

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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization EDEN INVESTMENTS INC		D Employer identification number 94-2995223
	Doing business as		E Telephone number (510) 582-1460
	Number and street (or P O box if mail is not delivered to street address) 22645 GRAND STREET	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HAYWARD, CA 94541		G Gross receipts \$ 2,466,857
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	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ N/A		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1986	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE LOW-INCOME HOUSING		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	388,904	118,588
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,007,327	2,347,315
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	469	954
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		2,396,700	2,466,857
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	446,208	0
	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)	159,978	174,518
	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)	3,034,728	5,975,319
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,640,914	6,149,837
	19 Revenue less expenses Subtract line 18 from line 12	-1,244,214	-3,682,980
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		27,022,301	26,354,086
21 Total liabilities (Part X, line 26)		39,427,019	44,260,185
22 Net assets or fund balances Subtract line 21 from line 20		-12,404,718	-17,906,099

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

Sign Here	*****				2016-11-14		
	Signature of officer				Date		
	CORRINNE MORRISON CFO Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name ALEXIS H WONG		Preparer's signature ALEXIS H WONG		Date	Check ☐ if self-employed	PTIN P00604756
	Firm's name ► LINDQUIST VON HUSEN & JOYCE LLP					Firm's EIN ► 94-1250261	
	Firm's address ► 90 NEW MONTGOMERY STREET 11TH FLOOR SAN FRANCISCO, CA 94105					Phone no (415) 957-9999	

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

TO SERVE AS GENERAL PARTNER FOR MULTIPLE PARTNERSHIPS THAT OWN AND OPERATE LOW INCOME HOUSING PROJECTS

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 \$ 6,071,538 including grants of \$) (Revenue \$ 2,347,315)

THE CORPORATION SERVES AS A GENERAL PARTNER FOR MULTIPLE PARTNERSHIPS THAT OWN AND OPERATE LOW-INCOME APARTMENT COMPLEXES IN CALIFORNIA

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 ▶ 6,071,538

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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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 0		
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		
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 0		
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		
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?			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		
9a 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		

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 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	15	
1b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	THE ORGANIZATION 22645 GRAND STREET HAYWARD, CA 94541 (510) 582-1460

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN GAFFNEY CHAIRPERSON	0 10 3 90	X		X				0	0	0
(2) TIMOTHY SILVA VICE CHAIRPERSON	0 10 3 90	X		X				0	0	0
(3) JIM KENNEDY TREASURER	0 10 3 90	X		X				0	0	0
(4) JANET LOCKHART SECRETARY	0 10 3 90	X		X				0	0	0
(5) KATHLEEN HAMM DIRECTOR	0 10 3 90	X						0	0	0
(6) TIMOTHY REILLY DIRECTOR	0 10 3 90	X						0	0	0
(7) CALVIN WHITAKER DIRECTOR	0 10 3 90	X						0	0	0
(8) ILENE WEINREB DIRECTOR	0 10 3 90	X						0	0	0
(9) NICHOLAS J RANDALL DIRECTOR	0 10 3 90	X						0	0	0
(10) PAULINE WEAVER DIRECTOR	0 10 3 90	X						0	0	0
(11) DOUG KUERSCHNER DIRECTOR	0 10 3 90	X						0	0	0
(12) JOE POSTIGO DIRECTOR	0 10 3 90	X						0	0	0
(13) GRACE LI DIRECTOR	0 10 3 90	X						0	0	0
(14) MUHAMMED CHAUDHRY DIRECTOR	0 10 3 90	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	808,569	63,692

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? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

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	118,588			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		60,588			
	h	Total. Add lines 1a-1f		118,588			
Program Service Revenue			Business Code				
	2a	RENTAL INCOME	531110	1,224,296	1,224,296		
	b	PARTNERSHIP MGMT FEE	531110	1,123,019	1,123,019		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,347,315			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		954		954	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code				
	11a						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		2,466,857	2,347,315	0	954	

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	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.	142,470	142,470		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	19,438	19,438		
10	Payroll taxes.	12,610	12,610		
11	Fees for services (non-employees):				
a	Management.	1,123,019	1,123,019		
b	Legal.				
c	Accounting.	78,299		78,299	
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.)	80,309	80,309		
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	264,454	264,454		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	495,793	495,793		
23	Insurance.	48,392	48,392		
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	PARTNERSHIP LOSS	3,185,884	3,185,884		
b	REPAIRS & MAINTENANCE	179,975	179,975		
c	UTILITIES	156,608	156,608		
d	REPLACEMENTS	66,001	66,001		
e	All other expenses	296,585	296,585		
25	Total functional expenses. Add lines 1 through 24e.	6,149,837	6,071,538	78,299	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			426,185	1	277,266
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			177,748	4	45,321
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,368	9	7,237
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,489,273			
	b	Less: accumulated depreciation	10b	1,665,853	11,301,724	10c	10,823,420
	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			12,446,540	13	12,040,382
	14	Intangible assets			11,020	14	10,269
	15	Other assets. See Part IV, line 11			2,652,716	15	3,150,191
16	Total assets. Add lines 1 through 15 (must equal line 34)			27,022,301	16	26,354,086	
Liabilities	17	Accounts payable and accrued expenses			121,634	17	90,060
	18	Grants payable				18	
	19	Deferred revenue			849,377	19	852,856
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			14,789,890	23	14,806,061
	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			23,666,118	25	28,511,208
	26	Total liabilities. Add lines 17 through 25			39,427,019	26	44,260,185
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-12,404,718	27	-17,906,099
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-12,404,718	33	-17,906,099
	34	Total liabilities and net assets/fund balances			27,022,301	34	26,354,086

Part XI **Reconciliation 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	2,466,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,149,837
3	Revenue less expenses Subtract line 2 from line 1	3	-3,682,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-12,404,718
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	53,062
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,871,463
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-17,906,099

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? 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		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EDEN INVESTMENTS INC

Employer identification number
94-2995223

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) EDEN HOUSING INC	231716750		Yes		6,071,538	0
Total1					6,071,538	

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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	
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 (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 (a) and (b) below.		
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? <i>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.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) 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? 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 **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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EDEN INVESTMENTS INC

Employer identification number
94-2995223

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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		1,842,694		1,842,694
b Buildings		9,965,053	1,352,429	8,612,624
c Leasehold improvements		330,812	102,854	227,958
d Equipment		335,786	1,688	334,098
e Other		14,928	208,882	-193,954
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				10,823,420

Schedule D (Form 990) 2015

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
PART X, LINE 2	EII AND SUBSIDIARIES 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. EII'S AND SUBSIDIARIES' FEDERAL AND STATE INCOME TAX AND INFORMATION RETURNS FOR THE YEARS 2011 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

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

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
EDEN INVESTMENTS INC

Employer identification number
94-2995223

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 non-fixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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)	366,761	0	0	18,338	7,976	393,075	0
2 JAN PETERSCOO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	277,679	0	0	13,884	7,976	299,539	0
3 ANTHONY MACFO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	164,129	0	0	8,206	7,312	179,647	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
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
EDEN INVESTMENTS INC

Employer identification number
94-2995223

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>DEBT FORGIVEN</u>)	X	1	60,588	BOOK VALUE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

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

30a

Yes

No

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

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

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II

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

33

Yes

No

Part II **Supplemental Information.**

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

Return Reference

Explanation

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.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
EDEN INVESTMENTS INC**Employer identification number**

94-2995223

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A & 2B, FORM 990, PART IX, LINE 7 TO LINE 10	THE ORGANIZATION HAS NO EMPLOYEES, SALARIES AND WAGES REPORTED IN PART IX, FUNCTIONAL EXPENSES, WERE REIMBURSEMENTS TO EDEN AFFILIATES THE AMOUNT WAS LISTED TO CONFORM WITH THE REQUIREMENTS OF FEDERAL AND/OR STATE REGULATORY AGENCY AND/OR LENDER ON A UDITED FINANCIAL STATEMENTS
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS SHALL BE APPOINTED BY, AND EACH MUST BE, A DIRECTOR OF EDEN HOUSING, INC AND SH ALL BE APPOINTED ANNUALLY AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS OF E DEN HOUSING, INC HELD FOR THAT PURPOSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CFO AND ACCOUNTANT PRIOR TO PRESENTATION TO A BOARD MEMBER OR OFFICER FOR SIGNATURE
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ANNUALLY IF A BOARD MEMBER HAS ANY CONFLICT OF INTEREST, THE BOARD MEMBER WOULD NEED TO RESCUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING OFFICERS AND KEY EMPLOYEES' COMPENSATION, THE ORGANIZATION INVOLVES THE COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND APPROVAL BY THE BOARD AND/OR COMPENSATION COMMITTEE ALSO, COMPENSATION STUDY AND COMPARISON OF SALARIES FROM FORM 990 OF OTHER SIMILAR ORGANIZATIONS ARE PERFORMED
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT - INVESTMENT IN EDEN CRIL LLC -1,871,463
FORM 990, PART XII LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
EDEN INVESTMENTS INC

Employer identification number
94-2995223

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHYNOWETH COMMONS (1)COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 94-3385134	MANAGES COMMERCIAL SPACE	CA	N/A	C					No
LIGHT TREE HOUSING (2)CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3322099	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	N/A	C					No
(3) RENGSTORFF COMMERCIAL INC 22645 GRAND STREET HAYWARD, CA 94541 46-4666131	TO OPERATE COMM SPACE DEVELOPED WITH AFFORDABLE HOUSING PROJECTS	CA	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

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

Yes

m

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

1m

Yes

n

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

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

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

No

s

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

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 94-2995223

Name: EDEN INVESTMENTS INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ANTIOCH EDEN RIVERTOWN LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	19,002	295,749	EDEN INVESTMENTS INC
(1) ASPEN GROVE APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541 47-4967611	INACTIVE	CA			EDEN SOUTH COUNTY INC
(2) ASPEN MAPLE TREES LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(3) BRENTWOOD SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	67,718	580,293	EDEN INVESTMENTS INC
(4) CAMPHORA LLC 22645 GRAND ST HAYWARD, CA 94541 46-5643173	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(5) CHARLES APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5739142	INACTIVE	CA			EDEN SOUTH COUNTY INC
(6) CHHP LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(7) CONNELL LLC 22645 GRAND ST HAYWARD, CA 94541 46-5680114	INACTIVE	CA			EDEN SOUTH COUNTY INC
(8) CORRALITOS CREEK LLC 22645 GRAND ST HAYWARD, CA 94541 47-3269515	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(9) CREST AVENUE HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541 94-3148163	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(10) CRWC LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(11) CYPRESS GARDENS LLC 22645 GRAND ST HAYWARD, CA 94541 35-2507573	INACTIVE	CA			EDEN SOUTH COUNTY INC
(12) DEPOT COMMONS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5692674	INACTIVE	CA			EDEN SOUTH BAY INC
(13) DOWNTOWN RIVER LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	116,858	EDEN INVESTMENTS INC
(14) DUBLIN FAMILY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(15) DUBLIN SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	48,259	50,949	EDEN INVESTMENTS INC
(16) EB LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(17) EDEN 819 NORTH RENGSTORFF STUDIOS 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA	19,750	59,573	EDEN INVESTMENTS INC
(18) EDEN ALTENHEIM I LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	27,258	613,483	EDEN INVESTMENTS INC
(19) EDEN ARROYO VISTA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	202,971	52,204	EDEN INVESTMENTS INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) EDEN BAYWOOD APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	100,349	186,375	EDEN INVESTMENTS INC
(1) EDEN BROOKWOOD LLC 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA	14,206	14,087	EDEN INVESTMENTS INC
(2) EDEN CAMBRIAN LLC 22645 GRAND ST HAYWARD, CA 94541 46-4964983	CO-MANAGING GP OF PARTNERSHIP	CA			CATALONIA INC
(3) EDEN CORONADO TERRACE GP LLC 22645 GRAND ST HAYWARD, CA 94541 37-1783129	MANAGING GP OF PARTNERSHIP	CA	0	1,298,115	EDEN INVESTMENTS INC
(4) EDEN DEL NIDO LLC 22645 GRAND ST HAYWARD, CA 94541 45-5492079	PROVIDE AFFORDABLE LOW INCOME HOUSING	DE			EDEN HOUSING INC
(5) EDEN DOUGHERTY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	165,239	1,041,395	EDEN INVESTMENTS INC
(6) EDEN EASTBLUFF LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	36,000	-1,133,761	EDEN INVESTMENTS INC
(7) EDEN FORD FAMILY LLC 22645 GRAND ST HAYWARD, CA 94541 90-0749593	MANAGING GP OF PARTNERSHIP	CA	43,419	45,915	EDEN INVESTMENTS INC
(8) EDEN LAS PALMAS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-579,224	EDEN INVESTMENTS INC
(9) EDEN LODGE LLC 22645 GRAND ST HAYWARD, CA 94541 27-4034872	MANAGING GP OF PARTNERSHIP	CA	0	51	EDEN INVESTMENTS INC
(10) EDEN ORVIETO LLC 22645 GRAND ST HAYWARD, CA 94541	CO-MANAGING GP OF PARTNERSHIP	CA	13,113	8,165	EDEN INVESTMENTS INC
(11) EDEN REDWOODS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(12) EDEN SERENO LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	20,000	665,133	EDEN INVESTMENTS INC
(13) EDEN SOUTH HAYWARD LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(14) EDEN SURF LLC 22645 GRAND ST HAYWARD, CA 94541 45-4018980	MANAGING GP OF PARTNERSHIP	CA	0	114,387	EDEN INVESTMENTS INC
(15) EDEN SYCAMORE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	20,000	370,535	EDEN INVESTMENTS INC
(16) EDEN VISTA TERRACE GP LLC 22645 GRAND ST HAYWARD, CA 94541 47-3220005	MANAGING GP OF PARTNERSHIP	CA	0	-357,020	EDEN INVESTMENTS INC
(17) EDEN WINDSCAPE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-52,176	EDEN INVESTMENTS INC
(18) EL CERRITO SENIOR LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(19) GATEWAY PALMS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(41) GBGEH LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(1) GILROY SOBRATO STUDIOS LLC 22645 GRAND ST HAYWARD, CA 94541 61-1738313	INACTIVE	CA			EDEN SOUTH BAY INC
(2) GLEN BERRY LLC 22645 GRAND ST HAYWARD, CA 94541 45-5102306	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	605,935	4,678,005	EDEN INVESTMENTS INC
(3) GLEN EDEN LLC 22645 GRAND ST HAYWARD, CA 94541 54-5102346	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	411,936	3,778,456	EDEN INVESTMENTS INC
(4) GRAND C LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	23,880	473,789	EDEN INVESTMENTS INC
(5) HEALDSBURG FAMILY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	886	2,110	EDEN INVESTMENTS INC
(6) IRWIN WAY LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(7) JARDINES LLC 22645 GRAND ST HAYWARD, CA 94541 46-5714816	INACTIVE	CA			EDEN SOUTH COUNTY INC
(8) JASMINE SQUARE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(9) LEIDIG COURT LLC 22645 GRAND ST HAYWARD, CA 94541 45-3274365	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	206,921	3,157,103	EDEN INVESTMENTS INC
(10) LINCOLN MEADOWS LLC 22645 GRAND ST HAYWARD, CA 94541 46-5726363	INACTIVE	CA			EDEN SOUTH COUNTY INC
(11) LPSL LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(12) MAPLE GARDENS APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(13) MONTGOMERY PLAZA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN DEVELOPMENT INC
(14) MONTICELLI LLC 22645 GRAND ST HAYWARD, CA 94541 47-3050206	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH COUNTY INC
(15) MRW GP LLC 22645 GRAND ST HAYWARD, CA 94541 47-4941293	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(16) NUEVO AMANECER LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(17) NUEVO SOL LLC 22645 GRAND ST HAYWARD, CA 94541 46-5751671	INACTIVE	CA			EDEN SOUTH COUNTY INC
(18) PACIFIC FAMILY MHP LLC 22645 GRAND ST HAYWARD, CA 94541 46-5762446	INACTIVE	CA			EDEN SOUTH COUNTY INC
(19) PACIFIC TERRACE APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(61) PAJARO COURT LLC 22645 GRAND ST HAYWARD, CA 94541 47-0963450	INACTIVE	CA			EDEN SOUTH COUNTY INC
(1) PLEASANT ACRES MHP LLC 22645 GRAND ST HAYWARD, CA 94541 47-0976057	INACTIVE	CA			EDEN SOUTH COUNTY INC
(2) QUAIL RUN EDEN LLC 22645 GRAND ST HAYWARD, CA 94541 46-4514803	MANAGING GP OF PARTNERSHIP	CA	0	544,585	EDEN INVESTMENTS INC
(3) RANCHO PARK LLC 22645 GRAND ST HAYWARD, CA 94541 47-0986263	INACTIVE	CA			EDEN SOUTH COUNTY INC
(4) RANCHO RUSTIC LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH COUNTY INC
(5) RIVERSIDE MHP LLC 22645 GRAND ST HAYWARD, CA 94541 47-1000376	INACTIVE	CA			EDEN SOUTH COUNTY INC
(6) ROYAL COURT HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(7) RUSTIC GARDEN LLC 22645 GRAND ST HAYWARD, CA 94541 47-1013732	INACTIVE	CA			EDEN SOUTH COUNTY INC
(8) SAKLAN AVENUE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	7,710	1,092,888	EDEN INVESTMENTS INC
(9) SARA CONNER LLC 22645 GRAND ST HAYWARD, CA 94541 77-0654104	MANAGING GP OF PARTNERSHIP	CA	25,000	-8,379	EDEN INVESTMENTS INC
(10) SEACLIFF HIGHLANDS APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541 47-3323620	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH COUNTY INC
(11) SKEELS HOTEL LLC 22645 GRAND ST HAYWARD, CA 94541 47-1028138	INACTIVE	CA			EDEN SOUTH BAY INC
(12) SOBRATO TRANSITIONAL LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(13) STONEY CREEK TWO LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(14) TENNYSON GARDENS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	10,000	816,747	EDEN INVESTMENTS INC
(15) THE TREE APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(16) TIENDA DRIVE SENIOR APARTMENTS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(17) TIERRA LINDA LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH COUNTY INC
(18) UNIVERSITY VILLAGE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(19) VILLA CIOLINO LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(81) VILLA SPRINGS LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-3,047,008	EDEN INVESTMENTS INC
(1) VISTA POINT LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH BAY INC
(2) VISTA VERDE CHILDCARE LLC 22645 GRAND ST HAYWARD, CA 94541 81-2765899	INACTIVE	CA			EDEN SOUTH COUNTY INC
(3) VISTA VERDE LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH BAY INC
(4) VL LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	0	-701	EDEN INVESTMENTS INC
(5) WESTSIDE TERRACE HOUSING LLC 22645 GRAND ST HAYWARD, CA 94541 46-5702167	INACTIVE	CA			EDEN SOUTH COUNTY INC
(6) WHEELER MANOR LLC 22645 GRAND ST HAYWARD, CA 94541	INACTIVE	CA			EDEN SOUTH COUNTY INC
(7) WILLOW LLC 22645 GRAND ST HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA			EDEN SOUTH COUNTY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
BAYWOOD APARTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3100917	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
CALIFORNIA PRESERVATION INC 22645 GRAND STREET HAYWARD, CA 94541 94-3074042	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
CATALONIA INC 22645 GRAND STREET HAYWARD, CA 94541 94-3182019	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
CDLA INC 22645 GRAND STREET HAYWARD, CA 94541 77-0347415	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
CENTRAL VALLEY SENIOR HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 20-4609810	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
CHARLES APARTMENTS HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 77-0418640	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		No
CHYNOWETH HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 94-3314302	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
CONTRA COSTA COUNTY HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3200158	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
CORONA CRESCENT INC 22645 GRAND STREET HAYWARD, CA 94541 94-3174331	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
CORONA-ELY RANCH INC 22645 GRAND STREET HAYWARD, CA 94541 94-3166354	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
EDEN ALVARADO NILES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3256819	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
EDEN DEVELOPMENT INC 22645 GRAND STREET HAYWARD, CA 94541 59-3803314	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
EDEN HOUSING MANAGEMENT INC 22645 GRAND STREET HAYWARD, CA 94541 94-2946400	MANAGED AFFORDABLE/DISABLED HOUSING COMMUNITIES	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
EDEN HOUSING RESIDENT SERVICES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3315887	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
EDEN HOUSING INC 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
EDEN INVESTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-2995223	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
EDEN PALMS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3208984	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
EDEN SOUTH BAY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3166350	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
EDEN SOUTH COUNTY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3148163	MANAGING GP OF PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
ELLIS LAKE TOWNHOMES INC 22645 GRAND STREET HAYWARD, CA 94541 94-3139366	PROVIDE AFFORDABLE LOW- INCOME HOUSING	CA	501(C)(3)	LINE 7	EDEN HOUSING INC		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
FORD ROAD SUPPORTIVE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 27-4420563	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
GARDELLA PLAZA INC 22645 GRAND STREET HAYWARD, CA 94541 71-0938046	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
MANTECA SENIOR HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 91-2129942	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
MONTEREY ROAD SUPPORTIVE HOUSING 22645 GRAND STREET HAYWARD, CA 94541 94-1716750	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
PACIFIC GROVE SUPPORTIVE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 77-0364994	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
PEACE GROVE INC 22645 GRAND STREET HAYWARD, CA 94541 77-0309119	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
REDWOOD LODGE INC 22645 GRAND STREET HAYWARD, CA 94541 94-2831243	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
RVC INVESTMENTS INC 22645 GRAND STREET HAYWARD, CA 94541 94-3103846	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
SEQUOIA MANOR INC 22645 GRAND STREET HAYWARD, CA 94541 94-3039737	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
SPM AFFORDABLE HOUSING CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 94-3297735	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
STEVENSON LAND CORPORATION 22645 GRAND STREET HAYWARD, CA 94541 68-0388269	LAND LEASE HOLDER	CA	501(C)(2)		EDEN HOUSING INC		No
STONEY INC 22645 GRAND STREET HAYWARD, CA 94541 94-3144297	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
SYCAMORE SQUARE HOUSING CORP 22645 GRAND STREET HAYWARD, CA 94541 94-3306836	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
UC INDEPENDENT INC 22645 GRAND STREET HAYWARD, CA 94541 91-2159213	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 9	EDEN HOUSING INC		No
VIRGINIA LANE HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541 94-3326393	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No
WASHINGTON CREEK INC 22645 GRAND STREET HAYWARD, CA 94541 94-3144296	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CA	501(C)(3)	LINE 11A, I	EDEN HOUSING INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ESTABROOK SENIOR HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 68-0657314	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
FIRESIDE AFFORDABLE HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 54-2131633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	5,095	5,592,612		No		Yes		0 010 %
FORD ROAD FAMILY HOUSING LP 22645 GRAND STREET HAYWARD, CA 94541 45-4586546	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN FORD FAMILY LLC	RELATED	44,076	866,676		No		Yes		0 010 %
GATEWAY PALMS ASSOCIATES LP 22645 GRAND STREET HAYWARD, CA 94541 27-3220862	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
GBGEH LP 22645 GRAND STREET HAYWARD, CA 94541 47-4941713	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	GBGEH LLC	RELATED	-800	99		No		Yes		99 000 %
GRAND C LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 14-1979640	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	GRAND C LLC	RELATED	23,831	616,875		No		Yes		0 010 %
HARRIS COURT ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3306837	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
HEALDSBURG FAMILY LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 26-2621118	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	HEALDSBURG FAMILY LLC	RELATED	813	82,651		No		Yes		0 010 %
HILLVIEW GLEN LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 77-0345387	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
HISTORIC ALTENHEIM PARTNERS 22645 GRAND STREET HAYWARD, CA 94541 71-0988012	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ALTENHEIM I LLC	RELATED	27,173	814,187		No		Yes		0 010 %
HUNTWOOD COMMONS ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 94-3138438	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
IRWIN WAY LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 45-5530504	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
JOSEPHINE LUM LODGE LP 22645 GRAND STREET HAYWARD, CA 94541 05-0608727	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
LAFAYETTE SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 27-0395699	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	24,932	1,209,116		No		Yes		0 010 %
LAS PALMAS DEVELOPMENT PARTNERS 22645 GRAND STREET HAYWARD, CA 94541 94-3346633	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN LAS PALMAS LLC	RELATED	9	-153,118		No		Yes		0 010 %

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	
LIGHT TREE HOUSING PARTNERS 22645 GRAND STREET HAYWARD, CA 94541 94-3322121	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
LIGHT TREE LAND LLC 22645 GRAND STREET HAYWARD, CA 94541 94-3346132	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
LIVERMORE HOUSING ASSOC 22645 GRAND STREET HAYWARD, CA 94541 94-3290814	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
LPSL LP 22645 GRAND STREET HAYWARD, CA 94541 47-3703889	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	LPSL LLC	RELATED	-800	99		No		Yes		99 000 %
MIRAFLORES SENIOR LLC 22645 GRAND STREET HAYWARD, CA 94541 81-3565536	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INCCOMMUNITY HOUSING DEVELOPMENT CORPORATION	RELATED	-750	99		No		Yes		50 000 %
MIRAFLORES SENIOR LP 22645 GRAND STREET HAYWARD, CA 94541 47-5291929	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
MONTGOMERY PLAZA LP 22645 GRAND STREET HAYWARD, CA 94541 46-1961571	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
MONTICELLI HOUSING ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0582583	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
MRW LP 22645 GRAND STREET HAYWARD, CA 94541 47-3312272	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
NEW ALTEINHEIM PARTNERS LP 22645 GRAND STREET HAYWARD, CA 94541 34-2055561	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	24,919	1,163,746		No		Yes		0 010 %
NUGENT SQUARE LIMITED PARTNERSHIP 22645 GRAND STREET HAYWARD, CA 94541 51-0461381	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
NUGENT SQUARE LLC 22645 GRAND STREET HAYWARD, CA 94541 16-1724089	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
ORVIETO FAMILY APARTMENTS LP 22645 GRAND STREET HAYWARD, CA 94541 26-3878355	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN ORVIETO LLC	RELATED	-41	74,908		No		Yes		0 010 %
PACIFIC TERRACE ASSOCIATES 22645 GRAND STREET HAYWARD, CA 94541 77-0434292	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	N/A									
PALO ALTO FAMILY LP 22645 GRAND STREET HAYWARD, CA 94541 26-3061581	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS COMPLEX	CA	EDEN INVESTMENTS INC	RELATED	13,334	2,012,749		No		Yes		11 430 %

