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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

В		he 2013 calendar year, or tax year beginning , 2013, and ending		,			
Ĭ		s change) Employer i	dentification number			
	Name o	change HOOKSTON SENIOR HOMES, INC.		12528			
	Initial r	eturn 12012 01101212 1110102	Telephone	number			
	Termin	BERKELEY, CA 94703	510-6	510-647-0700			
	Amend	led return	Group E:	Group Exemption			
	Applica	ation pending	Number				
G				organization is not			
ı	Webs			Schedule B (Form			
<u> </u>	Tax-ex	compresented (energy disp)	0-EZ, or 99	90-PF) 			
		of organization X Corporation Trust Association Other					
L	Add I asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►\$	1,168.			
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions				
		Check if the organization used Schedule O to respond to any question in this Part I		X			
	1	Contributions, gifts, grants, and similar amounts received	1				
	2	Program service revenue including government fees and contracts	2	1,119.			
	3	Membership dues and assessments	3				
	4	Investment income	4	49.			
	5 a	Gross amount from sale of assets other than inventory 5 a	, , , , , , , , , , , , , , , , , , ,				
	b	Less cost or other basis and sales expenses 5 b					
	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c				
	6	Gaming and fundraising events	- 1				
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					
ě.	b	Gross income from fundraising events (not including \$ of contributions	7				
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					
	С	Less direct expenses from gaming and fundraising events . 6 c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	ē d				
	7 a	Gross sales of inventory, less returns and allowances 7a					
	b	Less cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с				
	8	Other revenue (describe in Schedule O)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	1,168.			
	10	Grants and similar amounts paid (list in Schedule O)	10				
	11	Benefits paid to or for members	11				
E	12	Salaries, other compensation, and employee benefits	12				
P	13	Professional fees and other payments to independent contractors	13				
P E N S E S	14	Occupancy, rent, utilities, and maintenance	14				
Ě	15	Printing, publications, postage, and shipping	15				
_	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	3,990.			
	17	Total expenses. Add lines 10 through 16	▶ 17	3,990.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,822.			
A NS E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return)	ar	25,859.			
ŤŤ	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	23,037.			
ВА	A Foi	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)			

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Pai	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			X
	· ·	date of to respond to drift que) Beginning of year	r	(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings	SEE SCHEDUL	F 0		23	
24	Other assets (describe in Schedule O)	SEE SCHEDOL		25,859.	24	23,037.
25	Total assets		<u> </u>	25,859.	25	23,037.
26 27	Total liabilities (describe in Schedule O)	olumn (D) must anna suith li	21)	0.	26	0.
27 Dai	Net assets or fund balances (line 27 of co t III Statement of Program Service Acco			25,859.	27	23,037. Expenses
ı aı	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part III			uired for section 501
		SCHEDULE O		1.) and 501(c)(4) nizations and section
Desc meas bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of it manner, describe the service ach program title	is three largest program es provided, the numbe	services, as r of persons	4947((a)(1) trusts, optional thers)
28	SEE SCHEDULE O					
20	(Grants \$) If thi	s amount includes foreign gr	ants, check here		28 a	3,990.
29						
	(Grants \$) If the	s amount includes foreign gr	ants check here	╌╌╌┈┲┌┪	29 a	
30	(diants \$) ii tiii	s amount includes loreign gr	arits, check fierd		23 4	
50						
					- 1	
	(Grants \$) If thi	s amount includes foreign gr	ants, check here	F	30 a	
31	<u> </u>					
	· -	s amount includes foreign gr	ants, check here	▶ 🔲	31 a	
32	Total program service expenses (add line	es 28a through 31a)	· · · · · · · · · · · · · · · · · · ·	•	32	3,990.
Par	t IV List of Officers, Directors, Tr	ustees, and Key Emplo	yees (list each one ever	ıf not compensated —	see th	e instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any q	uestion in this Part IV			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
	Z OGBURECTOR	0.2	0.		0.	0.
MIF	KE JACOB					
	IRMAN	0.2	0.		0.	0.
	VID GREENSFELDER					
	RECTOR	0.2	0.		0.	0.
SC	OTT SMITH					
	RECTOR	0.2	0.	ļ	0.	0.
	LA PRICE	0.0			_	_
<u>SEC</u>	RETARY	0.2	0.		0.	0.
			[
						
				 		
	- -					
						· · · · · · · · · · · · · · · · · · ·
			1			
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94-3312528

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Page 3

Pai	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED) the instructions for Part V) Check if the organization used Schedule O to respond to any guestion in this Part V	ULE	0	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect	33		
-	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		Х
35 :	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
33 6	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	00.5		
`	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a 0.			
ŧ	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			- '
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved 38 b N/A			'
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 39a N/A			ı
_	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 ь		Х
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 0		
•	; Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed			1
•	by the organization			1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
•	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed CA			
	The organization's books are in care of SAHA PROPERTY MANAGEMENT, INC. Located at 1521 UNIVERSITY AVENUE BERKELEY CA 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)? If 'Yes,' enter the name of the foreign country	47-0 42b	700 Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	 42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► [N/A N/A
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	\vdash	X
-	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
AE	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	 	X
		""	 	 ^
	b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	1	Х
				(2012)

Form 990	-EZ (2013) HOOKSTON SENIOR HOM	MES, INC.		94-331	12528	P	Page 4
						Yes	No
	the organization engage, directly or indirect didates for public office? If 'Yes,' complete		in activities on behalf of	or in opposition to	46		X
Part VI						l .	
,	All section 501(c)(3) organization		questions 47-49b ar	nd 52, and complet	e the tabl	es	
	for lines 50 and 51.		•	•			_
	Check if the organization used Schedule	e O to respond to any o	question in this Part VI				Щ,
47 Did	the organization engage in lobbying activiti	ies or have a section 50	01(h) election in effect d	uring the tax year? If 'Y	'es'	Yes	No
	plete Schedule C, Part II	ies of flave a section of	or (ii) cleation in chect a	uning the tax year in t	47		Х
48 Is th	ne organization a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	ule E	48		X
	the organization make any transfers to an	•	related organization?		49 a		X
	es,' was the related organization a section			f	49 b		L
	nplete this table for the organization's five holoyees) who each received more than \$100						
			T	(d) Health benefits,	<u> </u>		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated other com		
		to position		compensation			
NONE							
						_	
	al number of other employees paid over \$1- nplete this table for the organization's five t		donandant contractors	who each received more	n than ¢100	000 0	f
51 Con	pensation from the organization of there is	none, enter 'None '	idependent contractors	who each received more	e (i iai i \$100,	000 0	ļ
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio	n
NONE							
			L.				
		·····					
	al number of other independent contractors	_		•			
cha	the organization complete Schedule A? No ritable trusts must attach a completed Sche	edule A		·	► X Yes		No
Under penalti true, correct,	es of perjury. I degare that Nhave examined this return, inclu, and complete Declaration of preparer (other than office	iding accompanying schedules a er) is based on all information	nd statements, and to the best of of which preparer has any know	my knowledge and belief, it is wledge			
	D Man			1 119	14		
Sign	Signature of officer	11. 1	Medica >	Date	•		
Here	Type or print name and title	llong ex	ECUTIVE DA	RECTOR			
	Print/Type preparer's name	P eparer's signature	Date		TIN		
D-11	ANNETTE M. SPITERI	Chrittem.	Decte "/6,	Check if self-employed F	0018026	0	
Paid Preparer	Firm's name BOWERS, NARASKY	& DALEY, LLP	J-00 + 141	y companyon I	0010020		
Use Only	 	Fırm's EIN ►	68-0199	099			
	MORAGA, CA 9455	6		Phone no (92	5) 376-2	195	
May the I	RS discuss this return with the preparer sh	own above? See instru	ctions		► X Yes		No

Form **990-EZ** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

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

2013

Open to Public Inspection

Employer identification number Name of the organization HOOKSTON SENIOR HOMES, INC 94-3312528 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 4 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 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated a X Type I d Type III — Non-functionally integrated С e |X| 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, X check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) Χ 11 g (i) below, the governing body of the supported organization? Х A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? X 11 g (iii) Provide the following information about the supported organization(s) h

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		s the ration in mn (i) ed in the S ?	(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No		
	SATELLITE AFF H	\$G ASSOC.									
(A)		94-3186770	7	X		Х		X		2,822.	
(B)											
(C)			·····								
(D)				ļ		ļ					
<u>(E)</u>							<u> </u>				
Tota	!						<u> </u>			2,822.	

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

Schedule A (Form 990 or 990-EZ) 2013

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) Section A. Public Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or 3 facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Calendar year (or fiscal year (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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 lines 7 through ነዕ Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33-1/3% support test - 2013. 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 b 33-1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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)

Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions and membership fees 						
received (Do not include any 'unusual grants')	•					
2 Gross receipts from admis-						
sions, merchandise sold or services performed, or facilities				1		
furnished in any activity that is						
related to the organization's						
tax-exempt purpose. 3 Gross receipts from activities						
that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and						
either paid to or expended on						
its behalf The value of services or				_		
5 The value of services or facilities furnished by a						
governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1,						
2, and 3 received from disqualified persons.						
b Amounts included on lines 2						
and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or						
1% of the amount on line 13 for the year						
c Add lines 7a and 7b.					-	
8 Public support (Subtract line 7c from line 6)		-				
Section B. Total Support	<u> </u>		<u> </u>			
Calendar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4) 2003	(2, 2010	(5)2511	(4)	(0, =0.10	()
10 a Gross income from interest,						
dividends, payments received on securities loans, rents,						
royalties and income from						
sımılar sources b Unrelated busıness taxable				ļ		
income (less section 511						
taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				 		
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include						
gain or loss from the sale of capital assets (Explain in						
Part IV.) 13 Total Support. (Add Ins 9,10c, 11 and 12)		<u></u>	<u> </u>			
14 First five years. If the Form 990	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	
organization, check this box and		Dawaantama			 	
Section C. Computation of Pt 15 Public support percentage for 20			e 13 column (f))		15	
16 Public support percentage from	•		c 70, colailii (17)		16	%
Section D. Computation of In			ie			
17 Investment income percentage f				nn (f))	17	%
18 Investment income percentage f	rom 2012 Schedul	e A, Part III, line	17		18	ે
19 a 33-1/3% support tests - 2013. If	the organization of	did not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	line 17
is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppoi	rted organization	▶ ∐
b 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	ilifies as a publicly	supported organiza	ation -
20 Private foundation. If the organ	zation did not che	ck a box on line 1	4, 19a, or 19b, cl			
RAA		TEFANANSI	06/28/13	S	hedule A (Form 99	0 or 990-F7) 2013

Schedule A	(Form 990 or 990-EZ) 201	3 HOOKSTON S	ENIOR HOMES,	INC.	94-3312528	Page 4
Part IV	Supplemental Inform or 17b; and Part III, (See instructions).	nation. Provide t line 12. Also com	the explanations in the control of t	required by Part II, line or any additional information	10; Part II, line 17a ation.	
						- -
				-		
						
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	- 					-
	- -					
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			. 			
						-
						
						
			 _			
						
			- -			
						-

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

94-3312528 HOOKSTON SENIOR HOMES, INC FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (1) TO PROVIDE HOUSING FOR LOW INCOME PERSONS, WHERE NO ADEQUATE HOUSING EXISTS FOR SUCH GROUPS; AND (2) TO SERVE AS A GENERAL PARTNER IN A LIMITED PARTNERSHIP WHICH OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW INCOME PERSONS WHO ARE IN NEED OF AFFORDABLE, DECENT, SAFE AND SANITARY HOUSING AND RELATED SERVICES, WHERE NO ADEQUATE HOUSING EXISTS FOR SUCH GROUPS; AND (3) TO SUPPORT THE PURPOSES OF SATELLITE AFFORDABLE HOUSING ASSOCIATES, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE ORGANIZATION IS A LIMITED PARTNER IN A LIMITED PARTNERSHIP THAT PROVIDES 16 UNITS OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES, INDIVIDUALS AND HANDICAPPED PERSONS IN BERKELEY, CALIFORNIA. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

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2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

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HOOKSTON SENIOR HOMES, INC.

94-3312528

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

PTNRSHP - ALLOCABLE SHARE EXP

* 3,990. TOTAL * 3,990.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

INVESTMENT IN PARTNERHSIP

BEGINNING ENDING

\$ 25,859. \$ 23,037.

TOTAL \$ 25,859. \$ 23,037.