See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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 province, country, and ZIP or foreign postal code
HAYWARD, CA 94541

D Employer identification number
23-1716750

E Telephone number
(510) 582-1460

G Gross receipts $ 21,228,357

F Name and address of principal officer
LINDA MANDOLINI
22645 GRAND STREET
HAYWARD,CA 94541

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW EDENHOUSING ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BUILD AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES THAT MEETS THE NEEDS OF LOWER INCOME FAMILIES, SENIORS, AND PERSONS WITH DISABILITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	37
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	12,500,449	1,646,266
9	Program service revenue (Part VIII, line 2g)	8,671,208	10,147,244
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,720,765	1,783,017
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,892,422	13,576,527
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,230,346	213,331
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,923,493	2,232,905
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,089,800	7,204,420
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,243,639	9,650,656
19	Revenue less expenses Subtract line 18 from line 12	15,648,783	3,925,871

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	113,864,002	119,904,814
21	Total liabilities (Part X, line 26)	34,737,348	36,223,268
22	Net assets or fund balances Subtract line 21 from line 20	79,126,654	83,681,546

Part II Signature Block

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

Sign Here

****** | 2015-05-13
Signature of officer | Date

JAN PETERS VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALEXIS H WONG				P00604756

Firm's name ▶ LINDQUIST VON HUSEN & JOYCE LLP | Firm's EIN ▶ 94-1250261

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 or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 7,060,444 including grants of $ 213,331) (Revenue $ 10,147,244)

THE CORPORATION'S EXEMPT PURPOSE IS TO PROVIDE AFFORDABLE HOUSING TO LOW-INCOME FAMILIES EDEN HOUSING IDENTIFIES SITES, ACTS AS THE PRIMARY DEVELOPER OF HOUSING AND RECEIVES FEES AND REVENUES FOR ITS SERVICES DURING THE CURRENT YEAR, THE ORGANIZATION COMPLETED DEVELOPMENT AND/OR REHABILITATION OF SEVERAL AFFORDABLE APARTMENT COMPLEXES IN ITS EFFORTS TO INCREASE AND SUSTAIN AFFORDABLE HOUSING UNITS

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** ▶ 7,060,444

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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		No
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	60		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	37		
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)	2b		Yes	
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" to line 3b, 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 as charitable contributions? . . .	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 or note to any line 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**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
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	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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 or note to any line 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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN GAFFNEY DIRECTOR	40 3 60	X		X				0	0	0
(2) JESUS ARMAS CHAIR	40 3 60	X		X				0	0	0
(3) PAULINE WEAVER SECRETARY	40 3 60	X		X				0	0	0
(4) KATHLEEN HAMM TREASURER	40 3 60	X		X				0	0	0
(5) TIMOTHY REILLY DIRECTOR	40 3 60	X						0	0	0
(6) CALVIN WHITAKER DIRECTOR	40 3 60	X						0	0	0
(7) ILENE WEINREB DIRECTOR	40 3 60	X						0	0	0
(8) HENRY DEADRICH DIRECTOR	40 3 60	X						0	0	0
(9) NICHOLAS J RANDALL DIRECTOR	40 3 60	X						0	0	0
(10) TIMOTHY SILVA VICE CHAIR	40 3 60	X						0	0	0
(11) WILLIAM G VANDENBURGH DIRECTOR	40 3 60	X						0	0	0
(12) JIM KENNEDY DIRECTOR	40 3 60	X						0	0	0
(13) JANET LOCKHART DIRECTOR	40 3 60	X						0	0	0
(14) DOUG KUERSCHNER DIRECTOR	40 3 60	X						0	0	0
(15) JOE PESTIGO DIRECTOR	40 3 60	X						0	0	0
(16) LINDA MANDOLINI PRESIDENT	35 00 30 30			X				274,126	0	21,242
(17) JAN PETERS VICE PRESIDENT	10 00 44 80			X				225,032	0	18,788

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY MA CFO	10 00 41 30			X				172,817	0	16,177
(19) ANDREA PAPANASTASSIOU DIRECTOR OF RE DEVELOPMENT	55 00 0 00					X		102,764	0	5,813
(20) ANDREA OSGOOD ASSOC DIR OF RE DEV	55 00 0 00					X		106,438	0	12,716
(21) LISA RYDHOLM DIR OF HUMAN RESOURCES	55 00 0 00					X		113,700	0	13,098
(22) WOODY KARP SR PROJECT DEVELOPER	55 00 0 00					X		108,311	0	6,518
(23) KATHY SCHMIDT SR PROJECT DEVELOPER	55 00 0 00					X		106,675	0	6,308

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,209,863	0	100,660

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARCHITECT ORANGE 144 N ORANGE STREET ORANGE CA 92866	ARCHITECT	352,636
BDE ARCHITECTURE 9465 CALIFORNIA STREET STE 1200 SAN FRANCISCO CA 94104	ARCHITECT	184,766
COX CASTLE & NICHOLSON 2049 CENTURY PARK EAST 28TH FLOOR LOS ANGELES CA 90067	LEGAL	140,951
LINDQUIST VON HUSEN & JOYCE LLP 90 NEW MONTGOMERY 11TH FLOOR SAN FRANCISCO CA 94105	AUDIT AND TAX SERVICE	135,836
MARYAM BIBI 4934 SUNSHINE AVENUE SANTA ROSA CA 95469	CONSULTANT	132,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,111,631			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	534,635			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,646,266			
Program Service Revenue			Business Code				
	2a	DEVELOPMENT FEES	531390	5,891,415	5,891,415		
	b	RENTAL INCOME	531110	2,431,993	2,431,993		
	c	MANAGEMENT FEES	531390	1,215,725	1,215,725		
	d	DEF GROUND LEASE	531390	431,696	431,696		
	e	MISCELLANEOUS	531390	176,415	176,415		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		10,147,244			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,744,452			1,744,452
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7,690,395				
	b	Less cost or other basis and sales expenses	7,651,830				
	c	Gain or (loss)	38,565				
	d	Net gain or (loss) . . . . . ▶		38,565			38,565
Other Revenue	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 . . . . . ▶		13,576,527	10,147,244	0	1,783,017

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	150,316	150,316		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	63,015	63,015		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	340,186	228,411	111,775	
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	1,587,944	1,066,005	521,939	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,737	32,117	15,620	
9 Other employee benefits	110,207	74,147	36,060	
10 Payroll taxes	146,831	98,787	48,044	
11 Fees for services (non-employees)				
a Management	117,871	117,871		
b Legal	204,753	204,753		
c Accounting	148,644	148,644		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,500,648	157,677	1,342,971	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	30,600	30,600		
17 Travel	47,085	47,085		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	118,863	118,863		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,020,008	1,020,008		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a NON-RECOVERABLE DEVELOP	1,531,002	1,531,002		
b OFFICE AND MAINTENANCE	1,263,245	773,095	490,150	
c MORTGAGE INTEREST AND C	1,182,468	1,182,468		
d WORKERS COMPENSATION	23,157	15,580	7,577	
e All other expenses	16,076		16,076	
25 **Total functional expenses.** Add lines 1 through 24e	9,650,656	7,060,444	2,590,212	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,299,697	1	6,246,939
	2	Savings and temporary cash investments		161,585	2	315,997
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		25,104,788	4	33,998,400
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		29,668,455	7	29,261,070
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		164,715	9	26,456
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 26,863,306			
	b	Less accumulated depreciation	10b 2,413,212	25,172,428	10c	24,450,094
	11	Investments—publicly traded securities		17,581,475	11	19,519,128
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		447,603	13	447,601
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,263,256	15	5,639,129
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		113,864,002	16	119,904,814
Liabilities	17	Accounts payable and accrued expenses		753,066	17	525,615
	18	Grants payable			18	
	19	Deferred revenue		97,684	19	93,955
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		30,927,838	23	32,992,776
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,958,760	25	2,610,922
	26	**Total liabilities.** Add lines 17 through 25		34,737,348	26	36,223,268
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		79,126,654	27	83,681,546
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		79,126,654	33	83,681,546
	34	Total liabilities and net assets/fund balances		113,864,002	34	119,904,814

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,576,527
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,650,656
3	Revenue less expenses Subtract line 2 from line 1	3	3,925,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,126,654
5	Net unrealized gains (losses) on investments	5	629,021
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,681,546

Part XII Financial Statements and Reporting

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in 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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,094,623	13,621,067	3,316,468	12,500,449	1,646,266	33,178,873
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	2,094,623	13,621,067	3,316,468	12,500,449	1,646,266	33,178,873
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						33,178,873

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,094,623	13,621,067	3,316,468	12,500,449	1,646,266	33,178,873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	439,375	1,143,001	1,485,771	1,561,937	1,744,452	6,374,536
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						39,553,409

12	Gross receipts from related activities, etc (see instructions)	12	40,543,751

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 2013 (line 6, column (f) divided by line 11, column (f))	14	83 880 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	86 670 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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.** 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		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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 XIII and complete the following table

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,789,390		9,789,390
b Buildings		13,752,076	1,551,436	12,200,640
c Leasehold improvements		2,882,351	576,144	2,306,207
d Equipment		439,489	285,632	153,857
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				24,450,094

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
SECURITY DEPOSITS	130,622
RELATED-PARTY PAYABLE	2,219,215
LINE OF CREDIT	261,085
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,610,922

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	14,205,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	629,021		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	629,021
3	Subtract line **2e** from line **1**			3	13,576,527
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	13,576,527

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,650,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	9,650,656
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,650,656

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	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 EDEN HOUSING INC AND AFFILIATES' FEDERAL AND STATE INCOME TAX AND INFORMATION RETURNS FOR THE YEARS 2010 THROUGH 2013 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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
(1) EDEN DEVELOPMENT INC 22645 GRAND STREET HAYWARD, CA 94541	59-3803314	501(C)(3)	9,242				PROJECT GRANTS
(2) EDEN HOUSING MANAGEMENT INC 22645 GRAND STREET HAYWARD, CA 94541	94-2946400	501(C)(3)	80,242				PROJECT GRANTS

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	28	63,015			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EDEN HOUSING INC'S GRANTS ARE GENERALLY TO RELATED ENTITIES THAT ARE CONTROLLED BY THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LINDA MANDOLINI PRESIDENT	(i)	274,126	0	0	13,706	7,536	295,368	0
	(ii)	0	0	0	0	0	0	0
(2)JAN PETERS VICE PRESIDENT	(i)	225,032	0	0	11,252	7,536	243,820	0
	(ii)	0	0	0	0	0	0	0
(3)ANTHONY MA CFO	(i)	172,817	0	0	8,641	7,536	188,994	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EDEN HOUSING INC

Employer identification number
23-1716750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 R ECUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA
FORM 990, PART VI, SECTION B, LINE 15	INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF OTHER O RGANIZATIONS WERE USED TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO/CFO, OFFICERS A ND KEY EMPLOYEES BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G	TEMPORARY PERSONNEL PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 148,316 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 148,316 PROFESSIONAL FEES PROGRAM SERVICE EXPENSE S 0 MANAGEMENT AND GENERAL EXPENSES 109,876 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 109,8 76 CONSULTING PROGRAM SERVICE EXPENSES 157,677 MANAGEMENT AND GENERAL EXPENSES 1,084,77 9 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,242,456
FORM 990, PART XII, LINE 2C	NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133031205

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 entity? Yes	(g) 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHYNOWETH COMMONS COMMERCIAL INC 22645 GRAND ST HAYWARD, CA 94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C				Yes	
(2) RENGSTORFF COMMERCIAL INC 22645 GRAND ST HAYWARD, CA 94541 46-4666131	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C				Yes	
(3) LIGHT TREE HOUSING CORPORATION 22645 GRAND ST HAYWARD, CA 94541 94-3322099	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	EDEN HOUSING INC	C				Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDEN HOUSING MANAGEMENT INC	C	488,046	
(2) EDEN HOUSING RESIDENT SERVICES INC	C	65,172	
(3) CORONA-ELY RANCH INC	C	184,576	
(4) EDEN DOUGHERTY LLC	C	373,837	
(5) EDEN HOUSING MANAGEMENT INC	B	80,242	

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R PART IV	CHYNOWETH COMMONS COMMERCIAL INC , RENGSTORFF COMMERCIAL INC , AND LIGHT TREE HOUSING CORPORATION ARE ALL ORGANIZED UNDER CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW THERE ARE NO SHAREHOLDERS IN THESE CORPORATIONS THE AFFAIRS AND ACTIVITIES OF EACH CORPORATION ARE MANAGED BY ITS BOARD OF DIRECTORS WHO ARE ALSO DIRECTORS OF EDEN HOUSING, INC

Additional Data

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 (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ANTIOCH EDEN RIVERTOWN LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(1) BRENTWOOD SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(2) CHARLOTTE DRIVE APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541 46-3412419	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(3) DOWNTOWN RIVER LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(4) DUBLIN SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(5) EDEN 819 NORTH RENGSTORFF STUDIOS LLC 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(6) EDEN ALTENHEIM I LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(7) EDEN ARROYO VISTA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(8) EDEN BAYWOOD APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(9) EDEN BROOKWOOD LLC 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(10) EDEN CAMBRIAN LLC 22645 GRAND ST HAYWARD, CA 94541 46-4964983	CO-MANAGING GP OF PARTNERSHIP	CA			CATALONIA INC
(11) EDEN CRIL LLC 22645 GRAND ST HAYWARD, CA 94541 46-1524624	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(12) EDEN DEL NIDO LLC 22645 GRAND ST HAYWARD, CA 94541 45-5492079	PROVIDE AFFORDABLE LOW INCOME HOUSING	DE	2,260,502	17,184,598	EDEN HOUSING INC
(13) EDEN DOUGHERTY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(14) EDEN EASTBLUFF LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(15) EDEN FORD ROAD FAMILY LLC 22645 GRAND ST HAYWARD, CA 94541 90-0749593	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(16) EDEN LAS PALMAS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(17) EDEN LODGE LLC 22645 GRAND ST HAYWARD, CA 94541 27-4034872	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(18) EDEN ORVIETO LLC 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(19) EDEN SERENO LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) EDEN SURF LLC 22645 GRAND ST HAYWARD, CA 94541 45-4018980	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(1) EDEN SYCAMORE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(2) EDEN WINDSCAPE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(3) GLEN BERRY LLC 22645 GRAND ST HAYWARD, CA 94541 45-5102306	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA			EDEN INVESTMENTS INC
(4) GLEN EDEN LLC 22645 GRAND ST HAYWARD, CA 94541 45-5102346	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA			EDEN INVESTMENTS INC
(5) GRAND C LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(6) HEALDSBURG FAMILY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(7) IRWIN WAY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(8) LEIDIG COURT LLC 22645 GRAND ST HAYWARD, CA 94541 45-3274365	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA			EDEN INVESTMENTS INC
(9) MONTGOMERY PLAZA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(10) PERALTA SENIORS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(11) QUAIL RUN EDEN LLC 22645 GRAND ST HAYWARD, CA 94541 46-4514803	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(12) SAKLAN AVENUE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(13) SARA CONNER LLC 22645 GRAND ST HAYWARD, CA 94541 77-0654104	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(14) TENNYSON GARDENS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(15) VILLA SPRINGS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN INVESTMENTS INC
(16) CAMPHORA LLC 22645 GRAND ST HAYWARD, CA 94541 46-5643173	INACTIVE	CA			EDEN SOUTH BAY INC
(17) CHARLES APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5739142	INACTIVE	CA			EDEN SOUTH COUNTY INC
(18) CONNELL LLC 22645 GRAND ST HAYWARD, CA 94541 46-5680114	INACTIVE	CA			EDEN SOUTH COUNTY INC
(19) CORRALITOS CREEK LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(41) CREST AVENUE HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(1) CYPRESS GARDENS LLC 22645 GRAND ST HAYWARD, CA 94541 35-2507573	INACTIVE	CA			EDEN SOUTH COUNTY INC
(2) DEPOT COMMONS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5692674	INACTIVE	CA			EDEN SOUTH BAY INC
(3) GATEWAY PALMS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(4) GILROY SOBRATO STUDIOS LLC 22645 GRAND ST HAYWARD, CA 94541 61-1738313	INACTIVE	CA			EDEN SOUTH BAY INC
(5) JARDINES LLC 22645 GRAND ST HAYWARD, CA 94541 46-5714816	INACTIVE	CA			EDEN SOUTH COUNTY INC
(6) JASMINE SQUARE LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(7) LINCOLN MEADOWS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5726363	INACTIVE	CA			EDEN SOUTH COUNTY INC
(8) MONTICELLI LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(9) MONTERRA VILLAGE LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(10) NUEVO AMANECER LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(11) NUEVO SOL LLC 22645 GRAND ST HAYWARD, CA 94541 46-5751671	INACTIVE	CA			EDEN SOUTH COUNTY INC
(12) PACIFIC FAMILY MHP LLC 22645 GRAND ST HAYWARD, CA 94541 46-5762446	INACTIVE	CA			EDEN SOUTH COUNTY INC
(13) PACIFIC TERRACE APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(14) PAJARO COURT LLC 22645 GRAND ST HAYWARD, CA 94541 47-0963450	INACTIVE	CA			EDEN SOUTH COUNTY INC
(15) PLEASANT ACRES MHP LLC 22645 GRAND ST HAYWARD, CA 94541 47-0976057	INACTIVE	CA			EDEN SOUTH COUNTY INC
(16) RANCHO PARK LLC 22645 GRAND ST HAYWARD, CA 94541 47-0986263	INACTIVE	CA			EDEN SOUTH COUNTY INC
(17) REDWOODS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(18) RIVERSIDE MHP LLC 22645 GRAND ST HAYWARD, CA 94541 47-1000376	INACTIVE	CA			EDEN SOUTH COUNTY INC
(19) ROYAL COURT HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(61) RUSTIC GARDEN LLC 22645 GRAND ST HAYWARD, CA 94541 47-1013732	INACTIVE	CA			EDEN SOUTH COUNTY INC
(1) SEACLIFF HIGHLANDS APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(2) SKEELS HOTEL LLC 22645 GRAND ST HAYWARD, CA 94541 47-1028138	INACTIVE	CA			EDEN SOUTH BAY INC
(3) SOBRATO TRANSITIONAL LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(4) SYCAMORE GLEN LLC 22645 GRAND ST HAYWARD, CA 94541 30-0831206	INACTIVE	CA			EDEN SOUTH COUNTY INC
(5) TIERRA LINDA LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(6) VILLA CIOLINO LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(7) VISTA POINT LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(8) VISTA VERDE LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(9) WESTSIDE TERRACE HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541 46-5702167	INACTIVE	CA			EDEN SOUTH COUNTY INC
(10) WHEELER MANOR LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(11) WILLOW LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY 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 entity?	
						Yes	No
(1) BAYWOOD APARTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3100917	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(1) CALIFORNIA PRESERVATION INC 22645 GRAND STREET HAYWARD, CA 94541 94-3074042	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(2) CATALONIA INC 22645 GRAND STREET HAYWARD, CA 94541 94-3182019	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(3) CDLA INC 22645 GRAND STREET HAYWARD, CA 94541 77-0347415	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(4) CENTRAL VALLEY SENIOR HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 20-4609810	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(5) CHYNOWETH HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 94-3314302	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(6) CONTRA COSTA COUNTY HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3200158	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(7) CORONA CRESCENT INC 22645 GRAND STREET HAYWARD, CA 94541 94-3174331	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC	Yes	
(8) CORONA-ELY RANCH INC 22645 GRAND STREET HAYWARD, CA 94541 94-3166354	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(9) EDEN ALVARADO NILES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3256819	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(10) EDEN DEVELOPMENT INC 22645 GRAND STREET HAYWARD, CA 94541 59-3803314	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(11) EDEN HOUSING MANAGEMENT INC 22645 GRAND STREET HAYWARD, CA 94541 94-2946400	MANAGE AFFORDABLE/DIABLED HOUSING COMMUNITIES	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(12) EDEN HOUSING RESIDENT SERVICES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3315887	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(13) EDEN INVESTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-2995223	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(14) EDEN PALMS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3208984	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(15) EDEN SOUTH BAY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3166350	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(16) EDEN SOUTH COUNTY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3148163	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(17) FORD ROAD SUPPORTIVE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 27-4420563	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(18) ELLIS LAKE TOWNHOMES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3139366	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC	Yes	
(19) GARDELLA PLAZA INC 22645 GRAND STREET HAYWARD, CA 94541 71-0938046	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 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 entity?	
						Yes	No
(21) MANTECA SENIOR HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 91-2129942	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(1) MONTEREY ROAD SUPPORTIVE HOUSING 22645 GRAND STREET HAYWARD, CA 94541 94-1716750	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(2) PACIFIC GROVE SUPPORTIVE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 77-0364994	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(3) PEACE GROVE INC 22645 GRAND STREET HAYWARD, CA 94541 77-0309119	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(4) REDWOOD LODGE INC 22645 GRAND STREET HAYWARD, CA 94541 94-2831243	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(5) RVC INVESTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3103846	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(6) SEQUOIA MANOR INC 22645 GRAND STREET HAYWARD, CA 94541 94-3039737	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(7) SPM AFFORDABLE HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3297735	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(8) STEVENSON LAND CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 68-0388269	LAND LEASE HOLDER	CA	501(C)(2)		EDEN HOUSING INC	Yes	
(9) STONEY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3144297	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(10) SYCAMORE SQUARE HOUSING CORP 22645 GRAND STREET HAYWARD, CA 94541 94-3306836	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(11) UC INDEPENDENT INC 22645 GRAND STREET HAYWARD, CA 94541 91-2159213	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC	Yes	
(12) VIRGINIA LANE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 94-3326393	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	Yes	
(13) WASHINGTON CREEK INC 22645 GRAND STREET HAYWARD, CA 94541 94-3144296	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
819 NORTH RENGSTORFF STUDIO APARTMENTS LP 22645 GRAND ST HAYWARD, CA 94541 46-2929523	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN 819 NORTH RENGSTORFF STUDIOS LLC	RELATED				No			No	
ANTIOCH EDEN RIVERTOWN LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 26-2203610	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
B GRAND LP 22645 GRAND ST HAYWARD, CA 94541 45-5177304	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	1 000 %
BROOKWOOD TERRACE FAMILY APARTMENTS LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 71-0987758	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	BRENTWOOD SR LLC	RELATED				No			No	
CATALONIA ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3191094	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
CHARLOTTE DRIVE APARTMENTS LP 22645 GRAND ST HAYWARD, CA 94541 46-2936259	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CHARLOTTE DRIVE APARTMENTS LLC	RELATED		1		No			No	1 000 %
CHESLEY AVENUE LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA 94541 57-1176147	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CHESLEY AVE LLC	RELATED				No			No	
CHESLEY AVENUE LLC 22645 GRAND ST HAYWARD, CA 94541 01-0838609	MANAGING GP OF PARTNERSHIP	CA	EDEN HOUSING INC	RELATED	1,218	107,416		No		Yes		50 000 %
CHYNOWETH HOUSING ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3314303	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CHYNOWETH HOUSING INC	RELATED				No			No	
CGA ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3174520	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	58,714	2,992,457		No			No	98 990 %
DOWNTOWN RIVER ASSOCIATES LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 77-0617949	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	DUBLIN SENIOR LLC	RELATED				No			No	
EAST BLUFF ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 68-0396181	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN EASTBLUFF LLC	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EDEN ARROYO VISTA ASSOCIATES LP 22645 GRAND ST HAYWARD, CA 94541 27-3546015	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ARROYO VISTA LLC	RELATED				No			No	
EDEN BAYWOOD APARTMENTS LP 22645 GRAND ST HAYWARD, CA 94541 30-0324752	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN BAYWOOD LLC	RELATED				No			No	
EDEN CAMBRIAN LP 22645 GRAND ST HAYWARD, CA 94541 46-4955294	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN CAMBRIAN LLC	RELATED				No			No	
EDEN DOUGHERTY LP 22645 GRAND ST HAYWARD, CA 94541 27-1801458	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DOUGHERTY LLC	RELATED				No			No	
EDEN LODGE LP 22645 GRAND ST HAYWARD, CA 94541 27-3454190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN LODGE LLC	RELATED				No			No	
EDEN PALMS ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 94-3362651	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN SOUTH HAYWARD LP 22645 GRAND ST HAYWARD, CA 94541 46-2444399	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	99 990 %
EDEN SURF ASSOCIATES LP 22645 GRAND ST HAYWARD, CA 94541 45-3483479	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN SURF LLC	RELATED				No			No	
EDEN SYCAMORE LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 47-0867697	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN WOODSIDE COURT LP 22645 GRAND ST HAYWARD, CA 94541 46-2851527	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EHP EC MAGNOLIA LP 22645 GRAND ST HAYWARD, CA 94541 46-1487548	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN CRIL LLC	RELATED				No			No	
EHP FULLER LODGE LP 22645 GRAND ST HAYWARD, CA 94541 45-5475786	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	1 000 %
EHP ISSEI TERRACE LP 22645 GRAND ST HAYWARD, CA 94541 46-0689478	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EHP OLIVE TREE PLAZA LP 22645 GRAND ST HAYWARD, CA 94541 46-1499634	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN CRIL LLC	RELATED				No			No	
EHP REDWOOD LODGE 22645 GRAND ST HAYWARD, CA 94541 46-1481526	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN CRIL LLC	RELATED				No			No	
EHP SEQUOIA MANOR LP 22645 GRAND ST HAYWARD, CA 94541 45-5481596	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	1 000 %
ESTABROOK SENIOR HOUSING LP 22645 GRAND ST HAYWARD, CA 94541 68-0657314	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
FIRESIDE AFFORDABLE HOUSING 22645 GRAND ST HAYWARD, CA 94541 54-2131633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
FORD ROAD FAMILY HOUSING LP 22645 GRAND ST HAYWARD, CA 94541 45-4586546	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN FORD FAMILY LLC	RELATED				No			No	1 000 %
GRAND C LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA 94541 14-1979640	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	GRAND C LLC	RELATED				No			No	
HARRIS COURT ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 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, CA 94541 77-0345387	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
HISTORIC ALTENHEIM PARTNERS 22645 GRAND ST HAYWARD, CA 94541 71-0988012	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ALTENHEIM LLC	RELATED				No			No	
HUNTWOOD COMMONS ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3138438	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	BAYWOOD APARTMENTS INC	RELATED		76,056		No			No	1 000 %
IRWIN WAY LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA 94541 45-5530504	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	IRWIN WAY LLC	RELATED				No			No	
JOSEPHINE LUM LODGE LP 22645 GRAND ST HAYWARD, CA 94541 05-0608727	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	CALIFORNIA PRESERVATION INC	RELATED				No			No	
LAFAYETTE SENIOR LP 22645 GRAND ST HAYWARD, CA 94541 27-0395689	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENT 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LAS PALMAS DEVELOPMENT PARTNERS 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 94-3322121	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	LIGHT TREE HOUSING CORP	RELATED				No			No	
LIGHT TREE LAND LLC 22645 GRAND ST HAYWARD, CA 94541 94-3346132	OWN AND LEASE LAND FOR AFFORDABLE HOUSING	CA	EDEN HOUSING INC	RELATED	234	1,332,366		No		Yes		60 000 %
LIVERMORE HOUSING ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3290814	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	BAYWOOD APARTMENTS INC	RELATED				No			No	
MONTGOMERY PLAZA LP 22645 GRAND ST HAYWARD, CA 94541 46-1961571	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	MONTGOMERY PLAZA LLC	RELATED				No			No	
NEW ALTENHEIM PARTNERS LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 51-0461381	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	NUGENT SQUARE LLC	RELATED				No			No	
NUGENT SQUARE LLC 22645 GRAND ST HAYWARD, CA 94541 16-1724089	MANAGING GP OF PARTNERSHIP	CA	EDEN HOUSING INC	RELATED	13,197	26,278		No		Yes		50 000 %
ORVIETO FAMILY APARTMENTS LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 26-3061581	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
PERALTA SENIORS LP 22645 GRAND ST HAYWARD, CA 94541 26-4541856	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
RESEDA BOULEVARD ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 68-0351290	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN WINDSCAPE LLC	RELATED				No			No	
RIDGEVIEW COMMONS ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3103847	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	RVC INVESTMENT INC	RELATED				No			No	
RIVERHOUSE ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 42-1714673	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	SAKLAN AVENUE LLC	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARA CONNER COURT LP 22645 GRAND ST HAYWARD, CA 94541 77-0654106	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	SARA CONNER LLC	RELATED				No			No	
SERENO VILLAGE ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3399898	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN SERENO LLC	RELATED				No			No	
SPM HOUSING ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3262417	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	SPM AFFORDABLE HOUSING CORPORATION	RELATED				No			No	
STONEY CREEK ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 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, CA 94541 94-3373628	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
VILLA SPRINGS APARTMENT LP 22645 GRAND ST HAYWARD, CA 94541 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, CA 94541 94-3326392	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	VIRGINIA LANE HOUSING INC	RELATED				No			No	
WARNER CREEK SENIOR HOUSING LP 22645 GRAND ST HAYWARD, CA 94541 26-4814941	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED				No			No	
WASHINGTON CREEK ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 94-3144294	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	WASHINGTON CREEK INC	RELATED				No			No	
SANTA ROSA HOUSING LIMITED PARTNERSHIP 22645 GRAND ST HAYWARD, CA 94541 91-1813755	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	QUAIL RUN EDEN LLC	RELATED				No			No	
SCHC UNIVERSITY VILLAGE LLC 22645 GRAND ST HAYWARD, CA 94541 46-0583034	MANAGING GP OF PARTNERSHIP	CA	EDEN HOUSING INC	RELATED				No			No	
UNIVERSITY VILLAGE ASSOCIATES 22645 GRAND ST HAYWARD, CA 94541 11-3776776	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	SCHC UNIVERSITY VILLAGE LLC	RELATED				No			No	
RENGSTORFF COMMERCIAL LLC 22645 GRAND ST HAYWARD, CA 94541 61-1732288	COMMERCIAL LEASING	CA	RENGSTORFF COMMERCIAL INC	RELATED				No			No	