

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2019)

**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 \$ 18,773,952 including grants of \$ 9,497,172 ) (Revenue \$ 26,743,700 )  
See Additional Data

**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 ► 18,773,952

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b>	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
<b>33</b>	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	
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	53	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</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?	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-A 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, address, and telephone number of the person who possesses the organization's books and records:  
**▶THE ORGANIZATION 22645 GRAND STREET HAYWARD, CA 94541 (510) 582-1460**

## 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 ☐

**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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	3,588,677	186,318	357,443

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 ▶ 49

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	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? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	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? <i>If "Yes," complete Schedule J for such person . . . . .</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
LINDQUIST VON HUSEN & JOYCE LLP 301 HOWARD ST SUITE 850 SAN FRANCISCO, CA 94105	AUDIT AND TAX SERVICE	386,425
MOSAIC DEVELOPMENT & CONSULTING 1901 HARRISON ST SUITE 1100 OAKLAND, CA 94612	CONSULTING	344,471
COX CASTLE & NICHOLSON LLP 2029 CENTURY PARK EAST SUITE 2100 LOS ANGELES, CA 90067	CONSULTING	283,207

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3</p>	
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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	13,825,584									
	e Government grants (contributions)		1e	35,521									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	2,513,441									
	g Noncash contributions included in lines 1a - 1f:\$		1g	11,799,225									
	h Total. Add lines 1a-1f		16,374,546										
Program Service Revenue	2a DEVELOPMENT FEES		Business Code	531390		20,667,078		20,667,078					
	b RENTAL INCOME		531110		3,129,793		3,129,793						
	c MANAGEMENT FEES		531390		2,915,994		2,915,994						
	d DEFERRED GROUND LEASE		531390		525,796		525,796						
	e MISCELLANEOUS		531390		191,823		191,823						
	f All other program service revenue.				-686,784		-686,784						
	g Total. Add lines 2a-2f.		26,743,700										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					3,692,629				3,692,629			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss)												
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
b Less: direct expenses		9b											
c Net income or (loss) from gaming activities													
10a Gross sales of inventory, less returns and allowances		10a											
b Less: cost of goods sold		10b											
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					46,810,875		26,743,700		0				
									3,692,629				

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,447,072	9,447,072		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	50,100	50,100		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,060,648	1,750,145	1,310,503	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,615,540	2,664,159	1,951,381	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	126,926	69,760	57,166	
<b>9</b> Other employee benefits . . . . .	608,835	285,901	322,934	
<b>10</b> Payroll taxes . . . . .	498,302	296,796	201,506	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	156,783	156,783		
<b>b</b> Legal . . . . .	126,834	40,684	86,150	
<b>c</b> Accounting . . . . .	145,934	32,838	113,096	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,043,407	167,000	876,407	
<b>12</b> Advertising and promotion . . . . .	448	439	9	
<b>13</b> Office expenses . . . . .	496,187	173,156	323,031	
<b>14</b> Information technology . . . . .	99,845	25,372	74,473	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	284,373	268,977	15,396	
<b>17</b> Travel . . . . .	142,309	58,444	83,865	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	118,420	46,931	71,489	
<b>20</b> Interest . . . . .	1,323,100	1,224,800	98,300	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,056,918	1,056,918		
<b>23</b> Insurance . . . . .	62,418	52,958	9,460	
<b>24</b> 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.)				
<b>a</b> REPAIR AND MAINTENANCE	553,618	527,349	26,269	
<b>b</b> NON-RECOVERABLE DEVELOP	205,531	205,531		
<b>c</b> MISCELLANEOUS EXPENSES	80,479	53,660	26,819	
<b>d</b> LOBBYING EXPENDITURES	64,999	64,999		
<b>e</b> All other expenses	65,516	53,180	12,336	
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,434,542	18,773,952	5,660,590	0
<b>26</b> 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 <input type="checkbox"/> 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		12,950,648	<b>1</b>	17,673,424	
	<b>2</b>	Savings and temporary cash investments . . . . .		27,722,064	<b>2</b>	12,951,987	
	<b>3</b>	Pledges and grants receivable, net . . . . .		1,818,534	<b>3</b>	467,117	
	<b>4</b>	Accounts receivable, net . . . . .		72,624,810	<b>4</b>	87,603,154	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		113,300,092	<b>7</b>	134,508,761	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		37,259	<b>9</b>	71,870	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	23,333,545			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	6,951,901	16,325,580	<b>10c</b>	16,381,644
	<b>11</b>	Investments—publicly traded securities . . . . .		38,097,636	<b>11</b>	43,228,308	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		1,466,128	<b>13</b>	1,095,807	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		8,175,841	<b>15</b>	8,625,794	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		292,518,592	<b>16</b>	322,607,866		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,692,465	<b>17</b>	1,835,129	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		6,954	<b>19</b>	1,933	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		21,542,771	<b>23</b>	27,421,788	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		447,364	<b>25</b>	539,194	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		23,689,554	<b>26</b>	29,798,044	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		268,829,038	<b>27</b>	292,809,822	
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		268,829,038	<b>32</b>	292,809,822		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		292,518,592	<b>33</b>	322,607,866		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,810,875
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,434,542
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	22,376,333
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	268,829,038
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,604,451
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	292,809,822

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> 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?	Yes	
<b>b</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.	Yes	

# Additional Data

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

Form 990 (2019)

**Form 990, Part III, Line 4a:**

THE ORGANIZATION'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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
KATHLEEN HAMM ..... SECRETARY	3.25 ..... 0.75	X		X				0	0	0
NICHOLAS J RANDALL ..... CHAIRPERSON	3.25 ..... 0.75	X		X				0	0	0
JIM KENNEDY ..... VICE CHAIRPERSON	3.25 ..... 0.75	X		X				0	0	0
ED FORREST ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
TIMOTHY REILLY ..... ASSIST. SECRETARY	3.25 ..... 0.75	X		X				0	0	0
CALVIN WHITAKER ..... ASSIST. SECRETARY	3.25 ..... 0.75	X		X				0	0	0
ILENE WEINREB ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
JOHN GAFFNEY ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
RUDY JOHNSON III ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
PAULINE WEAVER ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DOUG KUERSCHNER ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
JOE POSTIGO ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
GRACE LI ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
ANNETTE BILLINGSLEY ..... TREASURER	3.25 ..... 0.75	X		X				0	0	0
CHERYL O' CONNOR ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
SEAN CALLUM ..... DIRECTOR	3.25 ..... 0.75	X						0	0	0
LINDA MANDOLINI ..... PRESIDENT	50.00 ..... 15.00			X				392,890	0	23,108
TATIANA BLANK ..... CFO	40.00 ..... 15.00			X				320,352	0	18,363
ANDRE MADEIRA ..... SVP DEVELOPMENT	55.00 ..... 0.00			X				312,747	0	14,935
D KASEY ARCHEY ..... SVP PROPERTY OPERATIONS	0.00 ..... 55.00			X				285,144	0	22,998

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA RYDHOLM ..... SVP HUMAN RESOURCES	40.00 ..... 15.00			X				261,617	0	22,153
MEG-MONIQUE ROE ..... CHIEF OF STRATEGY & CAPABILITY	40.00 ..... 15.00			X				255,269	0	13,697
ANDREA OSGOOD ..... VP DEVELOPMENT	55.00 ..... 0.00				X			242,845	0	27,310
KEVIN LEICHNER ..... VP DEVELOPMENT	55.00 ..... 0.00				X			235,616	0	21,682
LEANNE MORFORD ..... VP SYSTEMS & INFRASTRUCTURE	40.00 ..... 15.00				X			190,998	0	19,053
SUSIE CRISCIMAGNA ..... DIR. DEVELOPMENT	50.00 ..... 5.00				X			0	186,318	21,842
DARNELL WILLIAMS ..... SENIOR DIR. ASSET MANAGEMENT	55.00 ..... 0.00				X			161,311	0	21,170
ANNA GWYN SIMPSON ..... VP RESIDENT SERVICES	0.00 ..... 55.00				X			154,517	0	42,873
DIXIE LIRA-BAUS ..... ASSOC. DIR DEVELOP	55.00 ..... 0.00					X		172,524	0	13,850
MICHAEL ABBATE ..... SENIOR CORP CONTROLLER	40.00 ..... 15.00					X		156,592	0	30,392



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
WINTER CHASLOW ..... ASSOC. DIR. PROPERTY OPS	0.00 ..... 55.00					X		151,179	0	10,553
DANIELA OGDEN ..... VP COMMU, ADVOCACY & FUND DEV	40.00 ..... 15.00					X		148,679	0	15,368
MICHAEL DISMUKE ..... DIR TALENT & ORGANIZATIONAL DEV	40.00 ..... 15.00					X		146,397	0	18,096

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	45,847,557	14,512,118	32,432,758	20,471,256	16,374,546	129,638,235
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	<b>Total.</b> Add lines 1 through 3	45,847,557	14,512,118	32,432,758	20,471,256	16,374,546	129,638,235
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	<b>Public support.</b> Subtract line 5 from line 4.						129,638,235

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	45,847,557	14,512,118	32,432,758	20,471,256	16,374,546	129,638,235
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	2,160,193	1,747,427	3,222,021	3,464,322	3,692,629	14,286,592
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 VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						143,924,827
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	128,725,250
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14 90.070 %
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	15 91.380 %
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			



Additional Data

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

Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	64,999													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	64,999													
<b>d</b> Other exempt purpose expenditures .....	24,369,543													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	24,434,542													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	548,060	927,747	1,000,000	1,000,000	3,475,807
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,213,711
<b>c</b> Total lobbying expenditures	130,000	10,000	245,000	64,999	449,999
<b>d</b> Grassroots nontaxable amount	137,015	231,937	250,000	250,000	868,952
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,303,428
<b>f</b> Grassroots lobbying expenditures	130,000	10,000	245,000	64,999	449,999

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b>	Media advertisements? .....			
<b>d</b>	Mailings to members, legislators, or the public? .....			
<b>e</b>	Publications, or published or broadcast statements? .....			
<b>f</b>	Grants to other organizations for lobbying purposes? .....			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b>	Other activities? .....			
<b>j</b>	Total. Add lines 1c through 1i .....			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314041650

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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" on 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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ 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" on 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 on 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:

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

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" on 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 . . . . .		4,888,735		4,888,735
b Buildings . . . . .		17,709,144	6,583,783	11,125,361
c Leasehold improvements				
d Equipment . . . . .		735,666	368,118	367,548
e Other . . . . .				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,381,644

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	539,194

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 ☒

Schedule D (Form 990) 2019

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**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
See Additional Data Table	



**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental 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 2016 THROUGH 2018 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 11
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 13

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	37	50,100			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	EDEN HOUSING INC'S GRANTS ARE GENERALLY TO RELATED ENTITIES THAT ARE CONTROLLED BY THE ORGANIZATION.
PART III, COLUMN (B)	EACH YEAR, EDEN HOUSING, INC. AWARDS QUALIFIED RESIDENTS WITH MONETARY ASSISTANCE TO MEET THEIR ACADEMIC AND CAREER GOALS. THE CRITERIA USED TO SELECT AWARDEES INCLUDE ACADEMIC ACHIEVEMENT, NEED, COMMUNITY SERVICE, AND SCHOLASTIC AND PERSONAL REFERENCES.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYWOOD APARTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541	94-3100917	501(C)(3)	5,159				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES
EDEN SOUTH COUNTY INC 22645 GRAND STREET HAYWARD, CA 94541	94-3148163	501(C)(3)	18,124				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EHP SEQUOIA MANOR LP 22645 GRAND STREET HAYWARD, CA 94541	45-5481596		14,947				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES
EDEN SOUTH BAY INC 22645 GRAND STREET HAYWARD, CA 94541	94-3166350	501(C)(3)	319,795				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDEN DEVELOPMENT INC 22645 GRAND STREET HAYWARD, CA 94541	59-3803314	501(C)(3)	796,977				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES
EDEN INVESTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541	94-2995223	501(C)(3)	6,630,730				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDEN HOUSING RESIDENT SERVICES INC 22645 GRAND STREET HAYWARD, CA 94541	94-3315887	501(C)(3)	351,650				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES
EDEN HOUSING MANAGEMENT INC 22645 GRAND STREET HAYWARD, CA 94541	94-2946400	501(C)(3)	1,100,000				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NON-PROFIT HOUSING ASSOCIATION 369 PINE STREET 350 SAN FRANCISCO, CA 94104	94-2741597	501(C)(3)	13,000				NON-PROFIT HOUSING ADVOCACY
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION 2150 KITTREDGE STREET SUITE 300 BERKELEY, CA 94704	94-6090626	501(C)(3)	25,000				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VL LP 22645 GRAND STREET HAYWARD, CA 94541	47-4106587		61,145				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES
URBAN LAND INSTITUTE PO BOX 418168 BOSTON, MA 02241	53-0159845	501(C)(3)	7,200				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY 2905 S EL CAMINO REAL NO 108 SAN MATEO, CA 94403	94-3395945	501(C)(3)	7,500				GRANTS TO SUPPORT AFFORDABLE HOUSING ACTIVITIES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization EDEN HOUSING INC		Employer identification number 23-1716750

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>	
<b>2</b> 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 on Line 1a?		<b>2</b>	Yes
<b>3</b> 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

For each individual whose compensation must be reported on 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.

[illegible]

**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
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Additional Data

Software ID:

Software Version:

EIN: 23-1716750

Name: EDEN HOUSING INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LINDA MANDOLINI PRESIDENT	(i)	359,518	32,300	1,072	19,726	3,382	415,998	0
	(ii)	0	0	0	0	0	0	0
1TATIANA BLANK CFO	(i)	293,900	26,078	374	15,514	2,849	338,715	0
	(ii)	0	0	0	0	0	0	0
2ANDRE MADEIRA SVP DEVELOPMENT	(i)	289,699	22,016	1,032	14,935	0	327,682	0
	(ii)	0	0	0	0	0	0	0
3D KASEY ARCHEY SVP PROPERTY OPERATIONS	(i)	263,692	20,900	552	14,234	8,764	308,142	0
	(ii)	0	0	0	0	0	0	0
4LISA RYDHOLM SVP HUMAN RESOURCES	(i)	240,321	20,744	552	13,066	9,087	283,770	0
	(ii)	0	0	0	0	0	0	0
5MEG-MONIQUE ROE CHIEF OF STRATEGY & CAPABILITY	(i)	247,254	6,983	1,032	4,000	9,697	268,966	0
	(ii)	0	0	0	0	0	0	0
6ANDREA OSGOOD VP DEVELOPMENT	(i)	232,343	10,253	249	11,995	15,315	270,155	0
	(ii)	0	0	0	0	0	0	0
7KEVIN LEICHNER VP DEVELOPMENT	(i)	225,618	9,740	258	11,701	9,981	257,298	0
	(ii)	0	0	0	0	0	0	0
8LEANNE MORFORD VP SYSTEMS & INFRASTRUCTURE	(i)	114,070	26,155	50,773	7,299	11,754	210,051	0
	(ii)	0	0	0	0	0	0	0
9SUSIE CRISCIMAGNA DIR. DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	177,893	8,226	199	8,458	13,384	208,160	0
10DARNELL WILLIAMS SENIOR DIR. ASSET MANAGEMENT	(i)	154,139	6,956	216	4,994	16,176	182,481	0
	(ii)	0	0	0	0	0	0	0
11ANNA GWYN SIMPSON VP RESIDENT SERVICES	(i)	144,485	9,792	240	8,913	33,960	197,390	0
	(ii)	0	0	0	0	0	0	0
12DIXIE LIRA-BAUS ASSOC. DIR DEVELOP	(i)	169,133	2,839	552	1,453	12,397	186,374	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL ABBATE SENIOR CORP CONTROLLER	(i)	147,126	9,274	192	8,442	21,950	186,984	0
	(ii)	0	0	0	0	0	0	0
14WINTER CHASLOW ASSOC. DIR. PROPERTY OPS	(i)	143,939	7,000	240	7,272	3,281	161,732	0
	(ii)	0	0	0	0	0	0	0
15DANIELA OGDEN VP COMMU, ADVOCACY & FUND DEV	(i)	143,935	4,528	216	2,288	13,080	164,047	0
	(ii)	0	0	0	0	0	0	0
16MICHAEL DISMUKE DIR TALENT & ORGANIZATIONAL DEV	(i)	138,014	8,143	240	7,412	10,684	164,493	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
EDEN HOUSING INC

Employer identification number  
23-1716750

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>NOTES</u> )	X	2	11,799,225	FACE VALUE
26 Other ► ( <u>RECEIVABLE</u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29

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

29

0

30a

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

30a

Yes

No

No

b

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

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
EDEN HOUSING INC

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

23-1716750

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN SEPTEMBER 2019, THE BYLAWS WERE AMENDED TO INCREASE THE TOTAL NUMBER OF AUTHORIZED DIRECTORS. THE TOTAL NUMBER OF AUTHORIZED DIRECTORS SHALL BE NOT LESS THAN SEVEN NOR MORE THAN SEVENTEEN.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COMPLETE COPY OF THE FORM 990 RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS BEFORE IT IS FILED WITH THE IRS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ANNUALLY. IF A BOARD MEMBER HAS ANY CONFLICT OF INTEREST, THE BOARD MEMBER WOULD NEED TO RESCUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA.

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

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

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1) EDEN DEL NIDO LLC 22645 GRAND ST HAYWARD, CA 94541 45-5492079	PROVIDE AFFORDABLE LOW INCOME HOUSING	DE	2,871,202	13,745,927	EDEN HOUSING INC

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.							
See Additional Data Table							
(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



**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.

See Additional Data Table

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

**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
<b>(1)</b> EDEN COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C					No
<b>(2)</b> LIGHT TREE HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3322099	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING INC	C					No
<b>(3)</b> RENGSTORFF COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 46-4666131	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C					No
<b>(4)</b> MISSION COURT MGP LLC 22645 GRAND STREET HAYWARD, CA 94541 82-1179104	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING INC	C					No
<b>(5)</b> CHARLES CYPRESS LLC 22645 GRAND STREET HAYWARD, CA 94541 82-5521070	MANAGING GP OF PARTNERSHIP	CA	EDEN SOUTH COUNTY INC	C					No
<b>(6)</b> EDEN MEADOWS HOLLY LLC 22645 GRAND STREET HAYWARD, CA 94541 82-2297178	MANAGING GP OF PARTNERSHIP	CA	EDEN VACAVILLE HOUSING INC	C					No

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

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

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

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

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R PART IV	EDEN 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 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
22645 GRAND STREET HAYWARD, CA 94541 94-3100917	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3074042	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3182019	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 77-0347415	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 20-4609810	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 77-0418640	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3314302	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3200158	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3174331	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3166354	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3093802	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3256819	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 59-3803314	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-2946400	MANAGE AFFORDABLE/DISABLED HOUSING COMMUNITIES.	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3315887	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES.	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 77-0445086	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES.	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-2995223	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-2831241	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3208984	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3166350	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No

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
22645 GRAND STREET HAYWARD, CA 94541 94-3148163	MANAGING GP OF PARTNERSHIP	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3139366	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 27-4420563	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3042624	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 71-0938046	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 91-2129942	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-1716750	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 77-0364994	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 77-0309119	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3103846	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3401266	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3039737	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3297735	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 68-0388269	LAND LEASE HOLDER	CA	501(C)(3)		EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3144297	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-2920527	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3306836	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 91-2159213	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3326393	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No
22645 GRAND STREET HAYWARD, CA 94541 94-3144296	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		No

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							Yes	No		Yes	No	
819 NORTH RENGSTORFF STUDIO APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 46-2929523	OWN AND LEASE LAND FOR AFFORDABLE HOUSING	CA	EDEN 819 NORTH RENGSTORFF STUDIOS LLC ROEM 819 NORTH RENGSTORFF STUDIOS LLC	RELATED				No			No	
ALAMEDA POINT FAMILY LP  22645 GRAND STREET HAYWARD, CA 94541 83-0959006	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	ALAMEDA POINT FAMILY LLC	RELATED				No			No	
ALAMEDA POINT SENIOR LP  22645 GRAND STREET HAYWARD, CA 94541 83-0984365	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	ALAMEDA POINT SENIOR LLC	RELATED				No			No	
ANTIOCH EDEN RIVERTOWN LP  22645 GRAND STREET HAYWARD, CA 94541 68-0632311	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	ANTIOCH EDEN RIVERTOWN LLC	RELATED				No			No	
ASHLAND VILLAGE APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 26-2203610	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
B GRAND LP  22645 GRAND STREET HAYWARD, CA 94541 45-5177304	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
BRENTWOOD SENIOR COMMONS LP  22645 GRAND STREET HAYWARD, CA 94541 71-0987758	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	BRENTWOOD SENIOR LLC	RELATED				No			No	
BROOKWOOD TERRACE FAMILY APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 26-4491862	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN BROOKWOOD LLC ROEM BROOKWOOD FAMILY TERRACE LLC CO-MGPS	RELATED				No			No	
CAMPHORA ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 46-5551376	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CAMPHORA LLC	RELATED				No			No	
CATALONIA ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3191094	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
CATALONIA TWO LP  22645 GRAND STREET HAYWARD, CA 94541 81-4161700	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CATALONIA TWO LLC	RELATED				No			No	
CHARLES CYPRESS LP  22645 GRAND STREET HAYWARD, CA 94541 81-5227216	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CHARLES CYPRESS LLC	RELATED				No			No	
CHESLEY AVENUE LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 57-1176147	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CHESLEY AVE LLC	RELATED				No			No	
CHESLEY AVENUE LLC  22645 GRAND STREET HAYWARD, CA 94541 01-0838609	MANAGING GP OF PARTNERSHIP	CA	EDEN HOUSING INC	RELATED	-22,472	218,479		No		Yes		50.000 %
CHHP LP  22645 GRAND STREET HAYWARD, CA 94541 47-3656023	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CHHP LLC	RELATED				No			No	

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							Yes	No		Yes	No	
CHURCH & MONTEREY ROAD ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0572200	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	JASMINE SQUARE LLC	RELATED				No			No	
CHYNOWETH HOUSING ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3314303	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	CHYNOWETH HOUSING INC	RELATED				No			No	
CONNELL APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 81-4418953	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	CONNELL APARTMENTS LLC	RELATED				No			No	
CORRALITOS CREEK ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 82-0566172	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	CORRALITOS CREEK APARTMENTS LLC	RELATED				No			No	
CREST AVENUE ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 26-3879071	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	CREST AVENUE HOUSING LLC	RELATED				No			No	
CRWC LP  22645 GRAND STREET HAYWARD, CA 94541 47-4961126	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	CRWC LLC	RELATED				No			No	
DEPOT WILLOWS LP  22645 GRAND STREET HAYWARD, CA 94541 83-2802903	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	DEPOT WILLOWS LLC	RELATED				No			No	
DOWNTOWN RIVER ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 48-1292072	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	DOWNTOWN RIVER LLC	RELATED				No			No	
DUBLIN FAMILY LP  22645 GRAND STREET HAYWARD, CA 94541 47-3968395	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	DUBLIN FAMILY LLC	RELATED				No			No	
DUBLIN SENIOR LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 77-0617949	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	DUBLIN SENIOR LLC	RELATED				No			No	
EB LP  22645 GRAND STREET HAYWARD, CA 94541 47-3670612	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EB LLC	RELATED				No			No	
EDEN ARROYO VISTA ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 27-3546015	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN ARROYO VISTA LLC	RELATED				No			No	
EDEN BAYWOOD APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 30-0324752	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN BAYWOOD APARTMENTS LLC	RELATED				No			No	
EDEN CAMBRIAN LP  22645 GRAND STREET HAYWARD, CA 94541 46-4955294	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN CAMBRIAN LLC	RELATED				No			No	
EDEN CORONADO TERRACE LP  22645 GRAND STREET HAYWARD, CA 94541 30-0871004	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN CORONADO TERRACE GP LLC	RELATED				No			No	



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							Yes	No		Yes	No	
EDEN CORONADO TERRACE 2 LP  22645 GRAND STREET HAYWARD, CA 94541 81-4487215	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN CRIL LLC  22645 GRAND STREET HAYWARD, CA 94541 46-1524624	MANAGING GP OF PARTNERSHIP	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN DOUGHERTY LP  22645 GRAND STREET HAYWARD, CA 94541 27-1801458	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN DOUGHERTY LLC	RELATED				No			No	
EDEN LODGE LP  22645 GRAND STREET HAYWARD, CA 94541 27-3454190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN LODGE LLC	RELATED				No			No	
EDEN PALMS ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3208982	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN PALMS INC	RELATED				No			No	
EDEN PRATT DEVELOPMENT LLC  22645 GRAND STREET HAYWARD, CA 94541 82-3750327	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN HOUSING INC	RELATED	-650,572	7,252,566		No		Yes		75.000 %
EDEN RIVERTOWN LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 94-3362651	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN SOUTH HAYWARD LP  22645 GRAND STREET HAYWARD, CA 94541 46-2444399	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN SOUTH HAYWARD LLC	RELATED				No			No	
EDEN SURF ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 45-3483479	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN SURF LLC	RELATED				No			No	
EDEN SYCAMORE LP  22645 GRAND STREET HAYWARD, CA 94541 34-2003989	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN SYCAMORE LLC	RELATED				No			No	
EDEN VICTORIA LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 47-0867697	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDEN VISTA TERRACE 2 LP  22645 GRAND STREET HAYWARD, CA 94541 81-1018732	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN VISTA TERRACE GP LLC	RELATED				No			No	
EDEN WOODSIDE COURT LP  22645 GRAND STREET HAYWARD, CA 94541 46-2851527	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EDMUNDSON ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 77-0274293	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	WILLOWS LLC	RELATED				No			No	
EHP EC MAGNOLIA LP  22645 GRAND STREET HAYWARD, CA 94541 46-1487548	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN CRIL LLC	RELATED				No			No	

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							Yes	No		Yes	No	
EHP FULLER LODGE  22645 GRAND STREET HAYWARD, CA 94541 45-5475786	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EHP ISSEI TERRACE LP  22645 GRAND STREET HAYWARD, CA 94541 46-0689478	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EHP OLIVE TREE PLAZA LP  22645 GRAND STREET HAYWARD, CA 94541 46-1499634	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN CRIL LLC	RELATED				No			No	
EHP REDWOOD LODGE  22645 GRAND STREET HAYWARD, CA 94541 46-1481526	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN CRIL LLC	RELATED				No			No	
EHP SEQUOIA MANOR  22645 GRAND STREET HAYWARD, CA 94541 45-5481596	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
EL CERRITO SENIOR LP  22645 GRAND STREET HAYWARD, CA 94541 47-4599735	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EL CERRITO SENIOR LLC	RELATED				No			No	
ESTABROOK SENIOR HOUSING LP  22645 GRAND STREET HAYWARD, CA 94541 68-0657314	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
FIRESIDE AFFORDABLE HOUSING  22645 GRAND STREET HAYWARD, CA 94541 54-2131633	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
FORD ROAD FAMILY HOUSING LP  22645 GRAND STREET HAYWARD, CA 94541 45-4586546	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN FORD ROAD FAMILY LLC	RELATED				No			No	
GALLUP AND MESA LP  22645 GRAND STREET HAYWARD, CA 94541 84-3663102	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GALLUP AND MESA LLC	RELATED				No			No	
GATEWAY PALMS ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 27-3220862	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GATEWAY PALMS LLC	RELATED				No			No	
GBGEH LP  22645 GRAND STREET HAYWARD, CA 94541 47-4941713	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GBGEH LLC	RELATED				No			No	
GILROY TRANSITIONAL HOUSING CENTER ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 61-1447099	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SOBRATO TRANSITIONAL LLC	RELATED				No			No	
GOTTA HAVE FAITH LP  22645 GRAND STREET HAYWARD, CA 94541 82-3300162	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GOTTA HAVE FAITH LLC	RELATED				No			No	
GRAND C LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 14-1979640	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GRAND C LLC	RELATED				No			No	

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							Yes	No		Yes	No	
GRANITE RIDGE INVESTORS LP  22646 GRAND STREET HAYWARD, CA 94541 84-2829460	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	GRANITE SEQUOIA LLC	RELATED				No			No	
HEALDSBURG FAMILY LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 26-2621118	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	HEALDSBURG FAMILY LLC	RELATED				No			No	
HILLVIEW GLEN LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 77-0345387	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
HISTORIC ALTENHEIM PARTNERS  22645 GRAND STREET HAYWARD, CA 94541 71-0988012	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN ALTENHEIM I LLC	RELATED				No			No	
IRWIN WAY LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 45-5530504	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	IRWIN WAY LLC	RELATED				No			No	
JEWELL AVENUE ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 43-1979751	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	VISTA POINT LLC	RELATED				No			No	
JOSEPHINE LUM LODGE LP  22645 GRAND STREET HAYWARD, CA 94541 05-0608727	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	CALIFORNIA PRESERVATION INC	RELATED				No			No	
LAFAYETTE SENIOR LP  22645 GRAND STREET HAYWARD, CA 94541 27-0395689	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
LIGHT TREE HOUSING PARTNERS  22645 GRAND STREET HAYWARD, CA 94541 94-3322121	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	LIGHT TREE HOUSING CORP	RELATED				No			No	
LIGHT TREE LAND LLC  22645 GRAND STREET HAYWARD, CA 94541 94-3346132	OWN AND LEASE LAND FOR AFFORDABLE HOUSING	CA	EDEN HOUSING INC	RELATED	86,630	906,308		No		Yes		60.000 %
LIGHT TREE THREE LP  22645 GRAND STREET HAYWARD, CA 94541 83-2776503	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	LIGHT TREE THREE LLC	RELATED				No			No	
LIGHT TREE TWO LP  22645 GRAND STREET HAYWARD, CA 94541 83-0638993	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	LIGHT TREE TWO LLC	RELATED				No			No	
LIVERMORE HOUSING ASSOC  22645 GRAND STREET HAYWARD, CA 94541 94-3290814	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	BAYWOOD APARTMENTS INC	RELATED				No			No	
LPSL LP  22645 GRAND STREET HAYWARD, CA 94541 47-3703889	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	LPSL LLC	RELATED				No			No	
MARITIME APARTMENTS INVESTORS LP  22646 GRAND STREET HAYWARD, CA 94541 84-1982646	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN HARBOR POINT LLC	RELATED				No			No	

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							Yes	No		Yes	No	
MEADOWS HOLLY PARTNERS LP  22645 GRAND STREET HAYWARD, CA 94541 81-5383227	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN MEADOWS HOLLY LLC	RELATED				No			No	
MIRAFLORES SENIOR LLC  22645 GRAND STREET HAYWARD, CA 94541 81-3565536	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC COMMUNITY HOUSING DEVELOPMENT CORPORATION	RELATED				No			No	
MIRAFLORES SENIOR LP  22645 GRAND STREET HAYWARD, CA 94541 47-5291929	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MIRAFLORES SENIOR LLC	RELATED				No			No	
MISSION COURT FOUR LP  22645 GRAND STREET HAYWARD, CA 94541 82-1185312	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MISSION COURT MGP LLC	RELATED				No			No	
MISSION COURT NINE LP  22645 GRAND STREET HAYWARD, CA 94541 82-1180340	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MISSION COURT MGP LLC	RELATED				No			No	
MONTGOMERY PLAZA LP  22645 GRAND STREET HAYWARD, CA 94541 46-1961571	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MONTGOMERY PLAZA LLC	RELATED				No			No	
MONTICELLI HOUSING ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0582583	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MONTICELLI LLC	RELATED				No			No	
MRW LP  22645 GRAND STREET HAYWARD, CA 94541 47-3312272	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	MRW GP LLC	RELATED				No			No	
NEW ALTENHEIM PARTNERS LP  22645 GRAND STREET HAYWARD, CA 94541 34-2055561	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	
NEW DEL NIDO LP  22645 GRAND STREET HAYWARD, CA 94541 83-2683892	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	NEW DEL NIDO LLC	RELATED				No			No	
NUGENT SQUARE LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 51-0461381	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	NUGENT SQUARE LLC	RELATED				No			No	
NUGENT SQUARE LLC  22645 GRAND STREET HAYWARD, CA 94541 16-1724089	MANAGING GP OF PARTNERSHIP	CA	EDEN HOUSING INC	RELATED	-1,656	154,149		No		Yes		50.000 %
ORVIETO FAMILY APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 26-3878355	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN ORVIETO LLC ROEM ORVIETO FAMILY LLC	RELATED				No			No	
PACIFIC TERRACE ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0434292	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	PACIFIC TERRACE APARTMENTS LLC	RELATED				No			No	
PALO ALTO FAMILY LP  22645 GRAND STREET HAYWARD, CA 94541 26-3061581	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
PERALTA SENIORS LP  22645 GRAND STREET HAYWARD, CA 94541 26-4541856	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	
RANCHO RUSTIC LP  22645 GRAND STREET HAYWARD, CA 94541 47-4319703	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	RANCHO RUSTIC LLC	RELATED				No			No	
REDWOODS WHEELER LP  22645 GRAND STREET HAYWARD, CA 94541 81-4149329	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	REDWOODS WHEELER LLC	RELATED				No			No	
RENGSTORFF COMMERCIAL LLC  22645 GRAND STREET HAYWARD, CA 94541 61-1732288	COMMERCIAL LEASE	CA	RENGSTORFF COMMERICAL INC	RELATED				No			No	
RESEDA BOULEVARD ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 68-0351290	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN WINDSCAPE LLC	RELATED				No			No	
RIDGEVIEW COMMONS ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3103847	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	RVC INVESTMENT INC	RELATED				No			No	
RIDGEVIEW COMMONS II ASSOCIATES LP  22645 GRAND STREET HAYWARD, CA 94541 84-3045796	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	RIDGE VIEW COMMONS LLC	RELATED				No			No	
RIVERHOUSE ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0284021	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	ELLIS LAKE TOWNHOMES INC	RELATED				No			No	
ROYAL COURT ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 65-1258504	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	ROYAL COURT HOUSING LLC	RELATED				No			No	
RUBY STREET LP  22645 GRAND STREET HAYWARD, CA 94541 83-1014892	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	RUBY STREET LLC	RELATED				No			No	
SAKLAN AVENUE LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 42-1714673	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SAKLAN AVENUE LLC	RELATED				No			No	
SALINAS ROAD ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 56-2475377	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	NUEVO AMANEKER LLC	RELATED				No			No	
SAN LEANDRO PARROTT LP  22645 GRAND STREET HAYWARD, CA 94541 59-3803314	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SAN LEANDRO PARROTT LLC	RELATED				No			No	
SANTA ROSA HOUSING LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 91-1813755	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	QUAIL RUN EDEN LLC	RELATED				No			No	
SANTA ROSA QUAIL RUN LP  22645 GRAND STREET HAYWARD, CA 94541 83-1413924	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SANTA ROSA QUAIL RUN LLC	RELATED				No			No	

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							Yes	No		Yes	No	
SARA CONNER COURT LP  22645 GRAND STREET HAYWARD, CA 94541 77-0654106	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SARA CONNER LLC	RELATED				No			No	
SEACLIFF HIGHLANDS ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 71-0969212	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SEACLIFF HIGHLANDS APARTMENTS LLC	RELATED				No			No	
SERENO VILLAGE ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3399898	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN SERENO LLC	RELATED				No			No	
SJ AUZERAIS LP  22645 GRAND STREET HAYWARD, CA 94541 83-3869989	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SJ AUZERAIS LLC	RELATED				No			No	
SKEELS VILLA LP  22645 GRAND STREET HAYWARD, CA 94541 83-2777348	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SKEELS VILLA LLC	RELATED				No			No	
SOUTHPORT YOLO LP  22645 GRAND STREET HAYWARD, CA 94541 56-2293445	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN INVESTMENTS INC SAVANNAH HPET GP LLC	RELATED				No			No	
SPM HOUSING ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 94-3262417	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	SPM AFFORDABLE HOUSING CORPORATION	RELATED				No			No	
STONE PINE MEADOW TWO LP  22645 GRAND STREET HAYWARD, CA 94541 81-4140283	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	STONE PINE MEADOW TWO LLC	RELATED				No			No	
STONEY CREEK TWO LP  22645 GRAND STREET HAYWARD, CA 94541 47-5009713	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	STONEY CREEK TWO LLC	RELATED				No			No	
TENNYSON PRESERVATION LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 94-3395860	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	TENNYSON GARDENS LLC	RELATED				No			No	
TIENDA DRIVE SENIOR APARTMENTS LP  22645 GRAND STREET HAYWARD, CA 94541 81-1006063	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	TIENDA DRIVE SENIOR APARTMENTS LLC	RELATED				No			No	
TIERRA LINDA ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0330676	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	TIERRA LINDA LLC	RELATED				No			No	
TIMBER STREET INVESTORS LP  22645 GRAND STREET HAYWARD, CA 94541 84-3335472	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN TIMBER LLC	RELATED				No			No	
TROWER HOUSING PARTNERS LP  22645 GRAND STREET HAYWARD, CA 94541 47-2416366	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN TROWER HOUSING LLCTROWER HOUSING PARTNERS LLCIH ROCKY HILL VACAVILLE	RELATED				No			No	
UNION COURT LIMITED PARTNERSHIP  22645 GRAND STREET HAYWARD, CA 94541 94-3373628	OWN AND MANAGE AFFORDABLE LOW- INCOME APARTMENTS	CA	EDEN DEVELOPMENT INC	RELATED				No			No	

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							Yes	No		Yes	No	
UNIVERSITY VILLAGE ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 11-3776776	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	UNIVERSITY VILLAGE LLC	RELATED				No			No	
VALLEJO PHS LP  22645 GRAND STREET HAYWARD, CA 94541 84-2453190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	VALLEJO PHS LLC	RELATED				No			No	
VILLA CIOLINO ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0529063	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	VILLA CIOLINO LLC	RELATED				No			No	
VILLA SPRINGS APARTMENT LP  22645 GRAND STREET HAYWARD, CA 94541 65-1312439	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	VILLA SPRINGS LLC	RELATED				No			No	
VISTA VERDE HOUSING ASSOCIATES  22645 GRAND STREET HAYWARD, CA 94541 77-0490587	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	VISTA VERDE LLC	RELATED				No			No	
VL LP  22645 GRAND STREET HAYWARD, CA 94541 47-4106587	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	VL LLC	RELATED				No			No	
WARM SPRINGS VILLAGE FOUR LP  22645 GRAND STREET HAYWARD, CA 94541 83-2405317	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	WARM SPRINGS VILLAGE FOUR GP LLC	RELATED				No			No	
WARM SPRINGS VILLAGE NINE LP  22645 GRAND STREET HAYWARD, CA 94541 83-2374572	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	WARM SPRINGS VILLAGE NINE GP LLC	RELATED				No			No	
WARNER CREEK SENIOR HOUSING LP  22645 GRAND STREET HAYWARD, CA 94541 26-4814941	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	EDEN INVESTMENTS INC	RELATED				No			No	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
BAYWOOD APARTMENTS INC	C	422,353	BOOK VALUE
EDEN INVESTMENTS INC	C	796,129	BOOK VALUE
EDEN SOUTH COUNTY INC	C	5,494,074	BOOK VALUE
LIGHT TREE HOUSING CORP	C	336,059	BOOK VALUE
SYCAMORE SQUARE HOUSING CORP	C	365,701	BOOK VALUE
CATALONIA ASSOCIATES	C	6,336,823	BOOK VALUE
EDEN DEVELOPMENT INC	B	796,977	BOOK VALUE
EDEN INVESTMENTS INC	B	6,630,730	BOOK VALUE
EDEN HOUSING RESIDENT SERVICES INC	B	351,650	BOOK VALUE
EDEN HOUSING MANAGEMENT INC	B	1,100,000	BOOK VALUE
EDEN SOUTH BAY INC	B	319,795	BOOK VALUE
MISSION COURT 9 LP	J	151,489	BOOK VALUE
MISSION COURT 4 LP	J	130,771	BOOK VALUE
RIVERHOUSE ASSOCIATES	J	243,536	BOOK VALUE