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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
EDEN HOUSING INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
22645 GRAND STREET

City or town, state or country, and ZIP + 4
HAYWARD, CA 94541

D Employer identification number
23-1716750

E Telephone number
(510) 582-1460

G Gross receipts $ 6,339,525

F Name and address of Principal Officer
LINDA MANDOLINI
22645 GRAND STREET
HAYWARD, CA 94541

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www edenhousing org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1968

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMPLETED DEVELOPMENT AND REHABILITATION OF SEVERAL AFFORDABLE APARTMENT COMPLEXES TO INCREASE AND SUSTAIN AFFORDABLE UNITS

Activities & Governance

2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,114,808	1,438,990
9	Program service revenue (Part VIII, line 2g)	6,126,112	3,945,982
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,653,468	442,563
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-124,209	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,770,179	5,827,535
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,917,667	615,852
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,321,238	1,645,235
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,890,833	1,752,065
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	5,129,738	4,013,152
19	Revenue less expenses Subtract line 18 from line 12	6,640,441	1,814,383
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	49,798,674	53,680,522
21	Total liabilities (Part X, line 26)	17,349,147	19,483,022
22	Net assets or fund balances Subtract line 21 from line 20	32,449,527	34,197,500

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

Please Sign Here

****** | 2010-05-14
Signature of officer | Date

TERESE MCNAMEE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lindquist von Husen Joyce LLP	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LINDQUIST VON HUSEN & JOYCE LLP 90 NEW MONTGOMERY STREET 11TH FLOOR SAN FRANCISCO, CA 94105			EIN ▶ Phone no ▶ (415) 957-9999

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

BUILD AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES THAT MEETS THE NEEDS OF LOWER INCOME FAMILIES, SENIORS AND PERSONS WITH DISABILITIES

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 $ 3,122,896 including grants of $ 615,852) (Revenue $ 3,945,982)

THE CORP'S EXEMPT PURPOSE IS TO PROVIDE AFFORDABLE HOUSING TO LOW-INCOME FAMILIES EDEN HOUSING IDENTIFIES SITES, ACTS AS PRIMARY DEVELOPER OF HOUSING AND RECEIVES FEES AND REVENUES FOR THEIR SERVICES

4b (Code) (Expenses $ including grants of $) (Revenue $)

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 $ 3,122,896 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	30		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 Form 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

☐ own website ☑ another's website ☑ upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

EDEN HOUSING INC
22645 GRAND STREET
HAYWARD,CA 94541
(510) 582-1460

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN HAMM , DIRECTOR	3 00	X						0	0	0
TIMothy reilly , PRESIDENT	3 00	X		X				0	0	0
CALVIN WHITAKER , SECRETARY	3 00	X		X				0	0	0
HANK DEADRICH , DIRECTOR	3 00	X						0	0	0
JOHN GAFFNEY , VICE PRESIDENT	3 00	X		X				0	0	0
SHEILA BURKS , DIRECTOR	3 00	X						0	0	0
WILLIAM G VANDENBURGH , Treasurer	3 00	X		X				0	0	0
ILENE WEINREB , DIRECTOR	3 00	X						0	0	0
PAULINE WEAVER , DIRECTOR	3 00	X						0	0	0
NICHOLAS J RANDALL , DIRECTOR	2 00	X						0	0	0
TIMOTHY SILVA , DIRECTOR	2 00	X						0	0	0
JESUS ARMAS , DIRECTOR	2 00	X						0	0	0
LINDA MANDOLINI , EXECUTIVE DIRECTOR	28 00			X				162,393	0	14,368
JAN E PETERS , CHIEF OPERATING OFFICER	8 00			X				0	136,500	13,177
TERESE MCNAMEE , CFO	24 00			X				133,743	0	6,167
ANDREA PAPANASTASSIOU , DIRECTOR OF DEVELOPMENT	40 00					X		131,455	0	6,618

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								427,591	136,500	40,330

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

			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		No
4	For any individual listed online 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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
VAN METER WILLIAMS POLLACK 18 DE BOOM ST 1ST FL SAN FRANCISCO, CA 94107	ARCHITECTURAL CONSULTANT	513,817
ROB WELLINGTON QUIGLEY 434 WEST CEDAR ST SAN DIEGO, CA 92101	ARCHITECTURAL CONSULTANT	127,552

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 912,898				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 526,092				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	1,438,990			
Program Service Revenue		Business Code				
	2a	DEVELOPMENT FEES 531,390	2,804,003	2,804,003		
	b	MANAGEMENT FEES 531,390	541,882	541,882		
	c	DEF GROUND LEASE 531,390	339,257	339,257		
	d	RENTAL INCOME 531,110	177,588	177,588		
	e	MISCELLANEOUS 531,390	64,542	64,542		
	f	All other program service revenue	18,710	18,710		
	g	**Total. Add lines 2a-2f** ▶ $ 3,945,982				
	3	Investment income (including dividends, interest other similar amounts) ▶	442,467			442,467
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 512,086				
	b	Less cost or other basis and sales expenses 511,990				
	c	Gain or (loss) 96				
	d	Net gain or (loss) ▶	96			96
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	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				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	5,827,535	3,945,982	0	442,563

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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 U S See Part IV, line 21	595,852	595,852		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	20,000	20,000		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	239,001	166,069	72,932	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,159,536	805,700		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,433	36,757	15,676	
9 Other employee benefits	88,930	61,233	27,697	
10 Payroll taxes	105,335	73,934	31,401	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	573,246	518,083	55,163	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	28,800	28,800		
17 Travel	25,800	25,800		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	250,857	250,857		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,823	195,823		
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OFFICE AND MAINTENANCE	394,194	90,299	303,895	
b MORTGAGE INTEREST AND C	210,505	190,505	20,000	
c NON-RECOVERABLE DEVELOP	48,691	48,691		
d WORKERS COMPENSATION	20,310	14,493	5,817	
e STAFF RECOGNITION	3,839		3,839	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,013,152	3,122,896	890,256	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,609,204	1	3,751,161
	2	Savings and temporary cash investments	680,209	2	1,064,046
	3	Pledges and grants receivable, net	50,000	3	525,000
	4	Accounts receivable, net	16,856,249	4	17,377,197
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	14,677,137	7	14,115,586
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	127,408	9	199,683
	10a	Land, buildings, and equipment cost basis — 10a: 10,957,644			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 928,619	6,114,560	10c	10,029,025
	11	Investments—publicly traded securities	921,268	11	1,241,400
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,515,285	12	617,005
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	6,247,354	15	4,760,419
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	49,798,674	16	53,680,522
Liabilities	17	Accounts payable and accrued expenses	5,967,151	17	615,582
	18	Grants payable		18	
	19	Deferred revenue	92,928	19	91,036
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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	11,281,586	23	16,455,630
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	7,482	25	2,320,774
	26	**Total liabilities.** *Add lines 17 through 25*	17,349,147	26	19,483,022
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	32,449,527	27	34,197,500
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	32,449,527	33	34,197,500
	34	Total liabilities and net assets/fund balances	49,798,674	34	53,680,522

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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		
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		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box 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 - Other

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 it 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
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(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 col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	240,448	6,000,106	688,804	1,114,808	1,438,990	9,483,156
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	240,448	6,000,106	688,804	1,114,808	1,438,990	9,483,156
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						162,814
6 **Public Support** subtract line 5 from line 4						9,320,342

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	240,448	122,489	688,804	1,114,808	1,438,990	9,483,156
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84,785	122,489	562,294	439,301	442,563	1,651,432
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,497	43,462	4,825,789	4,089,958		8,974,706
11 **Total Support** (Add lines 7 through 10)						20,109,294
12 Gross receipts from related activities, etc (See instructions)					12	26,908,406

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**46.350 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**56.150 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 lines 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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 ☐

b **33 1/3% Tests - 2007.** 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 ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 23-1716750
Name: EDEN HOUSING INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a DEVELOPMENT FEES	531,390	2,804,003	2,804,003		
b MANAGEMENT FEES	531,390	541,882	541,882		
c DEF GROUND LEASE	531,390	339,257	339,257		
d RENTAL INCOME	531,110	177,588	177,588		
e MISCELLANEOUS	531,390	64,542	64,542		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 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 XIV

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 Trust, 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.

1a 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 why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,020,086		6,020,086
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		4,937,558	928,619	4,008,939
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				10,029,025

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
TENANT SECURITY DEPOSITS	10,130
PREPAID LOAN FEES	4,909
DEVELOPMENT IN PROGRESS	4,745,380
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,760,419

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS	7,513
RELATED-PARTY PAYABLE	1,400,251
LINE OF CREDIT	695,652
PAYABLE TO CITY OF HAYWARD	217,358
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,320,774

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

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? . . . ☑ Yes ☐ No

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" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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
EDEN HOUSING RESIDENT SERVICES INC22645 GRAND STREET HAYWARD,CA 94541	94-3315887	501(c)(3)	158,522				CURRENT YEAR OPERATING ADVANCES
RICHMOND NURSERY TO AFFILIATE22645 GRAND STREET hAYWARD,CA 94541			412,898				PROJECT DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
SCHOLARSHIP FOR RESIDENTS	16	20,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LINDA MANDOLINI	(i)	162,393			7,750	6,618	176,761	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A HARD COPY OF FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS THE BOARD DELEGATES THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE FOR DETAIL REVIEW THE AUDIT COMMITTEE, WITH STAFF SUPPORT, WILL PROVIDE A SUMMARY OF FINDINGS AND RECOMMENDATIONS FROM THEIR REVIEW TO THE FULL BOARD OF DIRECTORS FOR THEIR APPROVAL OR ACCEPTANCE THE BOARD MAY DELEGATE APPROVAL AUTHORITY TO THE AUDIT COMMITTEE FINAL APPROVAL BY EITHER THE BOARD OR THE COMMITTEE WILL DELEGATE AUTHORITY TO THE BOARD PRESIDENT, EXECUTIVE DIRECTOR OR CHIEF FINANCIAL OFFICER TO SIGN AND SUBMIT THE FORMS ON THE ORGANIZATION'S BEHALF ONCE APPROVAL IS RECEIVED ALL FORM 990'S WILL BE FILED WITH THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ANNUALLY IF A BOARD MEMBER HAS ANY CONFLICT OF INTEREST, THE BOARD MEMBER WOULD NEED TO RECUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF OTHER ORGANIZATIONS WERE USED TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO/CFO, OFFICERS AND KEY EMPLOYEES BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		DOCUMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part V, Line 1c		During the tax year, the organization did not encounter any situations that would require backup withholding

Identifier	Return Reference	Explanation
Form 990, Part V, Line 7g		During the tax year, the organization did not receive any contributions of qualified intellectual property Therefore, it was not necessary for the organization to file a Form 8899

Identifier	Return Reference	Explanation
Form 990, Part V, Line 7h		During the tax year, the organization did not receive any vehicle contributions and therefore, it was not necessary for the organization to file a Form 1098-C

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B		THE ORGANIZATION AND AFFILIATED ENTITIES WERE INCLUDED IN A COMBINED FINANCIAL STATEMENT IN ACCORDANCE WITH STATEMENT OF POSITION 94-3 THE COMBINED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT THE ORGANIZATION DID NOT RECEIVE A SEPARATE AUDITED FINANCIAL STATEMENT

Identifier	Return Reference	Explanation
FORM 990 PART I LINE 22 AND FORM 990 PART X LINE 27		OTHER ADJUSTMENTS TO UNRESTRICTED NET ASSETS INCLUDE UNREALIZED LOSS FROM INVESTMENTS OF $66,409

Identifier	Return Reference	Explanation
FORM 990 PART VII SECTION A LINE 1A(B)		THE ESTIMATED HOURS PER WEEK LINDA MANDOLINI DEVOTED TO RELATED ORGANIZATIONS IS 12 HOURS PER WEEK THE ESTIMATED HOURS PER WEEK JAN PETERS DEVOTED TO RELATED ORGANIZATIONS IS 32 HOURS PER WEEK THE ESTIMATED HOURS PER WEEK TERESE MCNAMEE DEVOTED TO RELATED ORGANIZATIONS IS 16 HOURS PER WEEK

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
See Additional Data Table					

Part II 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
See Additional Data Table					

Part III 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
SYCAMORE SQUARE INC 22645 GRAND ST HAYWARD, CA94541 94-2846924	INACTIVE	CA	N/A	C			100 000 %
CHYNOWETH COMMONS COMMERCIAL INC 22645 GRAND ST HAYWARD, CA94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	N/A	C	16,855	244,893	100 000 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	1o	Yes	
p	Reimbursement paid by other organization for expenses	1p	Yes	
q	Other transfer of cash or property to other organization(s)	1q	Yes	
r	Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	EDEN INVESTMENTS INC	D	1,554,045
(2)	EDEN HOUSING RESIDENT SERVICES INC	B	158,522
(3)	Ashland Village Apts LP	D	1,200,000
(4)	Estabrook Senior Housing	D	168,120
(5)	Healdsburg Family LP	D	475,000
(6)	Villa Springs Apts LP	D	431,600
(7)	EDEN DEVELOPMENT INC	D	400,000
(1)	**See Additional Data Table**		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 23-1716750
Name: EDEN HOUSING INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN 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
Grand C LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA	21,031	460,194	N/A
Ashland Village Apartments LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Development Inc
Peralta Seniors LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Development Inc
Warner Creek Senior Housing LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Development Inc
Antioch Eden Rivertown LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Brentwood Senior LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Downtown River LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Dublin Senior LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA	40	-3,176	N/A
Eden Baywood LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Eden Sycamore LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Lafayette Senior LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Healdsburg Family LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Saklan Avenue LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc
Sara Conner LLC 22645 GRAND ST HAYWARD, CA 94541 77-0654104	Managing GP of Partnership	CA			Eden Investments Inc
Villa Springs LLC 22645 GRAND ST HAYWARD, CA 94541	Managing GP of Partnership	CA			Eden Investments Inc

Form 990, Schedule R, Part II - 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 501(c)(3))	(F) Direct Controlling Entity
Eden Housing Management Inc 22645 GRAND ST HAYWARD, CA94541 94-2946400	Managed affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Eden Housing Resident Services Inc 22645 GRAND ST HAYWARD, CA94541 94-3315887	Provide the services (Computer learning, Homework, Summer program) for low-i	CA	501(C)(3)	11 TYPE I	N/A
A Street Inc 22645 GRAND ST HAYWARD, CA94541 94-3148163	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Baywood Apartments Inc 22645 GRAND ST HAYWARD, CA94541 94-3100917	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Catalonia Inc 22645 GRAND ST HAYWARD, CA94541 94-3182019	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Chynoweth Housing Inc 22645 GRAND ST HAYWARD, CA94541 94-3314302	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Corona Crescent Inc 22645 GRAND ST HAYWARD, CA94541 94-3174331	Provide affordable low-income housing	CA	501(C)(3)	7	N/A
Corona-Ely Ranch Inc 22645 GRAND ST HAYWARD, CA94541 94-3166354	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Eden Development Inc 22645 GRAND ST HAYWARD, CA94541 59-3803314	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Eden Investments Inc 22645 GRAND ST HAYWARD, CA94541 94-2995223	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Eden Palms Inc 22645 GRAND ST HAYWARD, CA94541 94-3208984	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Ellis Lake Townhomes Inc 22645 GRAND ST HAYWARD, CA94541 94-3139366	Provide affordable low-income housing	CA	501(C)(3)	7	N/A
Glen Berry Inc 22645 GRAND ST HAYWARD, CA94541 94-3166350	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
California Preservation Inc 22645 GRAND ST HAYWARD, CA94541 94-3074042	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
RVC Investments Inc 22645 GRAND ST HAYWARD, CA94541 94-3103846	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
SPM Affordable Housing Corporation 22645 GRAND ST HAYWARD, CA94541 94-3297735	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Stoney Inc 22645 GRAND ST HAYWARD, CA94541 94-3144297	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
VIRGINIA Lane Housing Inc 22645 GRAND ST HAYWARD, CA94541 94-3326393	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
Washington Creek Inc 22645 GRAND ST HAYWARD, CA94541 94-3144296	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
396 Fairmount Inc 22645 GRAND ST HAYWARD, CA94541 94-3213764	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
CDLA Inc 22645 GRAND ST HAYWARD, CA94541 77-0347415	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Central Valley Senior Housing Corporation 22645 GRAND ST HAYWARD, CA94541 20-4609810	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Contra Costa County Housing Corporation 22645 GRAND ST HAYWARD, CA94541 94-3200158	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Eden Alvarado Niles Inc 22645 GRAND ST HAYWARD, CA94541 94-3296819	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Gardella Plaza Inc 22645 GRAND ST HAYWARD, CA94541 71-0938046	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Irvington Homes Inc 22645 GRAND ST HAYWARD, CA94541 94-3401264	Provide affordable low-income housing	CA	501(C)(3)	7	N/A
Manteca Senior Housing Corporation 22645 GRAND ST HAYWARD, CA94541 91-2129942	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Monterey Road Supportive Housing 22645 GRAND ST HAYWARD, CA94541 94-1716750	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Pacific Grove Supportive Housing Inc 22645 GRAND ST HAYWARD, CA94541 77-0364994	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Peace Grove Inc 22645 GRAND ST HAYWARD, CA94541 77-0309119	Provide affordable low-income housing	CA	501(C)(3)	9	N/A

Form 990, Schedule R, Part II - 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 501(c)(3))	(F) Direct Controlling Entity
Redwood Lodge Inc 22645 GRAND ST HAYWARD, CA94541 94-2831243	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Sequoia Manor Inc 22645 GRAND ST HAYWARD, CA94541 94-3039737	Provide affordable low-income housing	CA	501(C)(3)	9	N/A
Sycamore Square Housing Corp 22645 GRAND ST HAYWARD, CA94541 94-3306836	Provide affordable low-income housing	CA	501(C)(3)	11 TYPE I	N/A
UC Independent Inc 22645 GRAND ST HAYWARD, CA94541 91-2159213	Provide affordable low-income housing	CA	501(C)(3)	9	N/A

Form 990, Schedule R, Part III - 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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Antioch Eden Rivertown LP 22645 GRAND ST HAYWARD, CA94541 68-0632311	Own and manage affordable low-income apartments complex	CA	N/A								
Ashland Village Apartments LP 22645 GRAND ST HAYWARD, CA94541 26-2203610	Own and manage affordable low-income apartments complex	CA	N/A								
Baywood Associates 22645 GRAND ST HAYWARD, CA94541 94-3104050	Own and manage affordable low-income apartments complex	CA	N/A								
Berry Avenue Associates 22645 GRAND ST HAYWARD, CA94541 94-3166352	Own and manage affordable low-income apartments complex	CA	N/A								
Brentwood Senior Commons LP 22645 GRAND ST HAYWARD, CA94541 71-0987758	Own and manage affordable low-income apartments complex	CA	N/A								
Catalonia Associates 22645 GRAND ST HAYWARD, CA94541 94-3191094	Own and manage affordable low-income apartments complex	CA	N/A								
Chesley Avenue Limited Partnership 22645 GRAND ST HAYWARD, CA94541 57-1176147	Own and manage affordable low-income apartments complex	CA	N/A								
Chynoweth Housing Associates 22645 GRAND ST HAYWARD, CA94541 94-3314303	Own and manage affordable low-income apartments complex	CA	N/A								
Corona-Ely Ranch Associates 22645 GRAND ST HAYWARD, CA94541 94-3166355	Own and manage affordable low-income apartments complex	CA	N/A								
Cypress Glen Associates 22645 GRAND ST HAYWARD, CA94541 94-3174520	Own and manage affordable low-income apartments complex	CA	N/A								
Downtown River Assoc LP 22645 GRAND ST HAYWARD, CA94541 48-1292072	Own and manage affordable low-income apartments complex	CA	N/A								
Dublin Senior Limited Partnership 22645 GRAND ST HAYWARD, CA94541 77-0617949	Own and manage affordable low-income apartments complex	CA	N/A	RELATED	-34	189,213		No		Yes	
Eden Baywood Apartments LP 22645 GRAND ST HAYWARD, CA94541 30-0324752	Own and manage affordable low-income apartments complex	CA	N/A								
Eden Palms Associates 22645 GRAND ST HAYWARD, CA94541 94-3208982	Own and manage affordable low-income apartments complex	CA	N/A								
Eden Rivertown Limited Partnership 22645 GRAND ST HAYWARD, CA94541 94-3362651	Own and manage affordable low-income apartments complex	CA	N/A								
Eden Sycamore LP 22645 GRAND ST HAYWARD, CA94541 34-2003989	Own and manage affordable low-income apartments complex	CA	N/A								
Eden Victoria Limited Partnership 22645 GRAND ST HAYWARD, CA94541 47-0867697	Own and manage affordable low-income apartments complex	CA	N/A								
Estabrook Senior Housing LP 22645 GRAND ST HAYWARD, CA94541 68-0657314	Own and manage affordable low-income apartments complex	CA	N/A								
Glen Eden Associates 22645 GRAND ST HAYWARD, CA94541 94-3200524	Own and manage affordable low-income apartments complex	CA	N/A								
Grand C Limited Partnership 22645 GRAND ST HAYWARD, CA94541 14-1979640	Own and manage affordable low-income apartments complex	CA	N/A	RELATED	1,211,625	1,021,301		No		Yes	
Harris Court Associates 22645 GRAND ST HAYWARD, CA94541 94-3306837	Own and manage affordable low-income apartments complex	CA	N/A								
Healdsburg Family Limited 22645 GRAND ST HAYWARD, CA94541 26-2621118	Own and manage affordable low-income apartments complex	CA	N/A								
Hillview Glen Limited partnership 22645 GRAND ST HAYWARD, CA94541 77-0345387	Own and manage affordable low-income apartments complex	CA	N/A	RELATED	-45	24,296		No		Yes	
Huntwood Commons Associates 22645 GRAND ST HAYWARD, CA94541 94-3138438	Own and manage affordable low-income apartments complex	CA	N/A								
Josephine Lum Lodge LP 22645 GRAND ST HAYWARD, CA94541 05-0608727	Own and manage affordable low-income apartments complex	CA	N/A								
Lafayette Senior LP 22645 GRAND ST HAYWARD, CA94541 27-0395689	Own and manage affordable low-income apartments complex	CA	N/A								
Livermore Housing Assoc 22645 GRAND ST HAYWARD, CA94541 94-3290814	Own and manage affordable low-income apartments complex	CA	N/A								
Nugent Square Limited Partnership 22645 GRAND ST HAYWARD, CA94541 51-0461381	Own and manage affordable low-income apartments complex	CA	N/A								
Palo Alto Family LP 22645 GRAND ST HAYWARD, CA94541 26-3061581	Own and manage affordable low-income apartments complex	CA	N/A								
Parkside Glen Associates 22645 GRAND ST HAYWARD, CA94541 33-0736251	Own and manage affordable low-income apartments complex	CA	N/A								

Form 990, Schedule R, Part III - 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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Peralta Seniors LP 22645 GRAND ST HAYWARD, CA94541 26-4541856	Own and manage affordable low-income apartments complex	CA	N/A								
Ridgeview Commons Associates 22645 GRAND ST HAYWARD, CA94541 94-3103847	Own and manage affordable low-income apartments complex	CA	N/A								
Riverhouse Associates 22645 GRAND ST HAYWARD, CA94541 77-0284021	Own and manage affordable low-income apartments complex	CA	N/A								
Saklan Avenue LP 22645 GRAND ST HAYWARD, CA94541 42-1714673	Own and manage affordable low-income apartments complex	CA	N/A								
Sara Conner Court LP 22645 GRAND ST HAYWARD, CA94541 77-0654106	Own and manage affordable low-income apartments complex	CA	N/A								
SPM Housing Associates 22645 GRAND ST HAYWARD, CA94541 94-3262417	Own and manage affordable low-income apartments complex	CA	N/A								
Stoney Creek Associates 22645 GRAND ST HAYWARD, CA94541 94-3144293	Own and manage affordable low-income apartments complex	CA	N/A								
Union Court Limited Partnership 22645 GRAND ST HAYWARD, CA94541 94-3373628	Own and manage affordable low-income apartments complex	CA	N/A								
Villa Springs Apartment LP 22645 GRAND ST HAYWARD, CA94541 65-1312439	Own and manage affordable low-income apartments complex	CA	N/A								
Virginia Lane Ltd Partnership 22645 GRAND ST HAYWARD, CA94541 94-3326392	Own and manage affordable low-income apartments complex	CA	N/A								
Warner Creek Senior Housing LP 22645 GRAND ST HAYWARD, CA94541 26-4814941	Own and manage affordable low-income apartments complex	CA	N/A								
Washington Creek Associates 22645 GRAND ST HAYWARD, CA94541 94-3144294	Own and manage affordable low-income apartments complex	CA	N/A								
Chesley Avenue LLC 22645 GRAND ST HAYWARD, CA94541 01-0838609	Own and manage affordable low-income apartments complex	CA	N/A	RELATED	10,599	51,153		No		Yes	
Nugent Square LLC 22645 GRAND ST HAYWARD, CA94541 16-1724089	Own and manage affordable low-income apartments complex	CA	N/A	RELATED	13,063	17,155		No		Yes	

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	EDEN INVESTMENTS INC	D	1,554,045
(2)	EDEN HOUSING RESIDENT SERVICES INC	B	158,522
(3)	Ashland Village Apts LP	D	1,200,000
(4)	Estabrook Senior Housing	D	168,120
(5)	Healdsburg Family LP	D	475,000
(6)	Villa Springs Apts LP	D	431,600
(7)	EDEN DEVELOPMENT INC	D	400,000

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
EDEN HOUSING INC	Form 990 Page 10	23-1716750

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	195,823
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	