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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
EDEN HOUSING MANAGEMENT INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
HAYWARD, CA 94541

D Employer identification number
94-2946400

E Telephone number
(510) 582-1460

G Gross receipts $ 13,946,980

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.EDENHOUSING.ORG

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

L Year of formation: 1992

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
MANAGE AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES THAT MEETS THE NEEDS OF LOWER INCOME FAMILIES, SENIORS ANDPERSON WITH DISABILITIES. FOR THE YEAR, THE ORGANIZATION ADDED MORE THAN 121 UNITS TO THE MANAGEMENT PORTFOLIO OF UNITS AND PROJECTS UNDER MANAGEMENT.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	294
6	Total number of volunteers (estimate if necessary)	**6**	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,104,497	4,226,208
9	Program service revenue (Part VIII, line 2g)	8,761,188	9,720,772
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,865,685	13,946,980
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,700	2,341
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,748,597	11,958,990
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,123,387	1,982,649
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,878,684	13,943,980
19	Revenue less expenses. Subtract line 18 from line 12	-12,999	3,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,008,327	3,173,234
21	Total liabilities (Part X, line 26)	1,981,018	3,142,925
22	Net assets or fund balances. Subtract line 21 from line 20	27,309	30,309

Part II Signature Block

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

Sign Here

****** 2021-11-10
Signature of officer Date

TATIANA BLANK CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00422192

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

Firm's address ▶ 301 HOWARD STREET SUITE 850
SAN FRANCISCO, CA 94105 — Phone no. (415) 957-9999

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MANAGE AND MAINTAIN HIGH-QUALITY, WELL-MANAGED, SERVICE ENHANCED AFFORDABLE HOUSING COMMUNITIES THAT MEETS THE NEEDS OF LOWER INCOME FAMILIES, SENIORS AND PERSON WITH DISABILITIES. FOR THE YEAR, THE ORGANIZATION ADDED MORE THAN 121 UNITS TO THE MANAGEMENT PORTFOLIO OF UNITS AND PROJECTS UNDER MANAGEMENT.

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 $ 11,191,344 including grants of $ 2,341) (Revenue $ 9,720,772)

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** ▶ 11,191,344

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	294		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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

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

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

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

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

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

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM KENNEDY CHAIR	0.25 3.75	X		X				0	0	0
(2) RUDY JOHNSON III VICE CHAIR	0.25 3.75	X		X				0	0	0
(3) ANNETTE BILLINGSLEY TREASURER	0.25 3.75	X		X				0	0	0
(4) CHERYL O'CONNOR SECRETARY	0.25 3.75	X		X				0	0	0
(5) KATHLEEN HAMM ASSIST. SECRETARY	0.25 3.75	X		X				0	0	0
(6) CALVIN WHITAKER ASSIST. SECRETARY	0.25 3.75	X		X				0	0	0
(7) NICHOLAS J RANDALL DIRECTOR	0.25 3.75	X						0	0	0
(8) JOHN GAFFNEY DIRECTOR	0.25 3.75	X						0	0	0
(9) DOUG KUERSCHNER DIRECTOR	0.25 3.75	X						0	0	0
(10) GRACE LI DIRECTOR	0.25 3.75	X						0	0	0
(11) JOE POSTIGO DIRECTOR	0.25 3.75	X						0	0	0
(12) TIMOTHY REILLY DIRECTOR	0.25 3.75	X						0	0	0
(13) PAULINE WEAVER DIRECTOR	0.25 3.75	X						0	0	0
(14) ED FORREST DIRECTOR	0.25 3.75	X						0	0	0
(15) SEAN CALLUM DIRECTOR	0.25 3.75	X						0	0	0
(16) SHEILA BURKS DIRECTOR	0.25 3.75	X						0	0	0
(17) AMY NECHES DIRECTOR	0.25 3.75	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA MANDOLINI	10.00			X				0	485,893	35,968
PRESIDENT	55.00									
(19) TATIANA BLANK	10.00			X				0	358,561	21,542
CFO	45.00									
(20) ANDRE MADEIRA	0.00			X				0	354,235	17,672
SEN. VP - DEVELOPMENT	55.00									
(21) D KASEY ARCHEY	45.00			X				0	334,697	25,484
SEN. VP - PROPERTY OPERATI	10.00									
(22) LISA RYDHOLM	10.00			X				0	292,588	37,530
SEN. VP - HUMAN RESOURCES	45.00									
(23) MEG-MONIQUE ROE	10.00			X				0	308,661	24,365
CHIEF OF STRATEGY & CAPABI	45.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	2,134,635	162,561

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	1,147,108		
	e Government grants (contributions)	1e	3,079,100		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h Total. Add lines 1a-1f . . . . . ▶		4,226,208		

		Business Code				
Program Service Revenue	**2a** MANAGEMENT FEES	531390	7,608,887	7,608,887		
	b ACCOUNTING FEES	531390	1,055,552	1,055,552		
	c OCCUPANCY FEES	531390	972,730	972,730		
	d RENT-UP FEES	531390	54,654	54,654		
	e OTHER REVENUE	531390	28,949	28,949		
	f All other program service revenue.					
	g Total. Add lines 2a–2f. . . . . ▶	9,720,772				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
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 . . . . . ▶		13,946,980	9,720,772	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,341	2,341		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,040,952	8,688,176	1,352,776	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	260,572	217,208	43,364	
9 Other employee benefits	1,119,199	869,341	249,858	
10 Payroll taxes	538,267	439,257	99,010	
11 Fees for services (non-employees):				
a Management				
b Legal	46,102	5,689	40,413	
c Accounting	12,940	4,500	8,440	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,001,091	699,301	301,790	
12 Advertising and promotion	33,342	33,342		
13 Office expenses	375,788	12,310	363,478	
14 Information technology	106,188	2,634	103,554	
15 Royalties				
16 Occupancy				
17 Travel	115,759	113,030	2,729	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,755	10,439	5,316	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,416	5,416		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT/REPAIRS & MAI	124,235	31,255	92,980	
b TRAINING AND EDUCATION	82,114	14,090	68,024	
c WORKERS COMPENSATION	43,004	39,239	3,765	
d UTILITIES	15,717		15,717	
e All other expenses	5,198	3,776	1,422	
25 **Total functional expenses.** Add lines 1 through 24e	13,943,980	11,191,344	2,752,636	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		700,246	1	2,643,443
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,075			
	b	Less: accumulated depreciation	10b 33,849	6,642	10c	1,226
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,301,439	15	528,565
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,008,327	16	3,173,234
Liabilities	17	Accounts payable and accrued expenses		779,664	17	943,659
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,201,354	25	2,199,266
	26	**Total liabilities.** Add lines 17 through 25		1,981,018	26	3,142,925
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		27,309	27	30,309
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		27,309	32	30,309
	33	Total liabilities and net assets/fund balances		2,008,327	33	3,173,234

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,946,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,943,980
3	Revenue less expenses. Subtract line 2 from line 1	3	3,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,309
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,309

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-2946400

Name: EDEN HOUSING MANAGEMENT INC

Form 990 (2020)

Form 990, Part III, Line 4a:

PROVIDE PROPERTY MANAGEMENT SERVICES IN CONNECTION WITH THE OPERATIONS OF AFFORDABLE HOUSING PROJECTS DEVELOPED BY EDEN HOUSING, INC., AN AFFILIATE, AND FOR PROJECTS DEVELOPED AND OWNED BY OTHER AFFORDABLE HOUSING ENTITIES. FOR THE YEAR, THE ORGANIZATION ADDED MORE THAN 121 UNITS TO THE MANAGEMENT PORTFOLIO OF UNITS AND PROJECTS UNDER MANAGEMENT.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316059971

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDEN HOUSING MANAGEMENT INC

Employer identification number
94-2946400

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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 1

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) EDEN HOUSING INC	231716750	7	Yes		13,943,980	0
Total 1					13,943,980	0

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		No
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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)? *If "Yes," explain in* ***Part VI*** *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *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).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in* ***Part VI.***	6		No
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	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))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	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)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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? *If "No," describe in* ***Part VI*** *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.*	**1**	**Yes**	
2	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? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		**No**

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	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? *If "Yes," then in* ***Part VI 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.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in* ***Part VI****)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 0.015 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 0.035	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 ☐ 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDEN HOUSING MANAGEMENT INC

Employer identification number
94-2946400

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

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

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

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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				
b Buildings				
c Leasehold improvements				
d Equipment		35,075	33,849	1,226
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,226

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)RELATED PARTY RECEIVABLES	528,565
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	528,565

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	
(2) RELATED-PARTY PAYABLE	2,199,266
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,199,266

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

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

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

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.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-2946400
Name: EDEN HOUSING MANAGEMENT INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	EDEN HOUSING INC AND AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. EHI AND AFFILIATES' FEDERAL AND STATE INCOME TAX AND INFORMATION RETURNS FOR THE YEARS 2016 THROUGH 2019 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDEN HOUSING MANAGEMENT INC

Employer identification number
94-2946400

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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.

(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				
1 LINDA MANDOLINI PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	443,885	40,425	1,583	24,394	11,574	521,861	0
2 TATIANA BLANK CFO	(i)	0	0	0	0	0	0	0
	(ii)	314,459	43,550	552	18,081	3,461	380,103	0
3 ANDRE MADEIRA SEN. VP - DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	309,692	43,000	1,543	17,672	0	371,907	0
4 D KASEY ARCHEY SEN. VP - PROPERTY OPERATI	(i)	0	0	0	0	0	0	0
	(ii)	291,820	41,350	1,527	16,663	8,821	360,181	0
5 MEG-MONIQUE ROE CHIEF OF STRATEGY & CAPABI	(i)	0	0	0	0	0	0	0
	(ii)	278,594	28,600	1,467	15,350	9,015	333,026	0
6 LISA RYDHOLM SEN. VP - HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	254,314	37,500	774	14,880	22,650	330,118	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, AND COMPENSATION SURVEY OR STUDY WERE USED TO ESTABLISH COMPENSATION OF RELATED ORGANIZATION'S CEO/CFO, OFFICERS AND KEY EMPLOYEES. BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDEN HOUSING MANAGEMENT INC

Employer identification number
94-2946400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THIRD AMENDMENT TO FIRST AMENDED AND RESTATED BYLAWS: SECTION 4.3 - AUTHORIZED NUMBER OF D IRECTORS THE AUTHORIZED NUMBER OF DIRECTORS SHALL BE NOT LESS THAN SEVEN (7) NOR MORE THAN SEVENTEEN (17). THE AUTHORIZED NUMBER OF DIRECTORS MAY BE REVISED BY A MAJORITY VOTE OF T HE CURRENT DIRECTORS.

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 PRESENTED TO THE AUDIT COMMITTEE FOR A SUMMARY R EVIEW WITH MANAGEMENT. A COMPLETE COPY OF THE FORM 990 RETURN IS PROVIDED TO THE FULL BOAR D 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 R ECUSE 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 O RGANIZATIONS WERE USED TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO/CFO, OFFICERS A ND KEY EMPLOYEES. BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED.

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 2(C)	NO CHANGES WERE MADE DURING THIS YEAR.

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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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EDEN HOUSING MANAGEMENT INC

Employer identification number
94-2946400

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

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? No
(1)EDEN COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C					No
(2)LIGHT TREE HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3322099	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING INC	C					No
(3)RENGSTORFF COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 46-4666131	MANAGES COMMERCIAL SPACE	CA	EDEN HOUSING INC	C					No
(4)MISSION COURT MGP LLC 22645 GRAND STREET HAYWARD, CA 94541 82-1179104	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING INC	C					No
(5)CHARLES CYPRESS LLC 22645 GRAND STREET HAYWARD, CA 94541 82-5521070	MANAGING GP OF PARTNERSHIP	CA	EDEN SOUTH COUNTY INC	C					No
(6)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.

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2946400

Name: EDEN HOUSING MANAGEMENT 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
			501(C)(3)				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 23-1716750	BUILD AND MANAGE HIGH-QUALITY AFFORDABLE/DISABLED HOUSING COMMUNITIES	CA	501(C)(3)	LINE 7	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

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 94-3166350	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 12A, I	EDEN HOUSING INC		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 77-0140925	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 10	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

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 94-3326393	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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
819 NORTH RENGSTORFF STUDIO APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 46-2929523	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ALAMEDA POINT FAMILY LP 22645 GRAND STREET HAYWARD, CA 94541 83-0959006	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ALAMEDA POINT SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 83-0984365	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ANTIOCH EDEN RIVERTOWN LP 22645 GRAND STREET HAYWARD, CA 94541 68-0632311	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ASHLAND VILLAGE APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 26-2203610	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
B GRAND LP 22645 GRAND STREET HAYWARD, CA 94541 45-5177304	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
BRENTWOOD SENIOR COMMONS LP 22645 GRAND STREET HAYWARD, CA 94541 71-0987758	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
BROOKWOOD TERRACE FAMILY APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 26-4491862	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CAMPHORA ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 46-5551376	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CATALONIA TWO LP 22645 GRAND STREET HAYWARD, CA 94541 81-4161700	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CHARLES CYPRESS LP 22645 GRAND STREET HAYWARD, CA 94541 81-5227216	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CHESLEY AVENUE LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 57-1176147	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CHESLEY AVENUE LLC 22645 GRAND STREET HAYWARD, CA 94541 01-0838609	MANAGING GP OF PARTNERSHIP	CA	N/A					No			No	
CHHP LP 22645 GRAND STREET HAYWARD, CA 94541 47-3656023	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CHURCH & MONTEREY ROAD ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0572200	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
CHYNOWETH HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3314303	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CONNELL APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 81-4418953	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CORRALITOS CREEK ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 82-0566172	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CREST AVENUE ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 26-3879071	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
CRWC LP 22645 GRAND STREET HAYWARD, CA 94541 47-4961126	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
DEPOT WILLOWS LP 22645 GRAND STREET HAYWARD, CA 94541 83-2802903	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
DOWNTOWN RIVER ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 48-1292072	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
DTLM LP 22645 GRAND STREET HAYWARD, CA 94541 85-4353828	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
DUBLIN FAMILY LP 22645 GRAND STREET HAYWARD, CA 94541 47-3968395	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
DUBLIN SENIOR LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 77-0617949	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EB LP 22645 GRAND STREET HAYWARD, CA 94541 47-3670612	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN ARROYO VISTA ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 27-3546015	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN BAYWOOD APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 30-0324752	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN CAMBRIAN LP 22645 GRAND STREET HAYWARD, CA 94541 46-4955294	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN CORONADO TERRACE LP 22645 GRAND STREET HAYWARD, CA 94541 30-0871004	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					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	N/A					No			No	
EDEN CRIL LLC 22645 GRAND STREET HAYWARD, CA 94541 46-1524624	MANAGING GP OF PARTNERSHIP	CA	N/A					No			No	
EDEN DOUGHERTY LP 22645 GRAND STREET HAYWARD, CA 94541 27-1801458	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN FREEDOM INVESTORS LP 22645 GRAND STREET HAYWARD, CA 94541 85-0924932	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN LODGE LP 22645 GRAND STREET HAYWARD, CA 94541 27-3454190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN OAK GROVE INVESTORS LP 22645 GRAND STREET HAYWARD, CA 94541 85-2786640	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN PALMS ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3208982	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN PRATT DEVELOPMENT LLC 22645 GRAND STREET HAYWARD, CA 94541 82-3750327	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN RIVERTOWN LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 94-3362651	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN SOUTH HAYWARD LP 22645 GRAND STREET HAYWARD, CA 94541 46-2444399	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN SURF ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 45-3483479	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN SYCAMORE LP 22645 GRAND STREET HAYWARD, CA 94541 34-2003989	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN VICTORIA LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 47-0867697	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN VISTA TERRACE 2 LP 22645 GRAND STREET HAYWARD, CA 94541 81-1018732	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EDEN WOODSIDE COURT LP 22645 GRAND STREET HAYWARD, CA 94541 46-2851527	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

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							Yes	No		Yes	No	
EDMUNDSON ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 77-0274293	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP EC MAGNOLIA LP 22645 GRAND STREET HAYWARD, CA 94541 46-1487548	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP FULLER LODGE 22645 GRAND STREET HAYWARD, CA 94541 45-5475786	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP ISSEI TERRACE LP 22645 GRAND STREET HAYWARD, CA 94541 46-0689478	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP OLIVE TREE PLAZA LP 22645 GRAND STREET HAYWARD, CA 94541 46-1499634	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP REDWOOD LODGE 22645 GRAND STREET HAYWARD, CA 94541 46-1481526	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EHP SEQUOIA MANOR 22645 GRAND STREET HAYWARD, CA 94541 45-5481596	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
EL CERRITO SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 47-4599735	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ESTABROOK SENIOR HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 68-0657314	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
FIRESIDE AFFORDABLE HOUSING 22645 GRAND STREET HAYWARD, CA 94541 54-2131633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
FORD ROAD FAMILY HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 45-4586546	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GALLUP AND MESA LP 22645 GRAND STREET HAYWARD, CA 94541 84-3663102	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GATEWAY PALMS ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 27-3220862	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GBGEH LP 22645 GRAND STREET HAYWARD, CA 94541 47-4941713	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GILROY TRANSITIONAL HOUSING CENTER ASSOCIATES 22646 GRAND STREET HAYWARD, CA 94541 61-1447099	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

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							Yes	No		Yes	No	
GOTTA HAVE FAITH LP 22645 GRAND STREET HAYWARD, CA 94541 82-3300162	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GRAND C LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 14-1979640	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
GRANITE RIDGE INVESTORS LP 22645 GRAND STREET HAYWARD, CA 94541 84-2829460	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
HEALDSBURG FAMILY LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 26-2621118	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
HILLVIEW GLEN LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 77-0345387	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
HISTORIC ALTENHEIM PARTNERS 22645 GRAND STREET HAYWARD, CA 94541 71-0988012	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
IRWIN WAY LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 45-5530504	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
JEWELL AVENUE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 43-1979751	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
JOSEPHINE LUM LODGE LP 22645 GRAND STREET HAYWARD, CA 94541 05-0608727	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
LAFAYETTE SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 27-0395689	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
LIGHT TREE HOUSING PARTNERS 22645 GRAND STREET HAYWARD, CA 94541 94-3322121	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
LIGHT TREE LAND LLC 22645 GRAND STREET HAYWARD, CA 94541 94-3346132	OWN AND LEASE LAND FOR AFFORDABLE HOUSING	CA	N/A					No			No	
LIGHT TREE THREE LP 22645 GRAND STREET HAYWARD, CA 94541 83-2776503	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
LIGHT TREE TWO LP 22646 GRAND STREET HAYWARD, CA 94541 83-0638993	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
LIVERMORE HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3290814	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

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							Yes	No		Yes	No	
LPSL LP 22645 GRAND STREET HAYWARD, CA 94541 47-3703889	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MARITIME APARTMENTS INVESTORS LP 22645 GRAND STREET HAYWARD, CA 94541 84-1982646	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MEADOWS HOLLY PARTNERS LP 22645 GRAND STREET HAYWARD, CA 94541 81-5383227	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MIRAFLORES SENIOR LLC 22645 GRAND STREET HAYWARD, CA 94541 81-3565536	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MIRAFLORES SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 47-5291929	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MISSION COURT FOUR LP 22645 GRAND STREET HAYWARD, CA 94541 82-1185312	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MISSION COURT NINE LP 22645 GRAND STREET HAYWARD, CA 94541 82-1180340	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MONTGOMERY PLAZA LP 22645 GRAND STREET HAYWARD, CA 94541 46-1961571	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MONTICELLI HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0582583	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
MRW LP 22645 GRAND STREET HAYWARD, CA 94541 47-3312272	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
NEW ALTENHEIM PARTNERS LP 22645 GRAND STREET HAYWARD, CA 94541 34-2055561	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
NEW DEL NIDO LP 22645 GRAND STREET HAYWARD, CA 94541 83-2683892	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
NUGENT SQUARE LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 51-0461381	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
NUGENT SQUARE LLC 22645 GRAND STREET HAYWARD, CA 94541 16-1724089	MANAGING GP OF PARTNERSHIP	CA	N/A					No			No	
ORVIETO FAMILY APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 26-3878355	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

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							Yes	No		Yes	No	
PACIFIC TERRACE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0434292	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
PALO ALTO FAMILY LP 22645 GRAND STREET HAYWARD, CA 94541 26-3061581	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
PERALTA SENIORS LP 22645 GRAND STREET HAYWARD, CA 94541 26-4541856	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
QUAIL RUN ALAMEDA COUNTY LP 22645 GRAND STREET HAYWARD, CA 94541 82-4000402	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RANCHO RUSTIC LP 22645 GRAND STREET HAYWARD, CA 94541 47-4319703	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
REDWOODS WHEELER LP 22645 GRAND STREET HAYWARD, CA 94541 81-4149329	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RENGSTORFF COMMERCIAL LLC 22645 GRAND STREET HAYWARD, CA 94541 61-1732288	COMMERCIAL LEASE	CA	N/A					No			No	
RESEDA BOULEVARD ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 68-0351290	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RIDGEVIEW COMMONS ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 94-3103847	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RIDGEVIEW COMMONS II ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 84-3045796	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RIVERHOUSE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0284021	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
ROYAL COURT ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 65-1258504	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
RUBY STREET LP 22645 GRAND STREET HAYWARD, CA 94541 83-1014892	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SAKLAN AVENUE LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 42-1714673	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SALINAS ROAD ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 56-2475377	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

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							Yes	No		Yes	No	
SAN LEANDRO PARROTT LP 22645 GRAND STREET HAYWARD, CA 94541 59-3803314	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SAN RAFAEL SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 85-2580360	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SANTA ROSA HOUSING LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 91-1813755	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SANTA ROSA QUAIL RUN LP 22645 GRAND STREET HAYWARD, CA 94541 83-1413924	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SARA CONNER COURT LP 22645 GRAND STREET HAYWARD, CA 94541 77-0654106	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SEACLIFF HIGHLANDS ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 71-0969212	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SERENO VILLAGE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3399898	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SJ AUZERAIS LP 22645 GRAND STREET HAYWARD, CA 94541 83-3869989	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SKEELS VILLA LP 22645 GRAND STREET HAYWARD, CA 94541 83-2777348	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SOUTHPORT YOLO LP 22645 GRAND STREET HAYWARD, CA 94541 56-2293445	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
SPM HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3262417	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
STONE PINE MEADOW TWO LP 22645 GRAND STREET HAYWARD, CA 94541 81-4140283	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
STONEY CREEK TWO LP 22645 GRAND STREET HAYWARD, CA 94541 47-5009713	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
TENNYSON PRESERVATION LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 94-3395860	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
TIENDA DRIVE SENIOR APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 81-1006063	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TIERRA LINDA ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0330676	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
TIMBER STREET INVESTORS LP 22645 GRAND STREET HAYWARD, CA 94541 84-3335472	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
TROWER HOUSING PARTNERS LP 22645 GRAND STREET HAYWARD, CA 94541 47-2416366	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
UNION COURT LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 94-3373628	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
UNIVERSITY VILLAGE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 11-3776776	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
VALLEJO PHS LP 22645 GRAND STREET HAYWARD, CA 94541 84-2453190	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
VILLA CIOLINO ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0529063	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
VILLA SPRINGS APARTMENT LP 22645 GRAND STREET HAYWARD, CA 94541 65-1312439	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
VISTA VERDE HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0490587	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
VL LP 22645 GRAND STREET HAYWARD, CA 94541 47-4106587	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
WARM SPRINGS VILLAGE FOUR LP 22645 GRAND STREET HAYWARD, CA 94541 83-2405317	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
WARM SPRINGS VILLAGE NINE LP 22645 GRAND STREET HAYWARD, CA 94541 83-2374572	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	
WARNER CREEK SENIOR HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 26-4814941	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A					No			No	