

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**C** Name of organization: GULF COAST HOUSING PARTNERSHIP INC  
 Doing business as: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1610A ORETHA CASTLE HALEY BLVD  
 City or town, state or province, country, and ZIP or foreign postal code: NEW ORLEANS, LA 70113

**D** Employer identification number: 20-4216595  
**E** Telephone number: (504) 525-2505  
**G** Gross receipts \$ 8,640,559

**F** Name and address of principal officer: KATHLEEN F LABORDE, 1610A ORETHA CASTLE HALEY BLVD, NEW ORLEANS, LA 70113

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ WWW GCHP NET

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 2006  
**M** State of legal domicile: DE

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
 IT IS THE MISSION OF GULF COAST HOUSING PARTNERSHIP (GCHP) TO REVITALIZE THE GULF COAST THROUGH TRANSFORMATIVE DEVELOPMENT WORKING IN PARTNERSHIP WITH PUBLIC, NONPROFIT, AND PRIVATE ENTITIES, GCHP WILL CREATE VIBRANT, HIGH-QUALITY COMMUNITIES WHICH ARE SOCIALLY AND ECONOMICALLY INTEGRATED, AFFORDABLE, AND SUSTAINABLE

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	59
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	18
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,009,375	2,832,210
<b>9</b> Program service revenue (Part VIII, line 2g)	3,833,214	4,909,653
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,731	14,717
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,308,275	883,979
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,176,595	8,640,559
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,018,004	2,457,733
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,601,958	3,594,446
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,619,962	6,052,179
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,556,633	2,588,380

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	62,883,856	67,618,357
<b>21</b> Total liabilities (Part X, line 26)	35,337,297	37,488,126
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	27,546,559	30,130,231

## Part II Signature Block

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2018-11-14  
 KATHLEEN F LABORDE PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: SHARON CASSIERE	Preparer's signature: SHARON CASSIERE	Date: _____	Check <input type="checkbox"/> if self-employed	PTIN: P00543368
Firm's name: POSTLETHWAITE & NETTERVILLE APAC			Firm's EIN: 72-1202445	
Firm's address: ONE GALLERIA BLVD SUITE 2100 METAIRIE, LA 70001			Phone no: (504) 837-5990	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

IT IS THE MISSION OF GULF COAST HOUSING PARTNERSHIP (GCHP) TO REVITALIZE THE GULF COAST THROUGH TRANSFORMATIVE DEVELOPMENT WORKING IN PARTNERSHIP WITH PUBLIC, NONPROFIT, AND PRIVATE ENTITIES, GCHP WILL CREATE VIBRANT, HIGH-QUALITY COMMUNITIES WHICH ARE SOCIALLY AND ECONOMICALLY INTEGRATED, AFFORDABLE, AND SUSTAINABLE

**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 \$ 5,143,932 including grants of \$ 0 ) (Revenue \$ 5,793,632 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 5,143,932

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MS, AL, GA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (REBECCA DONALDSON 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 (504) 525-2505).

**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) TOM BLEDSOE DIRECTOR	0 50 ..... 0 25	X						0	0	0
(2) MICHELLE WHETTEN DIRECTOR	0 50 ..... 0 25	X						0	0	0
(3) ASHTON RYAN JR DIRECTOR	0 50 ..... 0 25	X						0	0	0
(4) REVEREND WILLIE GABLE JR DIRECTOR	0 50 ..... 0 25	X						0	0	0
(5) JULIE A GOULD DIRECTOR	0 50 ..... 0 25	X						0	0	0
(6) TROY VILLA DIRECTOR	0 50 ..... 0 25	X						0	0	0
(7) JON DAVIES DIRECTOR	0 50 ..... 0 25	X						0	0	0
(8) JOHN WEILER DIRECTOR	0 50 ..... 0 25	X						0	0	0
(9) FRAN WAGSTAFF DIRECTOR	0 50 ..... 0 25	X						0	0	0
(10) NANCY RASE DIRECTOR	0 50 ..... 0 25	X						0	0	0
(11) HELEN WERBY DIRECTOR	0 50 ..... 0 25	X						0	0	0
(12) JOHN HORHN DIRECTOR	0 50 ..... 0 25	X						0	0	0
(13) KEITH FAIREY DIRECTOR (RESIGNED DURING YEAR)	0 50 ..... 0 25	X						0	0	0
(14) JAY LOVE DIRECTOR (RESIGNED DURING YEAR)	0 50 ..... 0 25	X						0	0	0
(15) JOHN NOLAN DIRECTOR (RESIGNED DURING YEAR)	0 50 ..... 0 25	X						0	0	0
(16) MTUMISHI ST JULIEN BOARD CHAIRMAN	0 50 ..... 0 25	X		X				0	0	0
(17) DOUGLAS SMITH BOARD VICE CHAIRMAN	0 50 ..... 0 25	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SEAN BRUNO BOARD TREASURER	0 50 0 25	X		X				0	0	0
(19) KATHLEEN LABORDE PRESIDENT & CEO	48 00 0 25			X				307,590	0	42,074
(20) GRETCHEN EDINBURGH SECRETARY	42 00 0 25			X				121,743	0	6,083
(21) REBECCA DONALDSON CFO	42 00 0 25			X				169,062	0	8,440
(22) TOM CHAMPION SENIOR VP OF REAL ESTATE DEVELOPMENT	42 00 0 00				X			201,729	0	28,817
(23) MATT WILSON RISK MANAGEMENT	40 00 0 00					X		111,555	0	25,135
(24) TOM CRUMLEY TEAM LEADER	1 00 39 00					X		0	169,938	36,638
<b>1b Sub-Total</b>								911,679	169,938	147,187
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	911,679	169,938	147,187

**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 **▶ 5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOEL SUPERFON DBA SOLARIS COMMUNITY CAPI 722 E OSBORN SUITE 400 PHOENIX, AZ 85014	DEVELOPMENT SERVICES	280,151
TERRELL-FABACHER ARCHITECTS LLC 1050 S JEFFERSON DAVIS PARKWAY NEW ORLEANS, LA 70125	ARCHITECTURE SERVICES	268,958
NEIGHBORHOOD RESTORATION OF BR LLC 37057 AGNES WEBB AVENUE PRAIRIEVILLE, LA 70769	CONTRACTING SERVICES	175,121

**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 **▶ 3**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	149,333				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	777,630				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,905,247				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,832,210			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> DEVELOPMENT FEES . . . . .	531190	1,815,765	1,815,765			
	<b>b</b> RENTAL INCOME-PROPERTY . . . . .	531190	1,699,352	1,699,352			
	<b>c</b> MANAGEMENT FEES . . . . .	531390	818,236	818,236			
	<b>d</b> INTEREST INCOME-PROJEC . . . . .	531390	352,219	352,219			
	<b>e</b> RENTAL INCOME-SUBLEASE . . . . .	531190	222,333	222,333			
	<b>f</b> All other program service revenue . . . . .		1,748	1,748			
<b>g Total.</b> Add lines 2a-2f . . . . .			4,909,653				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		14,717			14,717	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> LOUISIANA TAX CREDITS . . . . .	531390	833,110	833,110				
<b>b</b> K-1 INCOME/(LOSS) . . . . .	531390	50,869	50,869				
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			883,979				
<b>12 Total revenue.</b> See Instructions . . . . .			8,640,559	5,793,632	0	14,717	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	885,535	664,152	221,383	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,196,025	897,019	299,006	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	56,474	42,356	14,118	
<b>9</b> Other employee benefits.	135,976	101,982	33,994	
<b>10</b> Payroll taxes.	183,723	137,792	45,931	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	15,816	11,568	4,248	
<b>c</b> Accounting.	59,587		59,587	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	80,790	63,942	16,848	
<b>12</b> Advertising and promotion.	10,025	1,750	8,275	
<b>13</b> Office expenses.	147,879	64,962	82,917	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	87,401	74,398	13,003	
<b>17</b> Travel.	76,588	43,644	32,944	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	11,097		11,097	
<b>20</b> Interest.	713,627	713,627		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	647,324	626,409	20,915	
<b>23</b> Insurance.	63,094	21,913	41,181	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PROJECT OPERATING EXPEN	1,185,989	1,185,989		
<b>b</b> DEVELOPMENT PARTNER FEE	475,716	475,716		
<b>c</b> LOAN FEES	13,500	13,500		
<b>d</b> PROJECT PRE-DEVELOPMENT	3,213	3,213		
<b>e</b> All other expenses	2,800		2,800	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	6,052,179	5,143,932	908,247	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	894,037	<b>1</b>	2,585,727
	<b>2</b> Savings and temporary cash investments . . . . .	7,058,944	<b>2</b>	6,157,220
	<b>3</b> Pledges and grants receivable, net . . . . .	1,061,822	<b>3</b>	1,034,872
	<b>4</b> Accounts receivable, net . . . . .	15,206	<b>4</b>	84,460
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	20,351,212	<b>7</b>	20,917,767
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	139,791	<b>9</b>	161,481
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 22,241,583		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 3,636,999	19,136,795	<b>10c</b> 18,604,584
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	9,131,967	<b>13</b>	9,334,149
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	5,094,082	<b>15</b>	8,738,097
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	62,883,856	<b>16</b>	67,618,357	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	699,125	<b>17</b>	1,506,929
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,290,017	<b>19</b>	3,571,067
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	18,312,914	<b>23</b>	19,327,661
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	13,035,241	<b>24</b>	13,082,469
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	35,337,297	<b>26</b>	37,488,126
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	27,546,559	<b>27</b>	30,130,231
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	27,546,559	<b>33</b>	30,130,231
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	62,883,856	<b>34</b>	67,618,357

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,640,559
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,052,179
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,588,380
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	27,546,559
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-4,708
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	30,130,231

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-4216595

**Name:** GULF COAST HOUSING PARTNERSHIP INC

Form 990 (2017)

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

AS OF 2017, GULF COAST HOUSING PARTNERSHIP, INC PLACED IN SERVICE OR HAS IN PRODUCTION A TOTAL OF 3,638 UNITS OF AFFORDABLE HOUSING INCLUDING OWNERSHIP, RENTAL AND SUPPORTIVE HOUSING AND 24 COMMERCIAL OR COMMUNITY FACILITIES THROUGH PROJECT BASED PARTNERSHIPS WITH NON-PROFIT, FOR-PROFIT AND PUBLIC SECTOR ORGANIZATIONS, GCHP HAS BEEN SUCCESSFUL IN DELIVERING INDUSTRY-STANDARD REAL ESTATE DEVELOPMENT EXPERTISE THROUGHOUT THE GULF COAST REGION

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

Employer identification number  
20-4216595

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,882,939	2,912,054	3,282,945	2,009,375	2,832,210	14,919,523
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	3,882,939	2,912,054	3,282,945	2,009,375	2,832,210	14,919,523
<b>5</b>	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)						3,231,923
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						11,687,600

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4	3,882,939	2,912,054	3,282,945	2,009,375	2,832,210	14,919,523
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,083	34,940	41,247	25,731	14,717	147,718
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-30,243	-220,360	-212,381	1,304,878	883,979	1,725,873
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						16,793,114
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	19,233,310

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	69.600 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	81.960 %

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in 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>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in 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>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-4216595

**Name:** GULF COAST HOUSING PARTNERSHIP INC

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

**Facts And Circumstances Test**

**SCHEDULE 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
GULF COAST HOUSING PARTNERSHIP INC

**Employer identification number**  
20-4216595

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,419,202		2,419,202
<b>b</b> Buildings . . . . .		19,463,412	3,420,092	16,043,320
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		358,969	216,907	142,062
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				18,604,584

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LAND, BUILDINGS AND CAPITALIZED COSTS HELD FOR DEVELOPMENT OR SALE	9,334,149	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	9,334,149	

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	2,154,843
(2) PROJECTS RECEIVABLE	336,701
(3) INVESTMENTS IN PARTNERSHIPS/CORPORATIONS	2,085,651
(4) FINANCING FEES	474
(5) DEPOSITS & OTHER ASSETS	10,496
(6) DEVELOPER FEE RECEIVABLE	3,080,911
(7) DUE FROM RELATED PARY (GCHP-LA CHDO, INC )	1,069,021
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	8,738,097

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-4216595  
**Name:** GULF COAST HOUSING PARTNERSHIP INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	GULF COAST HOUSING PARTNERSHIP, INC HAS PREVIOUSLY RECEIVED NOTICE FROM THE INTERNAL REVENUE SERVICE OF EXEMPTION FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") MANAGEMENT HAS REVIEWED ALL OF THE ENTITIES WHERE GCHP HAS AN OWNERSHIP INTEREST FOR ANY POTENTIAL TAX EFFECTS AS OF DECEMBER 31, 2017 AND 2016, GCHP HAS DETERMINED THAT NO TAX EXPENSE OR TAX LIABILITY SHOULD BE PROVIDED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS OF GCHP GCHP APPLIES A "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES THIS APPROACH ONLY ALLOWS THE RECOGNITION OF THOSE TAX BENEFITS THAT HAVE A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES AS A RESULT OF IMPLEMENTING THIS APPROACH, GCHP HAS REVIEWED ITS TAX POSITIONS AND DETERMINED THERE WERE NO OUTSTANDING, OR RETROACTIVE TAX POSITIONS WITH LESS THAN A 50 PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, THEREFORE , THE IMPLEMENTATION OF THIS STANDARD HAS NOT HAD A MATERIAL EFFECT ON GCHP

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

Employer identification number

20-4216595

**Part I Questions Regarding Compensation**

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



**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	EMPLOYEES RECEIVED ANNUAL BONUSES

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization GULF COAST HOUSING PARTNERSHIP INC	Employer identification number 20-4216595
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FIRST NBC BANK	ASHTON RYAN (CHAIRMAN) IS PRESIDENT, CHAIRMAN, AND CEO OF FIRST NBC BANK	20,000	INTEREST ACCRUED BY GCHP TO FIRST NBC ON LOAN		No
(2) FIRST NBC BANK	ASHTON RYAN (CHAIRMAN) IS PRESIDENT, CHAIRMAN, AND CEO OF FIRST NBC BANK	77,899	INTEREST PAID BY GCHP-1409 TO FIRST NBC		No
(3) FIRST NBC BANK	ASHTON RYAN (CHAIRMAN) IS PRESIDENT, CHAIRMAN, AND CEO OF FIRST NBC BANK	41,749	PREPAID CDE FEES EXPENSED BY GCHP-1409 TO FIRST NBC		No
(4) FIRST NBC BANK	ASHTON RYAN (CHAIRMAN) IS PRESIDENT, CHAIRMAN, AND CEO OF FIRST NBC BANK	16,560,000	ON SEPTEMBER 29TH 2017, FIRST NBC BANK (INTERESTED PERSON) TRANSFERRED THE FOLLOWING DEBT INSTRUMENTS TO UNRELATED THIRD PARTIES BORROWER GCHP-POLYBARNOTE AMOUNT \$8,800,000 BORROWER GCHP-1409NOTE AMOUNT \$5,760,000 BORROWER GCHP, INC NOTE AMOUNT \$2,000,000 AS OF DECEMBER 31, 2017, GULF COAST HOUSING PARTNERSHIP, INC DOES NOT HAVE ANY DEBT OBLIGATIONS WITH FIRST NBC BANK		No

**Part V Supplemental Information**

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

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

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

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GULF COAST HOUSING PARTNERSHIP INC

Employer identification number

20-4216595

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETED FORM 990 IS DISTRIBUTED TO THE AUDIT AND FINANCE COMMITTEE CHAIRMAN, WHO IS THE TREASURER OF GCHP THIS PERSON REVIEWS AND APPROVES THE FORM 990 FOR FILING AS AUTHORIZED BY THE BOARD ADDITIONALLY, THE ORGANIZATION WILL POST THE 990 ON A SHARED SITE TO MAKE IT AVAILABLE FOR THE FULL BOARD TO REVIEW

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, AND COMMITTEE MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY THE POLICY REQUIRES DISCLOSURE TO THE DIRECTORS AND COMMITTEE MEMBERS CONSIDERING A PROPOSED TRANSACTION ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THE BOARD OR COMMITTEE ADDRESSING THE TRANSACTION WILL DECIDE IF A CONFLICT OF INTEREST EXISTS BY REVIEWING ALL MATERIAL FACTS AND DISCUSSION WITH THE INTERESTED PERSON THIS CAN INCLUDE A PRESENTATION BY THE INTERESTED PERSON, DESIGNATING A THIRD PARTY TO INVESTIGATE OR BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS/MEMBERS THE INTERESTED PERSON MAY NOT PARTICIPATE IN THE VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PACKAGES FOR OFFICERS/KEY EMPLOYEES ARE DETERMINED BY THE PRESIDENT & CEO WITH INPUT FROM THE BOARD OF DIRECTORS AND RESEARCH OF INDUSTRY STANDARDS THE COMPENSATION PACKAGE FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD OF DIRECTORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE TO THE PUBLIC BY PROVIDING A REQUEST TO THE PRESIDENT & CEO

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE USES

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

**Employer identification number**

20-4216595

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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
<b>(1)</b> GCHP-LA CHDO INC 1610A ORETHA CASTLE HALEY BLVD  NEW ORLEANS, LA 70113 47-4119478	REAL ESTATE DEVELOPMENT	LA	501(C)(3)	LINE 12A, I	GULF COAST HOUSING PARTNERSHIP INC	Yes	
<b>(2)</b> GCHP-TEXAS INC 1610A ORETHA CASTLE HALEY BLVD  NEW ORLEANS, LA 70113 35-2535369	REAL ESTATE DEVELOPMENT	TX	501(C)(3)	LINE 12A, I	GULF COAST HOUSING PARTNERSHIP INC	Yes	

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b> Yes	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

See Additional Data Table

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





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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-4216595  
**Name:** GULF COAST HOUSING PARTNERSHIP 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
1122 OCH LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-3917511	REAL ESTATE DEVELOPMENT	LA	0	259,560	GCHP LLC
165 DAUPHIN GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 37-1785924	REAL ESTATE DEVELOPMENT	AL	0	0	GULF COAST HOUSING PARTNERSHIP INC
1840 BARONNE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0800189	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
BEVERLY LAND LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0884902	REAL ESTATE DEVELOPMENT	MS	0	560,984	GULF COAST HOUSING PARTNERSHIP INC
GCHP SPRINGS LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 37-1790680	REAL ESTATE DEVELOPMENT	TX	-883	18	GULF COAST HOUSING PARTNERSHIP INC
GCHP STEVENSON GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-3390794	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP TERREBONNE GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 90-0987984	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP TERREBONNE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 46-2878104	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP-TERREBONNE GP LLC
GCHP-1409 OCH LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-1862994	REAL ESTATE DEVELOPMENT	LA	240,626	4,929,046	GULF COAST HOUSING PARTNERSHIP INC
GCHP-1610 OCH LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-0697854	REAL ESTATE DEVELOPMENT	LA	72,146	1,561,087	GCHP LLC
GCHP-ANDREW LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 45-3059812	REAL ESTATE DEVELOPMENT	LA	0	294,650	GULF COAST HOUSING PARTNERSHIP INC
GCHP-CANAL LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-3347318	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-ELYSIAN II LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 37-1779349	REAL ESTATE DEVELOPMENT	LA	0	1,601,812	GULF COAST HOUSING PARTNERSHIP INC
GCHP-GERMAN SCHOOLHOUSE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2469795	REAL ESTATE DEVELOPMENT	LA	0	960,586	GULF COAST HOUSING PARTNERSHIP INC
GCHP-GERT TOWN LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 90-0873097	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-JERICHO LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-2085436	REAL ESTATE DEVELOPMENT	LA	0	952,105	GULF COAST HOUSING PARTNERSHIP INC
GCHP-LDG LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-0220152	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP LLC
GCHP-MANAGEMENT LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-4653436	PROPERTY MANAGEMENT	LA	462,954	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-MLK DEVELOPMENT LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 45-1298715	DEVELOPMENT SERVICES	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-NDF LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 20-5465991	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP LLC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
GCHP-NORTHPARK GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-3378291	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-SACRED HEART MM LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0912357	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-SCOTT LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 20-8883239	REAL ESTATE DEVELOPMENT	LA	746,979	7,231,622	GCHP LLC
GCHP-SPANISH TOWN LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 45-2544030	REAL ESTATE DEVELOPMENT	LA	0	1,315,182	GCHP LLC
GCHP-VENUS GARDENS LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 20-5268007	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP LLC
GCHP-WESTWEGO LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-3879229	REAL ESTATE DEVELOPMENT	LA	245,075	4,081,198	GCHP LLC
GULF COAST HOUSING PARTNERSHIP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 20-4879309	DEVELOPMENT SERVICES	DE	2,369,812	0	GULF COAST HOUSING PARTNERSHIP INC
KING RAMPART LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 45-0667933	REAL ESTATE DEVELOPMENT	LA	17,389	17,399	GULF COAST HOUSING PARTNERSHIP INC
OSBR LAND LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-0451144	REAL ESTATE DEVELOPMENT	LA	0	1,149,185	GCHP LLC
VILLAGE AT THE BEVERLY II GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 32-0460110	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
VILLAGE AT THE BEVERLY II LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-3393077	REAL ESTATE DEVELOPMENT	MS	0	15,630	VILLAGE AT THE BEVERLY II GP LLC
GCHP RBR 2002 GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR 2002 LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-4012728	REAL ESTATE DEVELOPMENT	LA	299,436	702,372	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR I GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR I LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1801458	REAL ESTATE DEVELOPMENT	LA	150,836	308,822	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR II GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR II LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0950851	REAL ESTATE DEVELOPMENT	LA	188,957	469,693	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR III GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR III LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2570599	REAL ESTATE DEVELOPMENT	LA	156,970	436,383	GULF COAST HOUSING PARTNERSHIP INC
GCHP RBR IV GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
GCHP RBR IV LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-4012592	REAL ESTATE DEVELOPMENT	LA	201,266	482,074	GULF COAST HOUSING PARTNERSHIP INC
OLD MORRISON GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 81-1518921	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP OLD MORRISON PARTNERS GP LLC
1626 OCH LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 82-3767751	REAL ESTATE DEVELOPMENT	LA	0	18,423	1626 OCH GPLLC
1626 OCH GPLLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 82-5140270	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP HOOPER RIDGE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2609021	REAL ESTATE DEVELOPMENT	LA	-8	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP GERMAN SCHOOLHOUSE GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-3948934	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
GCHP-FRANKLIN LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 82-3825170	REAL ESTATE DEVELOPMENT	LA	0	10,908	GCHP FRANKLIN MM LLC
GCHP FRANKLIN MM LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1635353	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC

**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	
165 DAUPHIN LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-4320012	REAL ESTATE DEVELOPMENT	AL	165 DAUPHIN GP LLC	RELATED		17,382		No		Yes		1 000 %
1854 NORTH STREET LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-3372327	REAL ESTATE DEVELOPMENT	LA	GCHP-1854 GP LLC	RELATED	-21	361,641		No		Yes		0 010 %
BEAU SEJOUR APARTMENTS LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 81-4041878	REAL ESTATE DEVELOPMENT	LA	GCHP BEAU SEJOUR GP LLC	RELATED	-1	613,204		No		Yes		0 010 %
ELYSIAN MANAGER LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1675876	REAL ESTATE DEVELOPMENT	LA	GCHP-ELYSIAN LLC & ELYSIAN DEVELOPMENT PARTNERS LLC	RELATED	20,939	18		No		Yes		50 000 %
FW SPRINGS LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-4589310	REAL ESTATE DEVELOPMENT	TX	GCHP-OJALA GP	RELATED	9	801		No			No	0 010 %
GABRIEL VILLA APARTMENTS LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 81-2799451	REAL ESTATE DEVELOPMENT	LA	GCHP GABRIEL VILLA GP LLC	RELATED	-18	3,437,065		No		Yes		0 010 %
GCHP SACRED HEART LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 90-0950277	REAL ESTATE DEVELOPMENT	MS	GCHP-SACRED HEART MM LLC	RELATED		17,428		No		Yes		51 000 %
GCHP-CLAIBORNE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-3428686	REAL ESTATE DEVELOPMENT	LA	GCHP-CLAIBORNE MM LLC	RELATED	-22	39,875		No		Yes		0 010 %
GCHP-ESPLANADE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-3074910	REAL ESTATE DEVELOPMENT	LA	GCHP-ESPLANADE GP LLC	RELATED	-27	99,267		No		Yes		0 010 %
GCHP HAMMOND LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-2178212	REAL ESTATE DEVELOPMENT	LA	GCHP-HAMMOND GP	RELATED	-180	7,099,815		No		Yes		0 010 %
GCHP-MID CITY LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-1383651	REAL ESTATE DEVELOPMENT	LA	GCHP-MID CITY GP LLC	RELATED	-13	555,464		No		Yes		0 010 %
GCHP-MLK LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-2951012	REAL ESTATE DEVELOPMENT	LA	KING RAMPART LLC	RELATED	57,133	162,097	Yes			Yes		0 010 %
GCHP-OJALA GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-4596413	REAL ESTATE DEVELOPMENT	TX	GCHP-SPRINGS LLC	RELATED	-883	18		No		Yes		51 000 %
GCHP-ONE STOP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-0358576	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	RELATED	78,050	3,587,192		No		Yes		52 000 %
GCHP-POLYBAR LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1681311	REAL ESTATE DEVELOPMENT	LA	GCHP-POLYBAR OWNER LLC	RELATED		8,973,299	Yes			Yes		10 000 %

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							Yes	No		Yes	No	
GCHP-JEFFERSON DAVIS LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 46-5692244	REAL ESTATE DEVELOPMENT	AL	GCHP-JEFFERSON DAVIS GP	RELATED	-1,265	8,709,669		No		Yes		1 010 %
MCCALEB SUPPORTIVE HOUSING LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-1492300	REAL ESTATE DEVELOPMENT	LA	GCHP INC & DR MCCALEB EDUCATIONAL FUND	RELATED	-82,169	3,337,383		No		Yes		50 000 %
MIDTOWN HOUSING GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0913921	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		51 000 %
MIDTOWN HOUSING LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 81-1665532	REAL ESTATE DEVELOPMENT	MS	MIDTOWN HOUSING GP LLC	RELATED				No		Yes		26 000 %
MIDTOWN LAND LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-4061635	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED		88,277		No		Yes		51 000 %
NEL COURT LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 20-1628761	REAL ESTATE DEVELOPMENT	LA	GCHP NEL COURT GP LLC	RELATED	-5,958	28,569	Yes			Yes		0 010 %
NORTH PARK HOUSING LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-3375954	REAL ESTATE DEVELOPMENT	MS	GCHP-NORTH PARK GP LLC	RELATED		1,927		No		Yes		0 750 %
OLD MORRISON PARTNERS LP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-0280060	REAL ESTATE DEVELOPMENT	LA	OLD MORRISON GP LLC	RELATED	-42	526,010		No		Yes		0 010 %
STEVENSON APARTMENTS LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 47-3366473	REAL ESTATE DEVELOPMENT	MS	GCHP-STEVENSON GP LLC	RELATED		42,785		No		Yes		99 630 %
THE ELYSIAN LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-2497706	REAL ESTATE DEVELOPMENT	LA	ELYSIAN MANAGER LLC	RELATED	-22	685,518		No		Yes		0 010 %
VILLAGE AT THE BEVERLY LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0911817	REAL ESTATE DEVELOPMENT	MS	VILLAGE AT THE BEVERLY GP LLC	RELATED	-38	729,469		No		Yes		0 010 %
WEST-MILLSAPS LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0712301	REAL ESTATE DEVELOPMENT	MS	WEST MILLSAPS GP LLC	RELATED	-27	860,614		No		Yes		0 010 %
HOOPER RIDGE LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2609021	REAL ESTATE DEVELOPMENT	LA	GCHP HOOPER RIDGE LLC	RELATED	-8	2,384,528		No		Yes		0 010 %
COUNTRY CLUB ESTATES LP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 82-2511216	REAL ESTATE DEVELOPMENT	AL	COUNTRY CLUB ESTATES GP	RELATED		22	Yes			Yes		0 500 %
COUNTRY CLUB ESTATES GP 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-4044901	REAL ESTATE DEVELOPMENT	AL	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RAYMOND ROAD PARTNERS LP  1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 26-1542189	REAL ESTATE DEVELOPMENT	MS	GCHP RAYMOND ROAD GP LLC	RELATED	-12	77,314		No		Yes		0 010 %



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
GCHP-1854 GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 90-0854421	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-723	113,720	99 000 %	Yes	
GCHP BEAU SEJOUR GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0953065	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C			100 000 %	Yes	
GCHP-CLAIBORNE MM LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0815216	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-472		79 000 %	Yes	
GCHP-ELYSIAN II GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 36-4816109	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C			100 000 %	Yes	
GCHP-ELYSIAN LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-3917386	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-404	841,100	100 000 %	Yes	
GCHP-ESPLANADE GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 37-1756877	REAL ESTATE DEVELOPMENT	LA	GCHP LLC	C	-597	5,738	100 000 %	Yes	
GCHP GABRIEL VILLA GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-4006015	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-839	-18	100 000 %	Yes	
GCHP HAMMOND GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 38-3995569	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-1,385	249,876	100 000 %	Yes	
GCHP-MID CITY GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 90-0883915	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-543	7,398	99 000 %	Yes	
GCHP-MUSES LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-0331963	REAL ESTATE DEVELOPMENT	LA	GCHP LLC	C	-581		100 000 %	Yes	
GCHP-NEL COURT GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0962089	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-6,488		100 000 %	Yes	
GCHP-OLD MORRISON PARTNERS GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2581693	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-572		100 000 %	Yes	
GCHP-POLYBAR OWNER LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1714025	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-571	790	100 000 %	Yes	
GCHP-RAYMOND ROAD GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 30-0958335	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-532		100 000 %	Yes	
GCHP-JEFFERSON DAVIS GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 61-1737255	REAL ESTATE DEVELOPMENT	AL	GULF COAST HOUSING PARTNERSHIP INC	C	-783		100 000 %	Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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
MLK-OCH CONDOMINIUM ASSOCIATION 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 27-4819492	CONDO ASSOCIATION/MANAGEMENT	LA	N/A	C					No
VILLAGE AT THE BEVERLY GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 80-0912958	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-613		100 000 %	Yes	
WEST MILLSAPS GP LLC 1610A ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113 35-2497095	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-384		51 000 %	Yes	

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
MIDTOWN LAND LLC	D	88,226	ACTUAL CASH VALUE
GCHP-MLK LLC	S	57,133	ACTUAL CASH VALUE
MCCALEB SUPPORTIVE HOUSING LLC	A	5,978	ACTUAL CASH VALUE
MCCALEB SUPPORTIVE HOUSING LLC	D	154,796	ACTUAL CASH VALUE
THE ELYSIAN LLC	D	6,452,547	ACTUAL CASH VALUE
GCHP-MID CITY LLC	A	5,899	ACTUAL CASH VALUE
GCHP-MID CITY LLC	D	528,196	ACTUAL CASH VALUE
GCHP-POLYBAR LLC	A	20,646	ACTUAL CASH VALUE
GCHP-POLYBAR LLC	D	9,212,914	ACTUAL CASH VALUE
GCHP-CLAIBORNE LLC	A	85,066	ACTUAL CASH VALUE
GCHP-CLAIBORNE LLC	D	1,037,054	ACTUAL CASH VALUE
1854 NORTH STREET LLC	L	65,020	ACTUAL CASH VALUE
GCHP-ESPLANADE LLC	D	1,407,460	ACTUAL CASH VALUE
GCHP-ESPLANADE LLC	L	196,527	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	A	20,158	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	D	468,000	ACTUAL CASH VALUE
VILLAGE AT THE BEVERLY LLC	L	354,543	ACTUAL CASH VALUE
WEST MILLSAPS LLC	A	88,602	ACTUAL CASH VALUE
WEST MILLSAPS LLC	D	1,259,387	ACTUAL CASH VALUE
FW SPRINGS LP	A	2,179	ACTUAL CASH VALUE
GCHP-HAMMOND LLC	A	9,863	ACTUAL CASH VALUE
GCHP-HAMMOND LLC	D	5,534,734	ACTUAL CASH VALUE
GCHP-JEFFERSON DAVIS LLC	D	6,853,482	ACTUAL CASH VALUE
GCHP-JEFFERSON DAVIS LLC	L	252,507	ACTUAL CASH VALUE
GABRIEL VILLA APARTMENTS LP	A	1,315	ACTUAL CASH VALUE

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<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
GABRIEL VILLA APARTMENTS LP	D	510,862	ACTUAL CASH VALUE
GABRIEL VILLA APARTMENTS LP	L	119,069	ACTUAL CASH VALUE
BEAU SEJOUR APARTMENTS LP	A	3,893	ACTUAL CASH VALUE
BEAU SEJOUR APARTMENTS LP	L	111,513	ACTUAL CASH VALUE
OLD MORRISON PARTNERS LP LLC	L	54,850	ACTUAL CASH VALUE
165 DAUPHIN LP	D	1,738,233	ACTUAL CASH VALUE
GCHP-LA CHDO INC	D	1,069,021	ACTUAL CASH VALUE
GCHP-LA CHDO INC	G	261,639	SALES PRICE OF PROPERTY
GCHP-TEXAS INC	C	149,333	ACTUAL CASH VALUE