AND ENGAGEMENT OPPORTUNITIES AS PART OF THE HEALTHY AGING)
	PROGRAM	
4b	(Code:) (Expenses \$) (Revenue \$) (Revenue \$))
	EXERCISE AND WELLNESS CLASSES. IN 2020, AT THE ONSET OF COVID-19,	
	HEALTH ADVOCATES MOVED 17 OF ITS IN-PERSON CLASSES ONLINE VIA ZOOM. WE	
	HELD AT LEAST ONE EXERCISE CLASS SEVEN DAYS A WEEK, A BRIDGE CLASS, AND	
	A REIKI CLASS ONCE A WEEK. OFTEN CLASSES HAD AS MANY AS 50, 60, OR 70	
	SENIORS ATTENDING, PROVING THE VALUE AND NEED THESE CLASSES PROVIDED	
	FOR SENIORS.	
4c	(Code:) (Expenses \$) (Revenue \$) (Revenue \$))
	HOME SAFETY PROGRAM WAS HELD MOSTLY ON ZOOM IN 2020. OUR HOME SAFETY	
	COORDINATOR DID A WEEKLY ZOOM PROGRAM ON ORGANIZING AND MANAGING ONES	
	HOME DURING COVID-19.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 459,498.	
		Form 990 (2021)

13-4165807

Part IV 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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? f "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a	х	
L	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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		х

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Form **990** (2021)

Form 990 (2021) HEALTH ADVOCATES

Part IV Checklist of Required Schedules

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u>х</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
04		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			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 reportable gaming (gambling) winnings to prize winners?	4.	Х	
	(garnoling) withings to prize withers:	1c		

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Form **990** (2021)

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| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 6									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
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						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30								
oa		6a		x						
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua								
b		6h								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b								
7	, ,	7a	Х							
_	a 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?									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x						
	to file Form 8282?									
d										
e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15										
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.									

Form 990 (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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 20									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6								
	more members of the governing body?	7a		х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
~	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	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 be reached at the									
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This dection b requests information about policies not required by the internal nevertice dode.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
_	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 arrangement with a									
	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ▶NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv) :	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	, ,								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	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									
_0	NANCY HOUGHTON/THE ORG (212) 980-1700									
	420 LEXINGTON AVENUE, SUITE 300, NEW YORK, NY 10170									
		_	000	(2021)						

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

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

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

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, 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.

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

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

(A)	(B)	Jiga	1112a		C)	ipei	Jack	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		ou al			., us		from the	from related organizations	other
	(list any hours for	Individual trustee or director				_ _		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tr		oyee	om pe		1099-NEC)		and related
	below	ividua	Institutional trustee	Officer	Key employee	hest o	Former			organizations
	line)	lnd	Inst	#0	Ke	e Eig	For			
(1) KEVIN MESTRICH	40.00	-						111 055		
DIRECTOR OF DEVELOPMENT	40.00					Х		111,057.	0.	7,037.
(2) NANCY HOUGHTON	40.00	-		l				102.000		4 220
EXECUTIVE DIRECTOR	10.00			Х				103,002.	0.	4,330.
(3) GWENDOLEN L. WADE	10.00			,					_	
PRESIDENT (4) ROBERT SCHAEFER JR.	1.00	Х		Х				0.	0.	0.
(4) ROBERT SCHAEFER JR. 1ST VICE PRESIDENT	1.00	X		x				0.	0.	_
(5) DAVID L. ROWE	1.00	Α		Λ				0.	٠.	0.
2ND VICE PRESIDENT	1.00	x		Х				0.	0.	0.
(6) LINDA M. HARTLEY	2.00	Λ		Λ				· · · · · · · · · · · · · · · · · · ·	· ·	••
TREASURER	2.00	x		x				0.	0.	0.
(7) LAURA REID	2.00	21						· · ·	· ·	•••
SECRETARY	2.00	х		x				0.	0.	0.
(8) STEVEN R. KROHN	1.00								•	
BOARD MEMEBER		х						0.	0.	0.
(9) NANCY G. CARR	2.00									
BOARD MEMBER		х						0.	0.	0.
(10) CECILIA CROWHURST	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PEGGY ANNE DINEEN	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) CATHERINE J. DOYLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DANIELLE DINEEN EARLS	3.00									
BOARD MEMBER		х						0.	0.	0.
(14) DANIEL ENTWISTLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) GARY HEINZ	3.00									
BOARD MEMBER		х				L		0.	0.	0.
(16) RICHARD S. JOHNSON	6.00									
BOARD MEMBER		Х						0.	0.	0.
(17) NICHOLAS R. B. SORENSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21		_	_	_	_	_	_			Form 990 (2021)

Form **990** (2021)

Section A. Officers, Directors, Trus		рюу	ees,			gnes	τC		,	Т			
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable			timate	
	hours per week					s both or/trus		compensation	compensation			nount	Of
	(list any	Tot						from the	from related organizations			other pensa	tion
	hours for	director				P		organization	(W-2/1099-MISC	,		om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	lal tru		yee	om pe		1099-NEC)	,		•	d relat	
	below	Individual trustee or	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High	Former						
(18) KIMBERLY WITTMER	3.00												
BOARD MEMBER		Х						0.		٥.			0.
(19) MARGUERITE YATES	1.00												
BOARD MEMBER		Х						0.		٥.			0.
(20) BEATRICE BARDIN	2.00												
BOARD MEMBER		Х						0.		٥.			0.
(21) LEONARD VAN LOWE	3.00												
BOARD MEMBER		Х						0.		٥.			0.
(22) JEPHTHA TAUSIG	1.00												
BOARD MEMBER		Х						0.		٥.			0.
1b Subtotal							ightharpoons	214,059.		٥.	11,367.		
c Total from continuation sheets to Part VI							ightharpoonup	0.		٥.	0.		
d Total (add lines 1b and 1c)							<u> </u>	214,059.		0.		11,	367.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									. [3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	," co	mpl	ete S	Sche	edule	Jf	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address	NO	NE					Description of s	ervices	С	omper	nsatio	n
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				(0							

						OR OLDER PEOF	PLE, INC.		13-416580	7 Page 9
Pa	rt V	/	Statement of Re	ver	iue					
			Check if Schedule O	cont	ains a respons	e or note to any li				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Sυ	1	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues				-			
رة <u>و</u>			Fundraising events			178,636.				
fts,			Related organizations							
ig ig			Government grants (contr			81,513.				
Sin			All other contributions, gifts,			01,010	-			
uti Je		•	similar amounts not included			309,685,				
ĢË		~	Noncash contributions included in			002,000				
n o		_	Total. Add lines 1a-1f				569,834.			
0 0		''	Total. Add lines 1a-11			Business Code				
	•	_				Business Code				
Program Service Revenue	2	a L				-				
er, ue		b								
m S		C					+			
gra Re		d				-				
ľ		e	All all and an annual an a			-				
-			All other program service							
-	_		Total. Add lines 2a-2f							
	3		Investment income (included the similar amounts)				55,160.			55,160.
	4	other similar amounts) Income from investment of tax-exempt bond pro					33,100.			33,100.
	4 Income from investment of tax-exempt bond prod 5 Royalties		=							
	5		Royalties	·	(i) Real	(ii) Personal				
	_		0	0-	· '	(II) Fersonal	-			
	6	a	Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	<u>6c</u>						
		 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities 7a 1,033,776. 		s (ii) Other						
	′			` '	-					
		.	assets other than inventory	7a	1,033,77	•	-			
o o		D	Less: cost or other basis	71.	843,07	7				
evenue		_	and sales expenses	7b 7c			-			
			Gain or (loss)				190,699.			190,699.
Other R			Net gain or (loss)			<u>P</u>	150,033.			130,033.
Ę	0	а	including \$	-						
٥			contributions reported on							
			-		· .	3a 98,759.				
		h	Part IV, line 18			3b 40,203				
			Less: direct expenses Net income or (loss) from			,	58,556.			58,556.
			Gross income from gamin				10,000.			,
	9	а	Part IV, line 19)a				
		h	Less: direct expenses		I	9b				
			Net income or (loss) from			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
			Gross sales of inventory,							
	10	u	and allowances		I	0a				
		h	Less: cost of goods sold			0b	-			
			Net income or (loss) from			•				
		J	THE INCOME OF (1033) HOLL	Jaic	o or mivoritory	Business Code				
ns	11	a								
Miscellaneous Revenue	••	a b				-	1		1	
ella Ver		C				-	1		1	
Sce			All other revenue				1			
Σ			Total. Add lines 11a-11d				1			
	12		Total revenue. See instruction				874,249.	0.	0.	304,415.
				-110						, •

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 107,332. 107,332. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 162,308. 162,308. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,722 32,722 Other employee benefits 9 19,505 19,505. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 27,175. 17,547. 9,628. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 26,255. 26,255. Other. (If line 11g amount exceeds 10% of line 25, 54 551 37,004. 17,547 column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 33,091. 28,962. 4,129 13 Office expenses 5,174. 5,174. Information technology 14 Royalties 15 35,919. 35,721. 198 16 Occupancy 2,973. 2,973. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,182. 2,182 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 7,142. 7,142 23 Other expenses. Itemize expenses not covered 24 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.) OTHER EXPENSES 10,392. 10,250. 142 b d All other expenses Total functional expenses. Add lines 1 through 24e 526,721 459,498 67,223 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2021)

Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to any line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		158,909.	2	262,941.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the	·		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	7,920.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	l b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		2,553,701.	11	2,878,743.
	12	Investments - other securities. See Part IV, line		, ,	12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,272.	15	12,514.
	16	Total assets. Add lines 1 through 15 (must equ		2,721,882.	16	3,162,118.
	17	Accounts payable and accrued expenses		16,677.	17	21,419.
	18	Grants payable		, -	18	
	19	Deferred revenue		19		
	20	-		20		
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
	22	Loans and other payables to any current or form				
Liabilities	~~	trustee, key employee, creator or founder, subs				
ρij		controlled entity or family member of any of the	·		22	
L:	23	Secured mortgages and notes payable to unrela	A sel Ale Soul or self or a	33,171.	23	0.
	24	Unsecured notes and loans payable to unrelate		,	24	
	25	Other liabilities (including federal income tax, pa				
	23	parties, and other liabilities not included on lines				
		of Schedule D	3 17-24). Complete Fait A		25	
	26	Total liabilities. Add lines 17 through 25		49,848.	26	21,419.
	20	Organizations that follow FASB ASC 958, che	ock here		20	
S		and complete lines 27, 28, 32, and 33.	scr liefe			
ĕ	27			2,583,691.	27	3,063,262.
ala	28	Net assets with donor restrictions		88,343.	28	77,437.
Ā	20	Organizations that do not follow FASB ASC 9		111	20	,
필		and complete lines 29 through 33.	ioo, check here			
þ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ea			30	
\SS(31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32			2,672,034.	32	3,140,699.
Ž	33	Total net assets or fund balances Total liabilities and net assets/fund balances		2,721,882.	33	3,162,118.
	- 00	TOTAL HADIIILIES AND HEL ASSELS/TUND DAIMITES .		2,722,002.	J	-,102,110,

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		874,	249.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		526,	721.		
3	Revenue less expenses. Subtract line 2 from line 1	3		347,	528.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,672,03				
5	Net unrealized gains (losses) on investments	5		121,	137.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3	140,	699.		
Pai	rt 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis 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 oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
		За		Х			
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection
Employer identification number

HEALTH ADVOCATES FOR OLDER PEOPLE, INC. 13-4165807 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		,	`,'	,	, í	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,232,714.	765,477.	298,805.	238,676.	569,834.	3,105,506.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,232,714.	765,477.	298,805.	238,676.	569,834.	3,105,506.
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)						1,607,903.
	Public support. Subtract line 5 from line 4.						1,497,603.
	ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,232,714.	765,477.	298,805.	238,676.	569,834.	3,105,506.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,881.	40,532.	57,143.	40,854.	55,160.	203,570.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 700		7 550	0.200		17 777
	assets (Explain in Part VI.)	1,798.		7,550.	8,389.		17,737.
	Total support. Add lines 7 through 10		`				3,326,813.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th			•			. □
500	organization, check this box and stop ction C. Computation of Publi		centage				P
	Public support percentage for 2021 (I			olumn (f)\		14	45.02 %
	- · · · · · · · · · · · · · · · · · · ·					15	45.02 % 37.57 %
15	33 1/3% support test - 2021. If the o						
102	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-		•	▶ □
r	10% -facts-and-circumstances test	-	· · ·	*	-	7a. and line 15 is 1	
	more, and if the organization meets the	-					2,3 3 .
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization				• • •		
				,,,,	,		········ F

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? |f "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined 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.
- 10a 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.)

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ule	A (Form	n 990)	2021

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Pa	rt IV 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 Part VI.	11c		
Sec	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		Vaa	NI.
_	Managaratik, af the conscious and a discontinuous and a second of the decrease and a second of the alternation		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type in Supporting Organizations		V	
_	Did the average time was ide to each of its average to describe the last day of the fifth seconds of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. 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 Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	nizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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-functiona	lly integra	ted Type III supporting orga	nization (see
	instructions).			•

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3	
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive					
		de details in Part VI). See instructions.	3		8	
9	Distributable amount for 2021 from Section C, line 6					
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2017 AMOUNT: \$ 1,798.
2019 AMOUNT: \$ 7,550.
2020 AMOUNT: \$ 8,389.
2021 AMOUNT: \$ 0.

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

Inspection

Name of the organization

HEALTH ADVOCATES FOR OLDER PEOPLE INC.

Employer identification number 13-4165807

Pai		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	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 stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
D :	organization's accounting for conservation easements.	Add Historical Toronto and Co	la de Circila de Assas la
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	, ,	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

132051 10-28-21

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

Schedule D (Form 990) 2021

e Other

Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	Investments - Other Securities.	on Form 000 Port IV line	11h Coo Form 000 Bort V line 10	
(a) Descrip	Complete if the organization answered "Yes" otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	al derivatives	(4) = 2 2 3 3 4 3 4 3 4 3	(0)	,
	held equity interests			
3) Other	Tiola aquity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" (a) (a) Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed	Complete if the organization answered "Yes" (a) (a) Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feed (2) (3)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Feed (2) (3) (4)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feed (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Collul Part X) . (1) Feed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feed (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line		5.

132053 10-28-21

13-4165807

Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,009,334
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	121,137.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	40,203.		
e Add lines 2a through 2d			2e	161,340
3 Subtract line 2e from line 1			3	847,994
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,255.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	26,255
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>)</u>		5	874,249
Part XII Reconciliation of Expenses per Audited Financial St		xpenses per i	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, li			1	540,669
1 Total expenses and losses per audited financial statements			1	340,005
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م			
a Donated services and use of facilities			-	
b Prior year adjustments			-	
c Other losses		40,203.	-	
d Other (Describe in Part XIII.)	·····	•	-	40,203
e Add lines 2a through 2d			2e 3	500,466
3 Subtract line 2e from line 1			3	300, 400
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	26,255.		
a Investment expenses not included on Form 990, Part VIII, line 7b		20,233.	-	
b Other (Describe in Part XIII.)			4-	26,255
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c 5	526,721
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	<u> </u>		<u> </u>	,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART V, LINE 4:	ny additional informa	tion.		
HEALTH ADVOCATES ESTABLISHED A FUND TO PROVIDE LONG TERM FIN.	ANCIAL			
STABILITY AND UNDERPINNING FOR THE ORGANIZATION AND MISSION	OF HEALTH			
ADVOCATES. THIS ENDOWMENT FUND WILL BENEFIT COMMUNITY SENIOR	S BY			
SUPPORTING WELLNESS PROGRAMS THAT PROVIDE BALANCE AND STRENG	TH, AND TO			
GIVE SENIORS THE TOOLS, TECHNIQUES AND SUPPORT TO AGE WITH V	ITALITY AND			
INDEPENDENCE IN THEIR OWN HOMES. THE BALANCE OF THE BOARD				
DESIGNATED-ENDOWMENT FUND WAS \$154,771 AT DECEMBER 31, 2021	AND DECEMBER			
31, 2020.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
GROSS-UP OF SPECIAL EVENT	40,203.			
132054 10-28-21			Schedule	D (Form 990) 202

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

HEALTH ADV	OCATES FOR OLDER PEOPLE, IN	C.			13-416580	7
Part I Fundraising Activities required to complete this par	Complete if the organization answet.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with previouals or entities (fundraisers) pursus	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	etees, or Yes	<u></u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have co or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No				
Total			•			
List all states in which the organization or licensing.		contrib	utions	or has been notified	it is exempt from re	gistration
					-	

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

Pa	ırt ı	Fundraising Events. Complete if the of fundraising event contributions and ground and ground and ground areas and ground and ground areas are as a second and a second areas are as a second areas are a second are a second areas are a second are a second areas				
			(a) Event #1 JAZZ ON THE TERRACE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			71 7	, , , ,		
Revenue	1	Gross receipts	277,395.			277,395.
<u>~</u>	2	Less: Contributions	178,636.			178,636.
	3	Gross income (line 1 minus line 2)	98,759.			98,759.
			,			,
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages	27,854.			27,854.
چَ			0.000			0.000
	8	Entertainment Other direct consenses				8,000. 4,349.
	9 10	Other direct expenses		•	•	40,203.
	11	•				58,556.
Pa	irt l					1
		\$15,000 on Form 990-EZ, line 6a.				
			() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
S	2	Cash prizes				
ense	3	Noncash prizos				
Ä	•	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes9	% Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
			(2)			1
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			x year?	Yes No
b) IT "	Yes," explain:				
	_					
1320	22 10	0-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021 HEALTH ADVOCATES FOR OLDER PEOPLE, INC.	-4165807		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	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?	. L Y	es	No
	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es	No
b	of graning revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization of g			
_	of gaming revenue retained by the third party \$\bigsim \text{\$} \ \$ If "Yes," enter name and address of the third party:			
	the res, entername and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	Y	es	No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	s 9, 9k	o, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G (Form 990) HEALTH ADVOCATES FOR OLDER PEOPLE, INC.	13-4165807	Page 4
Schedule G (Form 990) HEALTH ADVOCATES FOR OLDER PEOPLE, INC. Part IV Supplemental Information (continued)		
(2000)		

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

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

Inspection

Name of the organization **Employer identification number** 13-4165807 HEALTH ADVOCATES FOR OLDER PEOPLE, INC. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN ADDITION TO OUR USUAL 15 EXERCISE AND WELLNESS CLASSES WE INITIATED MORE ZOOM CALLS THAT GAVE SENIORS THE OPPORTUNITY TO TALK. SHARE THEIR EXPERIENCES AND ASK QUESTIONS. WE FEATURED SEVERAL ART TOURS GIVEN BY A DOCENT AT THE WHITNEY MUSEUM. WE FEATURED A DISCUSSION ABOUT EMERGENCE ALERT OPTIONS, MEDICARE AND MEDICAID, AND OTHER TOPICS OF INTEREST TO OLDER ADULTS. TO ALLEVIATE DEPRESSION, LONELINESS AND TO ENCOURAGE FRIENDSHIP AND ENGAGEMENT, WE OFFERED A SERIES OF SEMINAR PROGRAMS TO HELP SENIORS THINK ABOUT POSITIVE MENTAL HEALTH, AND BUILDING A NETWORK OF FRIENDS AND ACQUAINTANCES, FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: IN ADDITION TO EXERCISE, WELLNESS, ENGAGEMENT AND FRIENDSHIP, WE FOCUS ON INTERGENERATIONAL OPPORTUNITIES. MANY SENIORS DO NOT REGULARLY ENGAGE WITH YOUNGER PEOPLE. OUR LUNCHES. COOKOUTS AND SOCIAL EVENTS GIVE THEM THE OPPORTUNITY TO TALK WITH A VARIETY OF PEOPLE OF DIFFERENT AGES. FOR FIVE YEARS WE HAVE HAD A STRONG PROGRAM OF ONE TO ONE TECH TUTORING WITH HIGH SCHOOL STUDENTS FROM TWO COMMUNITY SCHOOLS TO TEACH SENIORS HOW TO USE THEIR CELL AND SMART PHONES AS WELL AS THEIR COMPUTERS. THIS SPRING WE HAVE A SPECIAL PROGRAM WITH 21 REGIS HIGH SCHOOL SENIORS WHO HAVE SPENT MARCH, APRIL AND MAY PROVIDING TECH TUTORING AND OTHER SERVICES SUCH AS GROCERY SHOPPING. AND ESCORTING SENIORS TO THEIR APPOINTMENTS. THEY ARE ALSO HELPING HA DEVELOP A HOUSING RESOURCE BOOK FOR THE BRONX, QUEENS AND BROOKLYN,

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization HEALTH ADVOCATES FOR OLDER PEOPLE, INC.	Employer identification number 13-4165807
PRIOR TO FILING, THE FORM 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS FOR	
THEIR REVIEW AND COMMENTS. THE BOARD'S PRESIDENT AND TREASURER COMPLETED	_
THE FINAL REVIEW OF THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER IS REQUIRED TO COMPLETE A MANAGEMENT PERSON DISCLOSURE	
STATEMENT ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED BY USING COMPARABILITY SURVEYS OF COMPENSATION	
FROM SIMILAR ORGANIZATIONS RECEIVED BY THE OUTSIDE ACCOUNTANTS, WHICH IS	
APPROVED BY THE BOARD. THE EXECUTIVE DIRECTOR ALONG WITH THE BOARD	
DETERMINE COMPENSATION FOR OTHERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES 5,027.	
MANAGEMENT AND GENERAL EXPENSES 0.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 5,027.	
<u>:</u>	
PROGRAM SERVICE EXPENSES 31,977.	
MANAGEMENT AND GENERAL EXPENSES 17,547.	
132212 11-11-21	Schedule O (Form 990) 2021

Name of the organization HEALTH ADVOCATES FOR OLDER PEOPLE, INC.		Employer identification number
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	49,524.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,027.	

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. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print HEALTH ADVOCATES FOR OLDER PEOPLE, INC. 13-4165807 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 420 LEXINGTON AVENUE, SUITE 300 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10170 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) NANCY HOUGHTON/THE ORG. The books are in the care of ► 420 LEXINGTON AVENUE, SUITE 300 - NEW YORK, NY 10170 Telephone No. ▶ (212) 980-1700 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning _ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)