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Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

| | | | | | |
|---|--|--|--|--|--|
| A For the 2013 calendar year, or tax year beginning 7/01 | | , 2013, and ending 6/30 | | , 2014 | |
| B Check if applicable <ul style="list-style-type: none"> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C SATELLITE AFFORDABLE HOUSING ASSOCIATES PROPERTY MANAGEMENT 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 | | D Employer identification number 94-3031375 | |
| | | | | E Telephone number 510-647-0700 | |
| | | F Name and address of principal officer SUSAN FRIEDLAND 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 | | G Gross receipts \$ 2,636,284. | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| J Website: ► WWW.SAHAHOMES.ORG | | H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list (see instructions)</small> | | H(c) Group exemption number ► | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation 1966 | | M State of legal domicile CA | |

| | | |
|---|--|--|
| Activities & Governance | Part I Summary | |
| | 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES MANAGEMENT AND RELATED SERVICES TO ITS AFFILIATES, ALL OF WHICH ARE CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPS ORGANIZED TO PROVIDE RENTAL HOUSING FOR LOW AND MODERATE-INCOME ELDERLY PERSONS. | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 1 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 | |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 1 | |
| | 6 Total number of volunteers (estimate if necessary) | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 1 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 0 | |
| | 8 Contributions and grants (Part VIII, line 1h) 17,750. | |
| | 9 Program service revenue (Part VIII, line 2g) 2,405,757. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 602. | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,500. | | |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,428,609. | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,934,749. | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,641,213. | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,020,195. | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,553,936. | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 9,129,898. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,129,898. | | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -6,701,289. | | |
| 19 Revenue less expenses Subtract line 18 from line 12 -1,124,073. | | |
| Revenue | Beginning of Current Year 3,987,369. | |
| | End of Year 3,039,948. | |
| | 20 Total assets (Part X, line 16) 0. | |
| | 21 Total liabilities (Part X, line 26) 176,652. | |
| Net Assets & Fund Balances | 22 Net assets or fund balances Subtract line 21 from line 20 3,987,369. | |
| | 2,863,296. | |
| | | |

Part II Signature Block

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

| | | |
|-----------|--|--|
| Sign Here | Signature of officer <i>Susan Friedland</i> Date <i>2/10/15</i> | |
| | Type or print name and title <i>Susan Friedland, Executive Director</i> | |

| | | | | | |
|------------------------|---|--|---------------------------------------|---|------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name CLAUDE A. PERSONS | Preparer's signature <i>Claude A. Persons</i> | Date 2/9/15 | Check <input type="checkbox"/> if self-employed | PTIN P00011016 |
| | Firm's name ► SPITERI NARASKY & DALEY LLP | | Firm's EIN ► 68-0199099 | | |
| | Firm's address ► 1024 COUNTRY CLUB DR. MORAGA, CA 94556 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

| | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

THE ORGANIZATION PROVIDES MANAGEMENT AND RELATED SERVICES TO ITS AFFILIATES, ALL OF WHICH ARE CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPS ORGANIZED TO PROVIDE RENTAL HOUSING FOR LOW AND MODERATE-INCOME ELDERLY PERSONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
 Yes 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 services?
 Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 3,023,903, including grants of \$ _____) (Revenue \$ 2,638,280.)

TO MANAGE AND OPERATE AFFORDABLE HOUSING PROJECTS FOR LOW AND MODERATE-INCOME ELDERLY PERSONS. THE ORGANIZATION ALSO PROVIDES RESIDENT SERVICES FOR THE PROJECTS.

4b (Code _____) (Expenses \$ 595,070, including grants of \$ 595,070) (Revenue \$ _____)

TO PROVIDE GENERAL SUPPORT TO SATELLITE AFFORDABLE HOUSING ASSOCIATES AND SATELLITE AHA DEVELOPMENT, INC, RELATED CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATIONS, IN FURTHERANCE OF SATELLITE AFFORDABLE HOUSING ASSOCIATES'S AND SATELLITE AHA DEVELOPMENT, INC'S EXEMPT PURPOSE OF DEVELOPING AND/OR PROVIDING AFFORDABLE HOUSING FOR LOW INCOME PERSONS.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 3,618,973

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 X | |
| 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 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 X | |
| 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 X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 X | |
| 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a X | |
| b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b X | |
| c 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 | 11 c X | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f X | |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12 a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 X | |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | 14 a X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14 b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 X | |
| 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 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 X | |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 X | |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| 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 disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a X | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b X | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 X | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 X | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 28a X | |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b X | |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28c X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 29 X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 30 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 31 X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 32 X | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 33 X | |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 34 X | |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 35a X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35b X | |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 36 X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 37 X | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 38 X | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|--|--|------|-----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 a | 46 |
| 1 b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1 c | X |
| 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 | 2 a | 151 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2 b | X |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | X |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, 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)? | 4 a | X |
| b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | 5 a | X |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 b | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5 c | |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 6 a | X |
| 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 as charitable contributions? | 6 b | |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 7 a | X |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7 b | | 7 b | |
| 7 c | | 7 c | X |
| 7 d | | 7 d | |
| 7 e | | 7 e | X |
| 7 f | | 7 f | X |
| 7 g | | 7 g | |
| 7 h | | 7 h | |
| 8 | | 8 | |
| 9 a | | 9 a | |
| 9 b | | 9 b | |
| 10 a | | 10 a | |
| 10 b | | 10 b | |
| 11 a | | 11 a | |
| 11 b | | 11 b | |
| 12 a | | 12 a | |
| 12 b | | 12 b | |
| 13 a | | 13 a | |
| 13 b | | 13 b | |
| 13 c | | 13 c | |
| 14 a | | 14 a | X |
| 14 b | | 14 b | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | | | |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|----|----|-----|----|
| 1a | 16 | | |
| 1b | 16 | | |
| 2 | | X | |
| 3 | | X | |
| 4 | | X | |
| 5 | | X | |
| 6 | | X | |
| 7a | X | | |
| 7b | | X | |
| 8a | X | | |
| 8b | X | | |
| 9 | | X | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a | | X |
| b | | |
| 11a | X | |
| b | | |
| 12a | X | |
| b | | |
| c | | |
| 13 | | |
| 14 | | |
| 15 | | |
| a | | |
| b | | |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 16a | | |
| b | | |
| 16a | | X |
| 16b | | |

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► | CA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply | |
| | <input type="checkbox"/> Own website | <input type="checkbox"/> Another's website |
| | <input checked="" type="checkbox"/> Upon request | <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | SEE SCHEDULE O |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | ► THE ORGANIZATION 1521 UNIVERSITY AVENUE BERKELEY CA 94704 510-647-0700 |

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organi- zations below dotted line) | (C) | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|------------------------------------|---|--------------------|--------------------|-----------------------|---------|---|--|---|----|
| | | Former director | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated | | |
| (1) RALPH HAYWARD CHAIRMAN | 1 1 | X | | X | | | | 0. | 0. |
| (2) NINA MARINKOVICH VICE CHAIR | 1 1 | X | | X | | | | 0. | 0. |
| (3) ANTHONY BARRON SECRETARY | 1 1 | X | | X | | | | 0. | 0. |
| (4) SCOTT SMITH TREASURER | 1 1 | X | | X | | | | 0. | 0. |
| (5) RAULY BUTLER DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (6) DAVID GREENSFELDER DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (7) MIKE JACOB DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (8) KAREN JACOBS DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (9) ARNELL KILIAN DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (10) JOY MOORE DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (11) LIZ OGBU DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (12) ELIZABETH ORLIN DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (13) JAMES REILLY DIRECTOR | 1 1 | X | | | | | | 0. | 0. |
| (14) ALFRED REYNOLDS DIRECTOR | 1 1 | X | | | | | | 0. | 0. |

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related orga- niza- tions below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|---|---|--|--------------------|-----------------------|---------|---|--|---|----------|
| | | Or director | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee | | |
| (15) RON RIDLEY DIRECTOR | 1 1 | | X | | | | | 0. | 0. |
| (16) FRANCINE WILLIAMS DIRECTOR | 1 1 | | X | | | | | 0. | 0. |
| (17) SUSAN FRIEDLAND EXECUTIVE DIR. | 1 39 | | | X | | | | 0. | 178,291. |
| (18) ZACHARY LOPEZ DIRECTOR PROP MGMT | 40 0 | | | | X | | | 129,425. | 13,329. |
| (19) | | | | | | | | | |
| (20) | | | | | | | | | |
| (21) | | | | | | | | | |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (24) | | | | | | | | | |
| (25) | | | | | | | | | |
| 1 b Sub-total | | | | | | | ► | 129,425. | 178,291. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | ► | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | ► | 129,425. | 178,291. |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► | 1 | | | | | | | | 31,911. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| VAN METER WILLIAMS POLLACK, LLP 333 BRYANT ST., SUITE 300 SAN FRANC | ARCHITECTURAL | 348,583. |
| PHILIP P. RITTER 18170 GOEBEL COURT LOS GATOS, CA 95033 | CONSULTING SERVICES | 145,798. |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|---|-------------------------|--|---|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a-1f | \$ | | | |
| h Total. Add lines 1a-1f | | | | | |
| PROGRAM SERVICE REVENUE | 2 a MANAGEMENT FEES | Business Code 531310 | 2,273,201. | 2,273,201. | |
| | b PROJECT SERVICE FEES | 531310 | 315,579. | 315,579. | |
| | c LEASE UP FEES | 531310 | 47,500. | 47,500. | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 2,636,280. | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | 4. | | | 4. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6 a Gross rents | (i) Real | (ii) Personal | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less: cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) | | | | | |
| See Part IV, line 18 | a | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less direct expenses | b | | | | |
| 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 | | | | |
| 11 a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 2,636,284. | 2,636,280. | 0. | 4. |
| 12 Total revenue. See instructions | | | | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21. | 595,070. | 595,070. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 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 | 1,680,201. | 1,680,201. | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 33,961. | 33,961. | | |
| 9 Other employee benefits | 235,790. | 235,790. | | |
| 10 Payroll taxes | 70,243. | 70,243. | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 30,989. | 24,277. | 6,712. | |
| c Accounting | 18,825. | 14,748. | 4,077. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 508,859. | 500,029. | 8,830. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 190,751. | 149,435. | 41,316. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 93,507. | 73,254. | 20,253. | |
| 17 Travel | 13,103. | 10,265. | 2,838. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 34,252. | 26,833. | 7,419. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 12,391. | 9,707. | 2,684. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a HR AND RECRUITING | 56,523. | 44,280. | 12,243. | |
| b STAFF DEVELOPMENT | 46,142. | 36,148. | 9,994. | |
| c REPAIRS AND MAINTENANCE | 45,971. | 36,014. | 9,957. | |
| d MISCELLANEOUS ADMINISTRATIVE | 35,300. | 27,665. | 7,635. | |
| e All other expenses | 58,479. | 51,053. | 7,426. | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,760,357. | 3,618,973. | 141,384. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | (B) End of year |
|-------------|---|--------------------------|-----------------------------|
| ASSETS | 1 Cash – non-interest-bearing | 1,963,922. | 410,951. |
| | 2 Savings and temporary cash investments | 2,023,447. | 1,272,046. |
| | 3 Pledges and grants receivable, net | 3 | |
| | 4 Accounts receivable, net | 4 | 1,356,951. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 6 | |
| | 7 Notes and loans receivable, net | 7 | |
| | 8 Inventories for sale or use | 8 | |
| | 9 Prepaid expenses and deferred charges | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 71,062. |
| | b Less: accumulated depreciation | 10b | 71,062. |
| | 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) | 3,987,369. | 16 3,039,948. |
| LIABILITIES | 17 Accounts payable and accrued expenses | 17 | 176,652. |
| | 18 Grants payable | 18 | |
| | 19 Deferred revenue | 19 | |
| | 20 Tax-exempt bond liabilities | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 0. | 26 176,652. |
| | NET ASSETS OR FUND BALANCES | | |
| | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 3,987,369. | 27 |
| | 28 Temporarily restricted net assets | 28 | |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | |
| | 33 Total net assets or fund balances | 33 | 2,863,296. |
| | 34 Total liabilities and net assets/fund balances | 3,987,369. | 34 3,039,948. |

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

| | | |
|---|----|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,636,284. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,760,357. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,124,073. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,987,369. |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,863,296. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2b Were the organization's financial statements audited by an independent accountant? | 2b | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| 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 | 3b | X |

BAA

Form 990 (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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SATELLITE AFFORDABLE HOUSING ASSOCIATES
PROPERTY MANAGEMENT

Employer identification number
94-3031375

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)

1 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)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
 e 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)**
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|------------|-----|----|
| 11 g (i) | | |
| 11 g (ii) | | |
| 11 g (iii) | | |

h Provide the following information about the supported organization(s)

| (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? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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 beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|------------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.) | 883,911. | 3,830,871. | 4,597,184. | 17,750. | | 9,329,716. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3 | 883,911. | 3,830,871. | 4,597,184. | 17,750. | 0. | 9,329,716. |
| 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) | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 9,329,716. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|------------|------------|----------|----------|-------------|
| 7 Amounts from line 4 | 883,911. | 3,830,871. | 4,597,184. | 17,750. | 0. | 9,329,716. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 19,991. | 34,878. | 19,943. | 5,102. | 4. | 79,918. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 9,409,634. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 15,822,194. |

13 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**

| | | |
|---|----|---------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.15 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 98.85 % |

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

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 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'). | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a 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

Calendar year (or fiscal yr beginning in) ►

| | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|--------------------------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable 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 lns 9,10c, 11 and 12.) | | | | | | |
| 14 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 | ► | <input type="checkbox"/> | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------------------------|
| -17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |
| 19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and 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 organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | ► | <input type="checkbox"/> |

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

Employer identification number

SATELLITE AFFORDABLE HOUSING ASSOCIATES
PROPERTY MANAGEMENT

94-3031375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

| | | |
|---|--|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| | <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| | <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | | |
| a Total number of conservation easements | 2 a | |
| b Total acreage restricted by conservation easements | 2 b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | | |
| 4 Number of states where property subject to conservation easement is located ► | | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► | | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ | | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

| | |
|---|------|
| 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. | |
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2 a Did the organization include an amount on Form 990, Part X, line 21? . . .

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 71,062 | 71,062 | 0 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 0 |

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► | | |

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | |

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ► | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ► | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII SEE PART XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIII)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII)
 - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

| | | |
|--|----|--|
| | 1 | |
| | 2a | |
| | 2b | |
| | 2c | |
| | 2d | |
| | 2e | |
| | 3 | |
| | 4a | |
| | 4b | |
| | 4c | |
| | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Other losses
 - d Other (Describe in Part XIII)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII)
 - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

| | | |
|--|----|--|
| | 1 | |
| | 2a | |
| | 2b | |
| | 2c | |
| | 2d | |
| | 2e | |
| | 3 | |
| | 4a | |
| | 4b | |
| | 4c | |
| | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE CORPORATION HAS RECEIVED TAX EXEMPT STATUS UNDER IRC SECTION 501(C)(3) AND THE CALIFORNIA FRANCHISE TAX BOARD UNDER THE REVENUE AND TAXATION CODE 23701(D). THE CORPORATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FEDERAL AND STATE INFORMATION RETURNS FOR THE YEARS ENDING SEPTEMBER 30, 2013, 2012, 2011 AND 2010 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR THE FEDERAL AND STATE RETURNS, RESPECTIVELY.

BAA

Schedule D (Form 990) 2013

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SATELLITE AFFORDABLE HOUSING ASSOCIATES

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) <u>SATELLITE AFF HSG ASSOCIATES</u> 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 | 94-3186770 | 501 (C) (3) | 595,070. | 0. | | | GNRL SUPPORT: DEV LOW INC HSG |
| (2) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (3) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (4) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (5) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (6) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (7) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (8) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

BAA For Paperwork Reduction Act Notice: see the instructions for Form 990.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

94-3031375

Employer identification number

Yes No

SEE PART IV

OMB No. 1545-0047
2013
Open to Public
Inspection

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

1
0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

SATELLITE AFFORDABLE HOUSING ASSOCIATES PROPERTY MANAGEMENT SHARES A COMMON BOARD OF DIRECTORS WITH THE RECIPIENT 501(C)(3) ORGANIZATION, SATELLITE AFFORDABLE HOUSING ASSOCIATES. THEREFORE, THERE IS DIRECT OVERSIGHT OF THE GRANTS CONTRIBUTED TO SATELLITE AFFORDABLE HOUSING ASSOCIATES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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Name of the organization

SATELLITE AFFORDABLE HOUSING ASSOCIATES

Employer identification number

94-3031375

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

| | Yes | No |
|-----|-----|----|
| 1 a | | |
| 1 b | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 4 a | X | |
| 4 b | X | |
| 4 c | X | |
| 5 | | |
| 5 a | X | |
| 5 b | X | |
| 6 | | |
| 6 a | X | |
| 6 b | X | |
| 7 | | |
| 8 | | X |
| 9 | | |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2013

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------------------|--|---------------------------------------|--|-------------------------|-----------------------------|---|
| | (i) Base compensation | (ii) Bonus and incentive compensation | | | | |
| SUSAN FRIEDLAND 1 EXECUTIVE DIR. | (i) 0. (ii) 178,291. | 0. 0. | 0. 0. | 0. 3,330. | 0. 15,252. | 0. 196,873. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
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| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SATELLITE AFFORDABLE HOUSING ASSOCIATES
PROPERTY MANAGEMENT

Employer identification number
94-3031375

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE DIRECTORS OF SATELLITE AFFORDABLE HOUSING ASSOCIATES PROPERTY MANAGEMENT SHALL
BE THE DIRECTORS OF SATELLITE AFFORDABLE HOUSING ASSOCIATES (SAHA), AS APPOINTED
PURSUANT TO THE BYLAWS OF SAHA.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, CFO, AND CONTROLLER OF SATELLITE
AFFORDABLE HOUSING ASSOCIATES, A 501(C) (3) NOT-FOR-PROFIT ORGANIZATION, RELATED BY
COMMON MEMBERS OF THE BOARD OF DIRECTORS. IT IS PROVIDED TO THE ENTIRE BOARD OF
DIRECTORS FOR THEIR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY A CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED TO AND COMPLETED BY
EACH MEMBER AND KEPT ON FILE. IF A MEMBER HAD A CONFLICT OF INTEREST, THE BOARD
MEMBER WOULD NEED TO RECUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

AN ANNUAL COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR IS PERFORMED BY THE BOARD
OF DIRECTORS AND THE BOARD DETERMINES THE SALARY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC
INSPECTION UPON REQUEST.

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

SATELLITE AFFORDABLE HOUSING ASSOCIATES
PROPERTY MANAGEMENT

94-3031375

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

| | (A) <u>TOTAL</u> | (B) <u>PROGRAM SERVICES</u> | (C) <u>MANAGEMENT & GENERAL</u> | (D) <u>FUND- RAISING</u> |
|------------------------|---------------------|------------------------------------|--|---------------------------------|
| MANAGEMENT CONSULTANTS | 40,768. | 31,938. | 8,830. | |
| TEMPORARY HELP | 468,091. | 468,091. | | |
| TOTAL | \$ 508,859. | \$ 500,029. | \$ 8,830. | \$ 0. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.
- Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SATELLITE AFFORDABLE HOUSING ASSOCIATES PROPERTY MANAGEMENT

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) _____ | _____ | _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ | _____ | _____ |
| (3) _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity Yes No |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|
| (1) SATELLITE SENIOR HOMES-NEWARK GARD -- 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 94-3168802 | LOW INCOME HOUSING | CA | 501 (C) (3) | 7 | SATELLITE SENIOR HOMES, INC. | X |
| (2) SATELLITE SENIOR HOMES III, INC. -- 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 94-2835291 | LOW INCOME HOUSING | CA | 501 (C) (3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |
| (3) SATELLITE SENIOR HOMES III, INC. -- 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 94-2598866 | LOW INCOME HOUSING | CA | 501 (C) (3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |
| (4) CASA MONTEGO III, INC. -- 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 20-0601087 | LOW INCOME HOUSING | CA | 501 (C) (3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |

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

TEEA5001L 06/26/13

Schedule R (Form 990) 2013

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

| (a) Name, address, and EIN of related organization SEE PART VII | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Direct controlling entity | | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | (f) Share of total income | | (g) Share of end-of-year assets | | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | | (k) Percentage ownership | |
|--|--------------------------|-----------------------------|--------------------------|---|----|-------------------------------|--|---|------------|---------------------------|--|---------------------------------|--|-----------------------------------|--|---|--|----------------------------------|--|--------------------------|--|
| | | | | | | | | | | | | | | | | | | | | | |
| (1) JACK CAPON VILLA 1521 UNIVERSITY -- BERKELEY, CA 947 -- 80-0852941 | 58% MANAGING MEMBR | SAT COMMUNITI ES, INC | RELATED | | | | | 0. | 0. | | | | | | | | | | | | |
| (2) JACK CAPON VILLA 1521 UNIVERSITY -- BERKELEY, CA 947 -- 80-0854227 | LOW INCOME HOUSING | JACK CAPON VILLA LLC | RELATED | | | | | 0. | 1,565,112. | | | | | | | | | | | | |
| (3) KELSEY VILLAGE L 1521 UNIVERSITY -- BERKELEY, CA 947 -- 45-3081920 | LOW INCOME HOUSING | SATELLITE SNR HOMES | RELATED | | | | | -59. | 4,056,799. | | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | | | | | | | | | | | | | | | | | | | | | |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Direct controlling entity | | (e) Type of entity (C corp, S corp, or trust) | | (f) Share of total income | | (g) Share of end-of-year assets | | (h) Percentage ownership | | (i) Sec 512(b)(13) controlled entity | | (j) Yes | | (k) No | |
| (1) SATELLITE FIRST COMMUNITIES, L 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 45-3935749 | LOW INCOME HOUSING | CA | N/A | C CORP | | | | | | | | | | | | | | | | | |
| (2) SATELLITE KELSEY VILLAGE, INC. 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 80-0256227 | INACTIVE | CA | SAHA PROPERTY MGMT | C CORP | | | | | | | | | | | | | | | | | |
| (3) SATELLITE BETH ASHER, INC. 1521 UNIVERSITY AVE -- BERKELEY, CA 94703 -- 45-0980095 | INACTIVE | CA | SAHA PROPERTY MGMT | C CORP | 0. | 0. | | | | | | | | | | | | | | | |

Part V | Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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 or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|--------------------------------------|-------------------------------|---|
| (1) SATELLITE SENIOR HOMES-NEWARK GARDENS II | L | 53,100 | MGMT CONTRACT |
| (2) SATELLITE SENIOR HOMES III, INC. | L | 140,638 | MGMT CONTRACT |
| (3) SATELLITE SENIOR HOMES II, INC. | L | 144,974 | MGMT CONTRACT |
| (4) SATELLITE SENIOR HOMES-WALNUT CREEK | L | 74,684 | MGMT CONTRACT |
| (5) SATELLITE SENIOR HOMES, INC. | L | 328,326 | MGMT CONTRACT |
| (6) | | | |

Part VI**Unrelated Organizations Taxable as a Partnership**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unre- lated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tional allocations? <input type="checkbox"/> Yes <input type="checkbox"/> No | (i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (j) General or managing partner? <input type="checkbox"/> Yes <input type="checkbox"/> No | (k) Percentage ownership |
|---|-------------------------|--|--|---|---------------------------------|--|--|--|--|--------------------------------|
| | | | | | | | | | | |
| (1) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (3) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (4) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (5) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (6) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (7) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| (8) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

JACK CAPON VILLA LLC 80-0852941 1521 UNIVERSITY AVE BERKELEY, CA 94703

JACK CAPON VILLA LP 80-0854227 1521 UNIVERSITY AVE BERKELEY, CA 94703

KELSEY VILLAGE LP 45-3081920 1521 UNIVERSITY AVE BERKELEY, CA 94703

SATELLITE FIRST COMMUNITIES LP 26-2781553 1521 UNIVERSITY AVE

BERKELEY, CA 94703

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity | (G) See 512(b)(13) controlled entity? |
|--|-------------------------|--|----------------------------|---|---|---|
| Yes | No | | | | | |
| SATELLITE SENIOR HOMES-WALNUT CREEK 1521 UNIVERSITY AVE BERKELEY, CA 94703 94-2914787 | LOW INCOME HOUSING | CA | 501(C)(3) | 7 | SATELLITE SENIOR HOMES, INC. | X |
| SATELLITE SENIOR HOMES, INC. 1521 UNIVERSITY AVE BERKELEY, CA 94703 94-6130795 | LOW INCOME HOUSING | CA | 501(C)(3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |
| SATELLITE COMMUNITIES, INC. 1521 UNIVERSITY AVE. BERKELEY, CA 94703 27-3792839 | LOW INCOME HOUSING | CA | 501(C)(3) | 11A | SAHA PROPERTY MANAGEMENT, INC. | X |
| ST. ANDREW'S MANOR, INC. 1521 UNIVERSITY AVE. BERKELEY, CA 94703 45-2839741 | LOW INCOME HOUSING | CA | 501(C)(3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |
| ST. PATRICK'S TERRACE, INC. 1521 UNIVERSITY AVE. BERKELEY, CA 94704 45-3514185 | LOW INCOME HOUSING | CA | 501(C)(3) | 7 | SAHA PROPERTY MANAGEMENT, INC. | X |
| SATELLITE AFFORDABLE HOUSING ASSOCIA 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 94-3186770 | LOW INCOME HOUSING | CA | 501(C)(3) | 7 | SATELLITE AFFORDABLE HOUSING ASSOCIATES | X |
| HOOKSTON SENIOR HOMES, INC. 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 94-3312528 | LOW INCOME HOUSING | CA | 501(C)(3) | 11A | SATELLITE AFFORDABLE HOUSING ASSOCIATES | X |
| ADELLINE LOFTS, INC. 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 94-3255301 | LOW INCOME HOUSING | CA | 501(C)(3) | 9 | SATELLITE AFFORDABLE HOUSING ASSOCIATES | X |
| SATELLITE AHA DEVELOPMENT, INC. 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 94-3248729 | LOW INCOME HOUSING | CA | 501(C)(3) | 11A | Schedule R Cont (Form 990) 2013 | X |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | (K) Percentage ownership | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------|-------|
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| SATELLITE FIRST CO 1521 UNIVERSITY AV BERKELEY, CA 94703 26-2781553 | LOW INCOME HOUSING | CA | SAT 1ST CO | N/A | N/A | A | N/A | A | N/A | A | 0.01 |
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