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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C 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 \$ 23,687,714
	F Name and address of principal officer LINDA MANDOLINI 22645 GRAND STREET HAYWARD, CA 94541	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.EDENHOUSING.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1968		
M State of legal domicile CA		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities BUILD AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Prior Year	Current Year
2,094,623	13,621,067
5,711,599	7,811,269
423,574	1,580,836
0	0
8,229,796	23,013,172
830,300	1,744,334
0	0
1,722,918	1,855,220
0	0
1,464,099	1,729,314
4,017,317	5,328,868
4,212,479	17,684,304
Beginning of Current Year	End of Year
61,629,726	81,113,942
23,132,323	24,782,607
38,497,403	56,331,335

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

Sign Here	***** Signature of officer	2012-04-10 Date
	ALAN BAER CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALEXIS H WONG	Preparer's signature ALEXIS H WONG	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶ LINDQUIST VON HUSEN & JOYCE LLP					Firm's EIN ▶
	Firm's address ▶ 90 NEW MONTGOMERY STREET 11TH FLOOR SAN FRANCISCO, CA 94105					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

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

BUILD AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES THAT MEET 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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 4,479,416 including grants of \$ 1,744,334) (Revenue \$ 7,811,269)

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 \$ 4,479,416

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	35		
		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		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	26		
	b If at least one is reported on line 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 (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	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		No
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	
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN HAMM TREASURER	3.00	X		X				0	0	0
(2) TIMOTHY REILLY DIRECTOR	3.00	X						0	0	0
(3) CALVIN WHITAKER DIRECTOR	3.00	X						0	0	0
(4) ILENE WEINREB DIRECTOR	3.00	X						0	0	0
(5) JESUS ARMAS VICE PRESIDENT	3.00	X		X				0	0	0
(6) HANK DEADRICH DIRECTOR	3.00	X						0	0	0
(7) JOHN GAFFNEY PRESIDENT	3.00	X		X				0	0	0
(8) SHEILA BURKS DIRECTOR	3.00	X						0	0	0
(9) NICHOLAS J RANDALL DIRECTOR	3.00	X						0	0	0
(10) TIMOTHY SILVA DIRECTOR	3.00	X						0	0	0
(11) WILLIAM G VANDENBURGH DIRECTOR	3.00	X						0	0	0
(12) PAULINE WEAVER SECRETARY	3.00	X		X				0	0	0
(13) TERESE MCNAMEE CFO	24.00			X				161,125	0	14,678
(14) LINDA MANDOLINI EXECUTIVE DIRECTOR	28.00			X				174,057	0	14,781
(15) JAN PETERS CHIEF OPERATING OFFICER	4.00			X				172,817	0	14,721
(16) ANDREA PAPANASTASSIOU DIRECTOR OF DEVELOPMENT	40.00					X		149,487	0	13,554

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	6
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Section B. Independent Contractors

Form 990 (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	12,897,515		
	e	Government grants (contributions)	1e	139,843		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	583,709		
	g	Noncash contributions included in lines 1a-1f \$		11,328,622		
	h	Total. Add lines 1a-1f		13,621,067		
	Program Service Revenue	2a	DEVELOPMENT FEES	531390	4,881,276	4,881,276
b		INCOME(LOSS) FROM INVE	531390	1,509,281	1,509,281	
c		MANAGEMENT FEES	531390	795,036	795,036	
d		DEF GROUND LEASE	531390	378,558	378,558	
e		RENTAL INCOME	531110	219,601	219,601	
f		All other program service revenue		27,517	27,517	
g		Total. Add lines 2a-2f		7,811,269		
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		1,143,001	
	4	Income from investment of tax-exempt bond proceeds . . .				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)			437,835	437,835
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . .	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. See Instructions		23,013,172	7,811,269	0	1,580,836

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	1,742,350	1,742,350		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,984	1,984		
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	276,563	192,021	84,542	
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	1,318,174	915,223	402,951	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,723	42,996	18,727	
9	Other employee benefits	80,735	56,224	24,511	
10	Payroll taxes	118,025	82,170	35,855	
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	448,645	386,964	61,681	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	30,728	30,728		
17	Travel	28,236	28,236		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	276,135	276,135		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,660	188,660		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OFFICE AND MAINTENANCE	351,463	167,150	184,313	
b	MORTGAGE INTEREST AND C	193,661	193,661		
c	NON-RECOVERABLE DEVELOP	164,889	164,889		
d	STAFF RECOGNITION	32,497		32,497	
e	WORKERS COMPENSATION	14,400	10,025	4,375	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,328,868	4,479,416	849,452	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,621,831	1	8,725,551
	2	Savings and temporary cash investments			91,599	2	110,227
	3	Pledges and grants receivable, net			1,290,000	3	1,240,000
	4	Accounts receivable, net			21,383,786	4	23,875,535
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			13,812,830	7	26,388,849
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			8,001	9	20,850
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	10,636,260			
	b	Less: accumulated depreciation	10b	1,057,632	9,922,807	10c	9,578,628
	11	Investments—publicly traded securities			3,152,516	11	3,414,240
	12	Investments—other securities. See Part IV, line 11			247,601	12	247,601
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,098,755	15	7,512,461
16	Total assets. Add lines 1 through 15 (must equal line 34)			61,629,726	16	81,113,942	
Liabilities	17	Accounts payable and accrued expenses			694,450	17	433,165
	18	Grants payable				18	
	19	Deferred revenue			88,972	19	86,908
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			17,657,324	23	19,162,997
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			4,691,577	25	5,099,537
	26	Total liabilities. Add lines 17 through 25			23,132,323	26	24,782,607
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			38,497,403	27	56,331,335
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			38,497,403	33	56,331,335
	34	Total liabilities and net assets/fund balances			61,629,726	34	81,113,942

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,013,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,328,868
3	Revenue less expenses Subtract line 2 from line 1	3	17,684,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,497,403
5	Other changes in net assets or fund balances (explain in Schedule O)	5	149,628
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	56,331,335

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization EDEN HOUSING INC	Employer identification number 23-1716750
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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?
(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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	688,804	1,114,808	1,438,990	2,094,623	13,621,067	18,958,292
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 lines 1 through 3	688,804	1,114,808	1,438,990	2,094,623	13,621,067	18,958,292
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						18,958,292

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	688,804	1,114,808	1,438,990	2,094,623	13,621,067	18,958,292
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	562,294	439,301	442,563	439,375	1,143,001	3,026,534
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)	4,825,789	4,089,958				8,915,747
11 Total support (Add lines 7 through 10)						30,900,573
12 Gross receipts from related activities, etc (See instructions)					12	29,820,151
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 ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	61 350 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	50 300 %
16a 33 1/3% support test—2010. 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% support test—2009. 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—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add 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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EDEN HOUSING INC	Employer identification number 23-1716750
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
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) Accumulated depreciation	(d) Book value
1a Land		6,385,148		6,385,148
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		4,251,112	1,057,632	3,193,480
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,578,628

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	23,013,172
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,328,868
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,684,304
4	Net unrealized gains (losses) on investments	4	149,628
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	149,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,833,932

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	23,162,800
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	149,628
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	149,628
3	Subtract line 2e from line 1	3	23,013,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,013,172

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,328,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,328,868
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,328,868

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	EDEN HOUSING INC AND AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR TAX PROVISIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX PROVISIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EDEN HOUSING INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

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" to 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

11

3

Enter total number of other organizations

3

Part III

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

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EDEN HOUSING INC'S GRANTS ARE GENERALLY TO RELATED ENTITIES THAT ARE CONTROLLED BY THE ORGANIZATION

Software ID:

Software Version:

EIN: 23-1716750

Name: EDEN HOUSING INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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)	41,306				CURRENT YEAR OPERATING ADVANCES
RICHMOND NURSERY TO AFFILIATE22645 GRAND STREET HAYWARD, CA 94541			299,138				PROJECT DEVELOPMENT
							PROJECT GRANTS
WASHINGTON CREEK INC 22645 GRAND STREET HAYWARD, CA 94541	94-3144296	501(C)(3)	54,000				PROJECT GRANTS
							PROJECT GRANTS
EDEN INVESTMENT INC 22645 GRAND STREET HAYWARD, CA 94541	94-2995223	501(C)(3)	1,078,522				PROJECT GRANTS
RIVERHOUSE ASSOCIATES22645 GRAND STREET HAYWARD, CA 94541	77-0284021		44,500				PROJECT GRANTS
DOWNTOWN RIVER ASSOCIATES LP22645 GRAND STREET HAYWARD, CA 94541	48-1297072		41,343				PROJECT GRANTS
SAN PABLO RENAISSANCE INC22645 GRAND STREET HAYWARD, CA 94541	94-3208274	501(C)(3)	7,233				PROJECT GRANTS
STONEY INC22645 GRAND STREET HAYWARD, CA 94541	94-3144297	501(C)(3)	5,606				PROJECT GRANTS
WASHINGTON CREEK INC 22645 GRAND STREET HAYWARD, CA 94541	94-3144296	501(C)(3)	11,790				PROJECT GRANTS
A STREET INC22645 GRAND STREET HAYWARD, CA 94541	94-3148163	501(C)(3)	7,344				PROJECT GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CORONA RANCH INC 22645 GRAND STREET HAYWARD, CA 94541	94-3166354	501(C)(3)	5,980				PROJECT GRANTS
CATALONIA INC22645 GRAND STREET HAYWARD, CA 94541	94-3182019	501(C)(3)	16,278				PROJECT GRANTS
EDEN PALMS INC22645 GRAND STREET HAYWARD, CA 94541	94-3208984	501(C)(3)	5,297				PROJECT GRANTS
SPM AFFORDABLE HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541	94-3297735	501(C)(3)	19,976				PROJECT GRANTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization EDEN HOUSING INC	Employer identification number 23-1716750
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are 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		
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?	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		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		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?		No
b Any related organization?		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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
(1) TERESE MCNAMEE	(i) (ii)	146,125 0	15,000 0	0 0	8,593 0	6,085 0	175,803 0	0 0
(2) LINDA MANDOLINI	(i) (ii)	174,057 0	0 0	0 0	8,696 0	6,085 0	188,838 0	0 0
(3) JAN PETERS	(i) (ii)	157,817 0	15,000 0	0 0	8,636 0	6,085 0	187,538 0	0 0
(4) ANDREA PAPANASTASSIOU	(i) (ii)	139,487 0	10,000 0	0 0	7,469 0	6,085 0	163,041 0	0 0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (LOAN RECEIVABLE)	X	1	11,328,322	LOAN BALANCE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization EDEN HOUSING INC	Employer identification number 23-1716750
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		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, SCHEDULE R, PART IV	THE ORGANIZATIONS LISTED IN SCHEDULE R, PART IV , ARE ALL ORGANIZED UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW THERE ARE NO SHAREHOLDERS IN THESE CORPORATIONS EACH CORPORATION'S AFFAIRS AND ACTIVITIES ARE MANAGED BY THE BOARD OF DIRECTORS OF THE CORPORATION A MAJORITY OF THE BOARD MEMBERS OF EACH CORPORATION WERE APPOINTED BY EDEN HOUSING INC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 149,628 UNREALIZED GAIN (LOSS) ON INVESTMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGES ON THE PROCESS FROM PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN(B)	IN ADDITION TO THE HOURS DEVOTED TO THE REPORTING ORGANIZATION AS SHOWN ON PART VII, EACH OF THE COMPENSATED OFFICERS ALSO DEVOTE TIME TO RELATED ORGANIZATIONS THE TOTAL HOURS DEVOTED BY EACH PERSON TO THE REPORTING ORGANIZATION AND TO THE RELATED ORGANIZATIONS IS APPROXIMATELY 40 HOURS PER WEEK

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SYCAMORE SQUARE INC 22645 GRAND ST HAYWARD, CA94541 94-2846924	INACTIVE USE	CA	EDEN HOUSING INC	C			
(2) CHYNOWETH COMMONS COMMERCIAL INC 22645 GRAND ST HAYWARD, CA94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C			
(3) IRVINGTON HOMES INC 22645 GRAND ST HAYWARD, CA94541 94-3401264	INACTIVE USE	CA	EDEN HOUSING INC	C			
(4) LIGHT TREE HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA94541 94-3322099	LOW INCOME HOUSING	CA	EDEN HOUSING INC	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

No

No

No

No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) EDEN HOUSING MANAGEMENT INC	C	1,439,021	
(2) SYCAMORE SQUARE HOUSING CORPORATION	C	79,252	
(3) WASHINGTON CREEK INC	B	54,000	
(4) EDEN INVESTMENT INC	B	1,000,000	
(5) EDEN INVESTMENT INC	B	78,522	
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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
PERALTA SENIORS 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			EDEN INVESTMENTS INC
EDEN ALTENHEIM I LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN ARROYO VISTA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN BAYWOOD APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN BROOKWOOD LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN DOUGHERTY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN EASTBLUFF LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN LAS PALMAS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN LODGE LLC 22645 GRAND ST HAYWARD, CA 94541 27-4034872	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN ORVIETTO LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN SERENO LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
EDEN SURF 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
EDEN WINDSCAPE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
GRAND C LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	20,888	460,745	EDEN HOUSING INC
LAFAYETTE SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541 90-0749593	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
LEIDIG COURT LLC 22645 GRAND ST HAYWARD, CA 94541 45-3274365	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
TENNYSON GARDENS LLC 22645 GRAND ST HAYWARD, CA 94541	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
GLEN BERRY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
GLEN EDEN LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
EDEN HOUSING MANAGEMENT INC 22645 GRAND ST HAYWARD, CA94541 94-2946400	MANAGED AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
EDEN HOUSING RESIDENT SERVICES INC 22645 GRAND ST HAYWARD, CA94541 94-3315887	PROVIDE THE SERVICES (COMPUTER LEARNING, HOMEWORK, SUMMER PROGRAM) FOR LOW-I	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
A STREET INC 22645 GRAND ST HAYWARD, CA94541 94-3148163	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
BAYWOOD APARTMENTS INC 22645 GRAND ST HAYWARD, CA94541 94-3100917	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
CALIFORNIA PRESERVATION INC 22645 GRAND ST HAYWARD, CA94541 94-3074042	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
CATALONIA INC 22645 GRAND ST HAYWARD, CA94541 94-3182019	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
CHYNOWETH HOUSING INC 22645 GRAND ST HAYWARD, CA94541 94-3314302	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
CORONA CRESCENT INC 22645 GRAND ST HAYWARD, CA94541 94-3174331	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	7	EDEN HOUSING INC	Yes	
CORONA-ELY RANCH INC 22645 GRAND ST HAYWARD, CA94541 94-3166354	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
EDEN DEVELOPMENT INC 22645 GRAND ST HAYWARD, CA94541 59-3803314	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
EDEN INVESTMENTS INC 22645 GRAND ST HAYWARD, CA94541 94-2995223	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
EDEN PALMS INC 22645 GRAND ST HAYWARD, CA94541 94-3208984	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ELLIS LAKE TOWNHOMES INC 22645 GRAND ST HAYWARD, CA94541 94-3139366	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	7	EDEN HOUSING INC	Yes	
GLEN BERRY INC 22645 GRAND ST HAYWARD, CA94541 94-3166350	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
RVC INVESTMENTS INC 22645 GRAND ST HAYWARD, CA94541 94-3103846	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
SPM AFFORDABLE HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA94541 94-3297735	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
STONEY INC 22645 GRAND ST HAYWARD, CA94541 94-3144297	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
VIRGINIA LANE HOUSING INC 22645 GRAND ST HAYWARD, CA94541 94-3326393	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
WASHINGTON CREEK INC 22645 GRAND ST HAYWARD, CA94541 94-3144296	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
396 FAIRMOUNT INC 22645 GRAND ST HAYWARD, CA94541 94-3213764	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
CDLA INC 22645 GRAND ST HAYWARD, CA94541 77-0347415	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
CENTRAL VALLEY SENIOR HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA94541 20-4609810	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
CONTRA COSTA COUNTY HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA94541 94-3200158	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
EDEN ALVARADO NILES INC 22645 GRAND ST HAYWARD, CA94541 94-3256819	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
FORD ROAD SUPPORTIVE HOUSING INC 22645 GRAND ST HAYWARD, CA94541 27-4420563	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
GARDELLA PLAZA INC 22645 GRAND ST HAYWARD, CA94541 71-0938046	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
MANTECA SENIOR HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA94541 91-2129942	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
MONTEREY ROAD SUPPORTIVE HOUSING 22645 GRAND ST HAYWARD, CA94541 94-1716750	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
PACIFIC GROVE SUPPORTIVE HOUSING INC 22645 GRAND ST HAYWARD, CA94541 77-0364994	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
PEACE GROVE INC 22645 GRAND ST HAYWARD, CA94541 77-0309119	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
REDWOOD LODGE INC 22645 GRAND ST HAYWARD, CA94541 94-2831243	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
SEQUOIA MANOR INC 22645 GRAND ST HAYWARD, CA94541 94-3039737	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
SYCAMORE SQUARE HOUSING CORP 22645 GRAND ST HAYWARD, CA94541 94-3306836	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	11 TYPE I	EDEN HOUSING INC	Yes	
UC INDEPENDENT INC 22645 GRAND ST HAYWARD, CA94541 91-2159213	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501C (3)	9	EDEN HOUSING INC	Yes	
						Yes	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANTIOCH EDEN RIVERTOWN LP 22645 GRAND ST HAYWARD, CA94541 68-0632311	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	ANTIOCH EDEN RIVERTOWN LLC	RELATED				No			No	
ASHLAND VILLAGE APARTMENTS LP 22645 GRAND ST HAYWARD, CA94541 26-2203610	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
BERRY AVENUE ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3166352	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	GLEN BERRY INC	RELATED				No			No	
BROOKWOOD TERRACE FAMILY APARTMENTS LP 22645 GRAND ST HAYWARD, CA94541 26-4491862	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	EDEN BROOKWOOD LLC ROEM BROOKWOOD FAMILY TERRACE LLC CO-MGPS	RELATED				No			No	
BRENTWOOD SENIOR COMMONS LP 22645 GRAND ST HAYWARD, CA94541 71-0987758	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	BRENTWOOD SR LLC	RELATED				No			No	
CATALONIA ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3191094	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
CHESLEY AVENUE LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 57-1176147	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	CHESLEY AVE LLC	RELATED				No			No	
CHYNOWETH HOUSING ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3314303	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	CHYNOWETH HOUSING INC	RELATED				No			No	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CORONA-ELY RANCH ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3166355	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CORONA-ELY RANCH INC	RELATED				No			No	
CGA ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3174520	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	-169,301	3,302,325		No			No	98 990 %
DOWNTOWN RIVER ASSOC LP 22645 GRAND ST HAYWARD, CA94541 48-1292072	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	DOWNTOWN RIVER LLC	RELATED				No			No	
DUBLIN SENIOR LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 77-0617949	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	DUBLIN SENIOR LLC	RELATED				No			No	
EDEN BAYWOOD APARTMENTS LP 22645 GRAND ST HAYWARD, CA94541 30-0324752	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN BAYWOOD LLC	RELATED				No			No	
EAST BLUFF ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 68-0396181	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN EASTBLUFF LLC	RELATED				No			No	
EDEN DOUGHERTY LP 22645 GRAND ST HAYWARD, CA94541 27-1801458	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DOUGHERTY LLC	RELATED				No			No	
EDEN LODGE LP 22645 GRAND ST HAYWARD, CA94541 27-3454190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EDEN PALMS ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3208982	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN PALMS INC	RELATED				No			No	
EDEN RIVERTOWN LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 94-3362651	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN SURF ASSOCIATES LP 22645 GRAND ST HAYWARD, CA94541 45-3483479	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN SURF LLC	RELATED				No			No	
EDEN SYCAMORE LP 22645 GRAND ST HAYWARD, CA94541 34-2003989	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN SYCAMORE LLC	RELATED				No			No	
EDEN VICTORIA LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 47-0867697	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
ESTABROOK SENIOR HOUSING LP 22645 GRAND ST HAYWARD, CA94541 68-0657314	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
FIRESIDE AFFORDABLE HOUSING 22645 GRAND ST HAYWARD, CA94541 54-2131633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
GLEN EDEN ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3200524	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	A STREET INC	RELATED				No			No	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND C LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 14-1979640	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	GRAND C LLC	RELATED	20,543	536,089		No		Yes		0 010 %
HARRIS COURT ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3306837	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	ELLIS LAKE TOWNHOMES INC	RELATED				No			No	
HEALDSBURG FAMILY LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 26-2621118	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	HEALDSBURG FAMILY LLC	RELATED				No			No	
HILLVIEW GLEN LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 77-0345387	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED	-19			No		Yes		24 450 %
HISTORIC ALTENHEIM PARTNERS 22645 GRAND ST HAYWARD, CA94541 71-0988012	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ALTENHEIM LLC	RELATED				No			No	
HUNTWOOD COMMONS ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3138438	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	BAYWOOD APARTMENTS INC	RELATED		3,643,095		No			No	99 000 %
JOSEPHINE LUM LODGE LP 22645 GRAND ST HAYWARD, CA94541 05-0608727	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CALIFORNIA PRESERVATION INC	RELATED				No			No	
LAFAYETTE SENIOR LP 22645 GRAND ST HAYWARD, CA94541 27-0395689	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	LAFAYETTE SENIOR LLC	RELATED				No			No	1 000 %

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LAS PALMAS DEVELOPMENT PARTNERS 22645 GRAND ST HAYWARD, CA94541 94-3346633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN LAS PALMAS LLC	RELATED				No			No	
LIGHT TREE HOUSING PARTNERS 22645 GRAND ST HAYWARD, CA94541 94-3322121	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	LIGHT TREE HOUSING CORP	RELATED				No			No	
LIVERMORE HOUSING ASSOC 22645 GRAND ST HAYWARD, CA94541 94-3290814	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	BAYWOOD APARTMENTS INC	RELATED				No			No	
NEW ALTENHEIM PARTNERS LP 22645 GRAND ST HAYWARD, CA94541 34-2055561	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
NUGENT SQUARE LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 51-0461381	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	NUGENT SQUARE LLC	RELATED				No			No	
ORVIETTO FAMILY APARTMENTS LP 22645 GRAND ST HAYWARD, CA94541 26-3878355	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ORVIETTO LLCROEM ORVIETTO FAMILY LLC	RELATED				No			No	
PALO ALTO FAMILY LP 22645 GRAND ST HAYWARD, CA94541 26-3061581	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	-22	49,312		No			No	1 000 %
PARKSIDE GLEN ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 33-0736251	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CORONA CRESCENT INC	RELATED				No			No	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PERALTA SENIORS LP 22645 GRAND ST HAYWARD, CA94541 26-4541856	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	1 000 %
RESEDA BOULEVARD ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 68-0351290	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	EDEN WINDSCAPE LLC	RELATED				No			No	
RIDGEVIEW COMMONS ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3103847	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	RVC INVESTMENT INC	RELATED				No			No	
RIVERHOUSE ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 77-0284021	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	ELLIS LAKE TOWNHOMES INC	RELATED				No			No	
SAKLAN AVENUE LP 22645 GRAND ST HAYWARD, CA94541 42-1714673	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	SAKLAN AVENUE LLC	RELATED				No			No	
SAN PABLO ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 77-0352471	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	SAN PABLO RENAISSANCE INC	RELATED				No			No	
SARA CONNER COURT LP 22645 GRAND ST HAYWARD, CA94541 77-0654106	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	SARA CONNER LLC	RELATED				No			No	
SPM HOUSING ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3262417	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS COMPLEX	CA	SPM AFFORDABLE HOUSING CORPORATION	RELATED				No			No	

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
STONEY CREEK ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3144293	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	STONEY CREEK INC	RELATED				No			No	
TENNYSON PRESERVATION LIMITED PSHP 22645 GRAND ST HAYWARD, CA94541 94-3395860	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	TENNYSON GARDENS LLC	RELATED				No			No	
UNION COURT LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 94-3373628	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
VILLA SPRINGS APARTMENT LP 22645 GRAND ST HAYWARD, CA94541 65-1312439	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	VILLA SPRINGS LLC	RELATED				No			No	
VIRGINIA LANE LTD PARTNERSHIP 22645 GRAND ST HAYWARD, CA94541 94-3326392	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	VINGINIA LANE HOUSING INC	RELATED				No			No	
WARNER CREEK SENIOR HOUSING LP 22645 GRAND ST HAYWARD, CA94541 26-4814941	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
WASHINGTON CREEK ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3144294	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	WASHINGTON CREEK INC	RELATED				No			No	
LIGHT TREE LAND LLC 22645 GRAND ST HAYWARD, CA94541 94-3346132	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN HOUSING INC	RELATED	-1,080	1,255,350		No		Yes		60 000 %

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							Yes	No		Yes	No	
CHESLEY AVENUE LLC 22645 GRAND ST HAYWARD, CA94541 01-0838609	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN HOUSING INC	RELATED	10,474	72,439		No		Yes		50 000 %
NUGENT SQUARE LLC 22645 GRAND ST HAYWARD, CA94541 16-1724089	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN HOUSING INC	RELATED	13,805	20,201		No		Yes		50 000 %
EDEN ARROYO VISTA ASSOCIATES LP 22645 GRAND ST HAYWARD, CA94541 27-3546015	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN HOUSING INC	RELATED				No			No	
SERENO VILLAGE ASSOCIATES 22645 GRAND ST HAYWARD, CA94541 94-3399898	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN HOUSING INC	RELATED				No			No	