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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

_	For th	he 2009 calendar year, or tax year beginning , 2009, and end	ling		, ,						
В	Check	of applicable C		D Employer	Identifica	ation Number					
	□ Ac	Indicase change Please use HOOKSTON SENIOR HOMES, INC.		94-3	31252	28					
	\vdash	or print or type 1250 ADDISON STREET, SUITE G		E Telephone	e number						
	\vdash	I See IBERKELEY CA 94/02		510-	649-8	500					
	\vdash	thal return specific Instruc-		- 310	045						
	\vdash	ermination tions					^				
	Ыaг	mended return	1	G Gross rec			0.				
	L Ap	pplication pending F Name and address of principal officer JOY MOORE		a group return Il affiliates includ							
		SAME AS C ABOVE		i amiliates includ L'attach a list (s		tions) Yes	No				
<u></u>	Tax	x-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		•		•					
J	We	bsite: ► N/A	H(c) Group	exemption num	iber 🏲						
K	Form	n of organization X Corporation Trust Association Other ► L Year of For	nation 199	9 M Sta	ite of lega	I domicite CA					
Pa	art I	Summary									
		Briefly describe the organization's mission or most significant activities PROVIDE	AFFORI	DABLE HO	USIN	3					
4	'										
Š											
rna											
Activities & Governance	9	Check this box ► I if the organization discontinued its operations or disposed of	more than	25% of its a	– – – – ssets						
ğ		Number of voting members of the governing body (Part VI, line 1a)		1	3		3				
		Number of independent voting members of the governing body (Part VI, line 1b)			4		$\frac{3}{3}$				
	5	Total number of employees (Part V, line 2a)			5		0				
:≟	6	Total number of volunteers (estimate if necessary)			6		0				
ΥĞ	7 a	Total gross unrelated business revenue from Part VIII, column (C), line 12			7 a		0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34			7 b		0.				
=] ;	Prior Year	ł	Current Year	•				
	8	Contributions and grants (Part VIII, line 1h)									
Revenue	9	Program service revenue (Part VIII, line 2g)				-1,3	84.				
ě ř	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				1,3					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					 -				
;	1	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)				·	0.				
<u> </u>	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
)	i .	Benefits paid to or for members (Part IX, column (A), line 4).									
	14	·			-+						
Ø,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>								
ă A	b	Total fundraising expenses (Part IX, column (D), line 25) ▶									
Ш	177	Other expenses (Part IX, dolumn (A), lines 11a-11d, 11f-24f).									
	18_	Total expenses Add Intes 13-17 (must equal Part IX, column (A), line 25)					0.				
	10	Revenue less expenses 4 ubtract line 18 from line 12			1		0.				
	13	AUG 1 1 2010				F 6 V					
ate o	20	AUG I I ZUIU ME	Begi	inning of Ye	_	End of Year					
Asset Bale	11	Total assets (Part X, line 15)			0.		0.				
ž Ę	Zila	CODEN (Par X aning 26)									
Zű	'-22-	Net assets or fund balances Subtract line 21 from line 20			0.		0.				
Pa	art II	Signature Block									
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and true correct and complete Declaration of pregarer (other than officer) is based on all information of which p	statements, an	d to the best of	my knowle	edge and belief it is					
		true correct and complete Declaration of preparer (other than officer) is based on all information of which pr	eparer nas any		- <i>1</i> .						
Si	gn	Manu	1	0/6	.//0)					
He	ere	Signature of officer		ate	1						
		> JUSAN tricaland F.D									
		Type or print name and title									
_		Date		Check if	Prepa	arer's identifying num	nber				
Pa	id		. [5	self employed	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	instructions/					
Pr		Preparer's signature MICHAEL A. ROSS Mindus 84	[291740						
	rer's	DOMEDO NADACKY C DALEY LLD			11.00						
Us	se	yours if self-			_010	0000					
10	าly	employed), address and MODROR CR CR CASE			/005) 056 0405						
		ZIP+4 MURAGA, CA 94556	<u></u>	Phone no							
_		IRS discuss this return with the preparer shown above? (see instructions)					No				
BA	A Fo	r Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		TEEA0113L	12/29/09	Form 990 (2009)				

Form	990 (2009) HOOKSTON SENIOR HOMES, INC.	94-33	31252	3	F	age 2
Par	t III Statement of Program Service Accomplishments					
1,	Briefly describe the organization's mission					
	PROVIDE AFFORDABLE HOUSING					
		-		- - -		
			- -	- - -		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
2	Form 990 or 990-EZ?	tric prior	П	Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices?	П	Yes	\overline{X}	No
_	If 'Yes,' describe these changes on Schedule O		ш		_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expens	es Sec	tion 5	01(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocation	s to oth	ers, th	ne tota	1l
	expenses, and revende, it any, for each program solvies reported					
			^		1 20	
4a	(Code (Expenses \$				1,38	14.
	THE ORGANIZATION IS A LIMITED PARTNER IN LIMITED PARTNERSHIPS THAT AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES, INDIVIDUA				DED	
	PERSONS IN BERKELEY CALIFORNIA.	ra Wind	TAND.	CAP	EED	
	LEVOONO IN DEVVETET CAPTLOKNIA.					
						-
	(Code (Expenses \$ including grants of \$) (Povonuo	ć			```
40	(Code sincidality grants of \$) (Expenses \$)	Revenue	¥	•		—′
					-	
						
40	c (Code (Expenses \$ including grants of \$) (Revenue	\$)
	<u>, , , , , , , , , , , , , , , , , , , </u>					
				- - -		
				. _	_ _ _	
						-
			- - -			
	0					
4 d	d Other program services (Describe in Schedule O)				,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses ► 0.					

			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?	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? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	_6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 			
	 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 			
	 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 			
	 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			:
12	the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No	'-		
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	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	17	<u> </u>	<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	!	x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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 Х 23 Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV. and V. 34 34 Х line 1 Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$ If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х 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 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 37 Х

38 BAA

Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

	Total Control		Yes	No
1 9	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		103	140
16	Information Returns Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	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 0			
2 t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
t	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a	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
t	olf 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		_X_
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		Х
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		
۵	holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		 	
	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any tazable distributions under section 4500	9b		
	Section 501(c)(7) organizations. Enter		<u> </u>	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Section A.

Governing Body and Management

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 in Schedule O. See instructions.

				res	NO
1 a	Enter the number of voting members of the governing body	1a3	İ		
b	Enter the number of voting members that are independent	1b 3		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
_		-1 1-3	_		v
	Did the organization become aware during the year of a material diversion of the organization Does the organization have members or stockholders?	n's assets?	5 6		$\frac{X}{X}$
	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions under the following $ \begin{array}{c} \text{SEE} & \text{SCHEDULE} \\ \text{O} \end{array} $	ertaken during the year by			
а	The governing body?		8a	X	
t	Each committee with authority to act on behalf of the governing body?		8ь		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code)				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		X
t	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body		11	X	
11 /	Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O		_	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b		
(Does the organization regularly and consistently monitor and enforce compliance with the possible of how this is done	olicy? If 'Yes,' describe in	12 c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			
ā	The organization's CEO, Executive Director, or top management official		15 a		X
ŀ	Other officers of key employees of the organization		15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16 a		X
ŧ	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	n to evaluate its participation I the organization's exempt	16 Ь		
Sec	tion C. Disclosures		= 1		
	List the states with which a copy of this Form 990 is required to be filed CA				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request	and 990-T (501(c)(3)s only) as	– – - /aılabl	e for p	oublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	ments, conflict of interest pol	ıcy, ar	nd fina	incial
20	State the name, physical address, and telephone number of the person who possesses the AFFORDABLE HOUSING ASSOCIATES 1250 ADDISON STREET BERKEL	books and records of the orga	anızat	ion	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			((:)	_		(D)	(E)	(F)
Name and Title	Average hours	<u> </u>	tion (check		hat app		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
JOY MOORE						<u> </u>				
DIRECTOR	1 1	х						0.	0.	0.
MIKE JACOB										
DIRECTOR] 1	Х				l		0.	0.	0.
DAVID GREENSFELDER										
DIRECTOR	1	Х						0.	0.	<u>0.</u>
	 				-					
	1									
							-			
		-	-	<u> </u>	┝	 -				
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Part VII Section A. Officers, Directors, Trus	(B)			(((D)	(E)		(F)	
Name and Title	Average	Posi	lion (•	hat ap	oply)	Reportable	Reportable	[stimated	ł
none one mile	hours per week			Officer	_		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	amo cor or a	ount of ot inpensation from the ganization ind relate ganization	ther on on ed
												_
		:										
											_	
1 b Total							•	0.	0.			(
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	ab	ove)	who	o re	ceived more than	\$100,000 in report	able co	mpens	atio
non the organization											Yes	N
3 Did the organization list any former officer, director on line 1a ³ If 'Yes,' complete Schedule J for such i	or trust ndıvıdua	ee, I	key	emp	oloy	ee, c	or hi	ghest compensat	ed employee	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater tindividual	portable han \$15	e cor 50,00	npe)0?	nsa If 'Y	lion 'es'	and com,	oth <i>plet</i>	er compensation e Schedule J for s	from such	4		>
 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc. 	ompens	atio	n fro	om a	any	unre	late	d organization for	services	5		, ,
ection B. Independent Contractors	nedule .	101	Suc	n pe	730	''					1	
Complete this table for your five highest compensal compensation from the organization	ted inde	pend	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	s							Description (of Services	Comp	(C) ensatio	on
												_

Par	t VIII Statement of Revenue		 		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f Business Code 2a NET LOSS FROM PARTNERSHIP 531390	-1,384.	-1,384.		
PROGRAM SERVICE REVE	b c d e f All other program service revenue g Total. Add lines 2a-2f	-1,384.	-1, 304.		
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	1,384.	1,384.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19				
	See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	-			
	11abc				
	d All other revenue.				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	0.	0.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
t	Legal				
(: Accounting				···
	Lobbying				
€	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		<u></u>		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization			1	
23	Insurance	-			
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
		·			<u> </u>
_					
					
(· -	 	
•	All other expenses		·····		
	•	0.	0.	0.	0.
	Total functional expenses Add lines 1 through 24f	U.		<u> </u>	
∠ b	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		, , , , , , , , , , , , , , , , , , ,	.		Form 990 (2009)

BAA

Form **990** (2009)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
S	7	Notes and loans receivable, net			7	
S S E T	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis.	10a			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation	10b		10 c	
	11	Investments - publicly-traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	0.	16	0.
	17				17	
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
A B I	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
Ĭ L I T	22	Payables to current and former officers, directors, tru- highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II			
t		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117, check here ▶	and complete lines			
Ť		27 through 29 and lines 33 and 34.				
Ş	27	Unrestricted net assets			27	
E T S	28	Temporarily restricted net assets		·	28	
	29	Permanently restricted net assets			29	
Q R		Organizations that do not follow SFAS 117, check he	ere ► 🔲 and complete			
FUZD	20	lines 30 through 34.	_		20	
	30	Capital stock or trust principal, or current funds			30	
Ą	31	Paid-in or capital surplus, or land, building, and equip			31	
BALANCES	32	Retained earnings, endowment, accumulated income,	, or other tunds		32	
Ĕ	33	Total net assets or fund balances		0.	33	0.
- 5	34	Total liabilities and net assets/fund balances		0.	34	0.

TEEA0111L 01/30/10

Form 990 (2009) HOOKSTON SENIOR HOMES, INC. 94-331252	8	Pá	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 \square Cash \boxed{X} Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c 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?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
Separate basis Consolidated basis Both consolidated and separate basis			
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 Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ıt 3 b		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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 chantable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Employer identification number

<u>HOO</u>		_				~		INC														_	312528				
Part	1	Rea	150	n fo	r Pu	blio	: Cł	narit	y Sta	atu	s (A	II org	gan	ızatı	ions	mus	t co	omple	te thi	s part	.) Se	ee ii	nstruct	ions	<u> </u>		
The o	rgai	nızatı	on i	s not	a pri	vate	fou	ndati	on be	cau	ise it	ıs (F	or III	nes 1	1 thro	ugh 1	1, c	heck o	nly one	box)							
1	\Box	A ch	urch	, cor	venti	on d	of ch	urche	es or a	asso	ociati	on of	chu	rches	s des	cribed	l ın	section	170(b) (1)(A)(ï).						
2	П	A sc	hool	des	cribed	in:	secti	ion 1	70(b)(1)(/	4)(ii).	(Atta	ach S	Sche	dule	E)											
3	\blacksquare																ctio	n 170(l	5)(1)(A	(iii).							
4																					70(b)	(1)(4	(iii) Er	nter	the ho	spita	ıl's
					nd sta																						
5								or the e Par		efit	of a	colleg	je or	r univ	ersity	y own	ed o	or oper	ated by	a gov	ernm	ental	unit de	scrib	ed in	secti	on
6 7	Н	An o	rgar	nizati	on th	at n	orma	ally re		s a	subs	stantia						ection 1 m a go				from	n the ge	nera	l publ	ıc des	scribed
8	\Box							•	•			,)χ1χΑ	Yvi)). (Co	mole	te Pa	rt II)									
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10			-			•			•				•		•			-									
11																											
	a Type I b Type II c Type III – Functionally integrated d Type III – Other																										
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													other on													
f			org	Janız		rec	eived	daw	ritten	det	ermı	nation	froi	m the	e IRS	that	s a	Type I	, Туре	II or Ty	pe III	sup	porting	orga	nızatı	on,	
g		Sinc	еΑι	gust	17, 2	2006	, ha	s the	organ	niza	tion .	ассер	ted	any (gift d	r con	tribu	ution fr	om any	of the	follo	wing	persons	5?			
																								_		Ye	s No
		(i)	a p be	erso ow,	n who	o dır over	ectly ning	or in body	ndirec of th	tly o	contr uppo	ols, e rted o	ither organ	r alor nızatı	ne or ion?	toget	ner	with pe	ersons	describ	ed ın	(11) i	and (III)	_			
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		(iii)	а 3	5%	contro	olled	l enti	ity of	a per	son	des	cribed	i ın ((ı) or	(II) a	bove	•							1	1 g (iii	<u>) </u>	
h		Prov	ıde	the f	ollow	ng i	nfor	matio	n abo	ut t	the s	upport	ted o	orgar	nızatı	ons			,								
	(1)) Name Ore	of S ganiza		ed			(n) Eli	N		(11	ii) Type describe above o (see in	ed on or IRC	Ines 1 C section	1-9 on	organ	ization sted lover	s the on in col in your ning nent?	the orga	you notif inization (i) of support?	in lorg	anızat	s the ion in col zed in the S ?	(v	r the hospital's Jobed in section al public described al public described as receipts from gross organization after purposes of one o Check the box that ype III— Other d persons other (1) or section anization,		iupport
						<u> </u>										Ye	s	No	Yes	No	Y	es	No			_	
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Total																											

		-		,				• •
Sec	(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support							
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1							-	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
	Public support. Subtract line 5 from line 4							
Section B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
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 assets (Explain in Part IV).							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see in	structions)				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)
Sec	tion C. Computation of Pu						· · · · ·	
14		•	``	ne 11, column (f)			14	<u>%</u>
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15	<u>%</u>
16	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ı	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13, or 16a organization	a, and line 15 is 3	33-1/3% or n	nore, c	theck this box
17	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain i	n Part	IV how
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	box and stop hes a publicly suppo	re. Explain orted organiz	in Part zation	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	, 13, 16a, 16b, 17a				
BAA					Sc	hedule A (F	orm 9	90 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A Public Support

Jec	lion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						0.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose	49,730.				520.	50,250.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge		-				0.
6	Total. Add lines 1 through 5	49,730.	0.	0.	0.	520.	50,250.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	
	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>U.</u>	U.	0.
0	Public support (Subtract line				-		E0 2E0
Sac	7c from line 6) tion B. Total Support						50,250.
360	ilon B. Total Support				······		
Cala	adau saaau (aa fisaal uu baasaasaa sa) 🛌	(-) 200E	(h) 2006	(-) 2007	(4) 2000	(-) 2000 l	A Takal
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2005 49, 730.	(b) 2006	(c) 2007 0.	(d) 2008 0.	(e) 2009 520.	50,250.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	49,730.	0.	0.	0.	520.	50,250. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	-					50,250. 0. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	49,730.	0.	0.	0.	520.	50,250. 0.
9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add ins 9, 10c, 11, and 12)	49,730.	0.	0.	0.	0.	50, 250. 0. 0. 0. 50, 250.
9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	0.	0. 0. ation's first, secon	0.	0.	0.	0. 0. 0. 0. 50,250.
9 10 a b c 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	49,730. 0. s for the organizatop here	0. otion's first, seconercentage	0. 0. d, third, fourth, c	0.	0. a section 501(c)	0. 0. 0. 0. 50,250. 50,250.
9 10 a b c 11 12 13 14 Sec:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	0. Is for the organization here blic Support P 109 (line 8, column	0. otion's first, seconercentage otion of divided by line	0. 0. d, third, fourth, c	0.	0 . 6 a section 501(c)	50,250. 0. 0. 0. 50,250. 100.0%
9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	us for the organizatop here blic Support P 09 (line 8, column 2008 Schedule A,	0. ation's first, seconercentage (f) divided by line Part III, line 15	0. 0. d, third, fourth, c	0.	0. a section 501(c)	0. 0. 0. 0. 50,250. (3) ►
9 10 a b c 11 12 13 14 Sec: 15 16 Sec:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitor 10 payments of the payments of the percentage from the computation of Invitor 10 payments of the payments o	o. s for the organization here blic Support P 099 (line 8, column 2008 Schedule A, estment Incon	0. otion's first, secondercentage of (f) divided by line Part III, line 15 one Percentage	0. d, third, fourth, c	0. or fifth tax year as	0 . a section 501(c)	0. 0. 0. 0. 0. 50,250. (3) ► □
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage for suppor	us for the organization here blic Support P 09 (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c,	o. O. otion's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided	d, third, fourth, of the 13, column (f))	0. or fifth tax year as	520 . 0 . 15 . 16 .	0. 0. 0. 0. 50,250. 100.0% 0.0%
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support tests — 2009. If the 6	us for the organization here blic Support P 109 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul organization did not	0. 0. otion's first, secondercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line check the box on line	d, third, fourth, one 13, column (f)) If by line 13, column 17 The 14, and line 15	or fifth tax year as	520. 0. 15 16 17 18 %, and line 17 is no	0. 0. 0. 0. 0. 50,250. 0. 0. 100.0% 0.0%
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the composition of Public support percentage for 20. Public support percentage from the support percentage from the composition of Investment income percentage for linvestment income percentage for line line line line line line line line	us for the organization did not ox and stop here. 49,730. 0. 0. 0. 1. 1. 1. 1. 1. 1.	o. o. otion's first, secondercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line check the box on line The organization d not check a box	d, third, fourth, of the 13, column (f)) If by line 13, column 17 the 14, and line 15 qualifies as a purion line 14 or 19a	or fifth tax year as mn (f)) s more than 33-1/3 blicly supported contains and line 16 is m	520. 0. 15 16 17 18 %, and line 17 is no organization more than 33-1/3%	0. 0. 0. 0. 0. 50,250. 0. 0. 100.0% 100.0% 0.0% 0.0%

Schedule 1	A (Form	990 or	990-EZ	2009	HC	OKST	ON	SEN	IOR	HOME	S, I	NC.		94-33	12528	Page 4
Part IV	Supp	lemer	tal Inf	orma	tion.	Comp	olet	e this	s pa	rt to p	rovid	e the	explanations re er additional info	quired by	Part II, I	ine 10;
	Part	II, line	17a o	r 17b;	; and	d Part	Ш,	line	12. 1	Provid	le any	oth	er additional info	ormation	See instr	uctions.
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC

HOOKSTON SENIOR HOMES,

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

94-3312528

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 11A σ Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section 501 (C) (3) (**D)** Total income 501 (C) (3) TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) CA CA BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LOW INCOME LOW INCOME (B) Primary activity (B) Primary activity HOUSING HOUSING (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity AFFORDABLE_HOUSING_ASSOCIATES AHA DEVELOPMENT INC. 1250 ADDISON STE G BERKELEY, CA 94702 BERKELEY, CA 94702 1250 ADDISON 94-3248729 94-3186770 Part II

Page 2

94-3312528

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 HOOKSTON SENIOR HOMES, INC. Part III

(A)	(B)	(၁)	@	(E)	(A) (B) (C) (D) (E) (F) (F) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G)	(H)	(I)	<u> </u>	(J) General or	5
related organization		domicile	cont	income (related,		assets	tionate	100		managing	E. E. ✓
		foreign		from tax under			anocano			מומום	
		country)		sections 512-514)			Yes	No (Form 1065)	\dashv	Yes	٩ ٧
401 FAIRMOUNT, LP							-				
1250 ADDISON STE G											
BERKELEY, CA 94702											
26-2894095	LOW-INC HSG	CA	N/A	RELATED	-1,384.	0.	_	×	N/A	1	×
6TH AND OAK ASSOCIATES, LP	LP										
1250 ADDISON STE G											
BERKELEY, CA 94702											
26-3771920	LOW-INC HSG	CA	N/A	RELATED	0.	0.		×	N/A	1	×
HARMON GARDENS, L.P.										<u>-</u>	
1250 ADDISON STREET STE G	9										
BERKELEY, CA 94702											
26-4492977	LOW INC HSG	CA	N/A	RELATED	0.	0.		×	N/A		×

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored or or consequents	rporation or Trust (C treated as a corpora	omplete if the orgation or trust during	Y hization answered 'Y the tax year.)	es' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(B) (C) (D) (D) (E) (F) (G) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ect Type of entity (C corp, S co or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
			 			
	·•					
	, - ,					
ВАА		TEEA5002L 02/05/10			Schedule R (Form 990) (2009)	990) (2009)

Schedule R (Form 990) 2009 HOOKSTON SENIOR HOMES, INC.	94-3312528	528	Page 3	က
Part V Transactions With Related Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line	ine 34, 35, or 36)			٠,
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No.	1 : 1
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>			
a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity		, a	 	- 1
b Gift, grant, or capital contribution to other organization(s)		Ω .	× :	- 1
c Gift, grant, or capital contribution from other organization(s)		ř	×	- 1
d Loans or loan guarantees to or for other organization(s)		٦٩	×	- 1
e Loans or loan guarantees by other organization(s)		је 1	×	İ
		·		
f Sale of assets to other organization(s)		=	< : 	- 1
g Purchase of assets from other organization(s)		- 6	×	- 1
h Exchange of assets		<u>-</u>	×	- 1
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×	- 1
i lesse of facilities enument or other assets from other organization(s)		;-	<u>×</u>	
J. Eccase of demices, equipment, or other descent of fundamental ones of games and experiments. V. Derformance of carvices or membership or fundamental ones of colonial tops for other organization(s).		=	×	1
		=	×	1
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	1
n Sharing of paid employees		-	×	1
				l
o Reimbursement paid to other organization for expenses		10	×	
p Reimbursement paid by other organization for expenses		Пр	×	1
q Other transfer of cash or property to other organization(s)		<u>ا</u>	×	- 1
r Other transfer of cash or property from other organization(s)		-	×	- 1
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s and transaction threshol	sp		- 1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1)				1 1
/2)				1
(3)				- 1
(4)				
				1
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BAA TEEA5003L 02/05/10	Schedule R (Form 990) (2009)	R (Form 9:	30) (2002	6

Page 3

Schedule R (Form 990) 2009 HOOKSTON SENIOR HOMES, IN

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? ž Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? Yes No (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No (C)
Legal domicile
(state or foreign country) TEEA5004L 02/05/10 (B) Primary activity 11111 (A)
Name, address, and EIN of entity 11111 1 1 1 1 1111 111 BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

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

Name of the organization	Employer identification number 94-3312528
HOOKSTON SENIOR HOMES, INC.	94-3312326
FORM 990, PART VIII, LINE 2A	
LINE 2A - NET INC/LOSS FROM PTNRSHIP: THE AMOUNT REPORTED AS PR	OGRAM SERVICE REVENUE
IS_THE_ORGANIZATION'S ALLOCABLE SHARE OF THE NET AMOUNT OF INCO	ME OR LOSS FROM
PARTNERSHIP INVESTMENTS (ALLOCABLE GROSS INCOME LESS ALLOCABLE	EXPENSES OF THE
PARTNERSHIPS).	
SCHEDULE A (FORM 990) PART III	
FOR PURPOSES OF SCHEDULE A (FORM 990), PART III, THE ORGANIZATI	ON'S ALLOCABLE SHARE
OF GROSS RECEIPTS FROM PARTNERSHIPS (WITHOUT ANY REDUCTION FOR	ALLOCABLE EXPENSES OF
THE PARTNERSHIPS) IS REPORTED.	
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOC	UMENTATION OF MEETINGS
THERE ARE NO SUBCOMMITTEES OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE FORM 990 IS REVIEWED BY THE MANAGEMENT AGENT AND SIGNED BY	A BOARD MEMBER.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAI	LABLE FOR PUBLIC
INSPECTION AT THE MANAGEMENT AGENTS OFFICE.	
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Schedule O (Form 990) 2009 Name of the organization	Page 2 Employer identification number
	94-3312528
HOOKSTON SENIOR HOMES, INC.	34-3312328
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