t	• 1	• _			TOKN - SECT							
	FPI	990-T	E	Exempt Organization Bus					Tax Return		OMB No 1545-0687	
			(and proxy tax unde				r section 6033(e))		1212		2018	
		:							12/1	_	ZU I	0
CANNED OCT 0 1 2020		ment of the Treasury	 ▶ Go to www irs gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(وا	Dpen to Public In 01(c)(3) Organiza	spection for
	Internal	Revenue Service	Name of organization (Check box if name changed and see instructions)								01(c)(3) Organiza yer identification	
	A L	Check box if address changed								(Employees' trust, see instructions)		
		empt under section	Print	GULF COAST HOUSING PARTNER			RSHIP, INC	•			0 - 42165	
	X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see in:				_			ted business act structions)	ivity code
		408(e) 220(e)	.,,,,	1020 ORETHA CASTLE HALET BLVD, NO. A								
		408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70113						900099		
	C Book	Book value of all assets at end of year F Group exemption number (See instructions.)										
									401(a)	trust	Oth	er trust
	H FUI	The number of the organization's unrelated trades of businesses.										
		trade or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one,										
		describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or										
		business, then complete Parts III-V.										
		During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No										
		If "Yes," enter the name and identifying number of the parent corporation.							per ▶ 504-525-25		505 050	\ <u> </u>
		J The books are in care of ► REBECCA DONALDSON Part I Unrelated Trade or Business Income							Expenses			
		Gross receipts or sale		de or business inc	Onic		(A) income	(5)	EXPONSES	' +	(0) 100	
		Less returns and allov			c Balance	1c						-
		Cost of goods sold (S		A line 7)	C Dalaricc	2		+		+		
		Gross profit. Subtract		· ·	Γ	3						
		Capital gain net incon			· (4	4a						
		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							•			
		Capital loss deduction for trusts										
	5	ncome (loss) from a partnership or an S corporation (attach statement)						٠.				
	, 6	Rent income (Schedule C)										
	7	Unrelated debt-financed income (Schedule E)										
			erest, annuities, royalties, and rents from a controlled organization (Schedule F									
			ment income of a section 501(c)(7), (9), or (17) organization (Schedule									
			xempt activity income (Schedule I)									
		Advertising income (S	•							\longrightarrow		
			e instructions; attach schedule)					_		\rightarrow		
		Total, Combine lines 3 through 12 13 0.										
	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)											
21 Proceived in AUG 1 7 2020	14	Compensation of officers, directors, and trustees (Schedule K) RECEIVED								14		
	15	Salaries and wages	and trages							15		
	16	Repairs and maintenance Bad debts APR 29					တ္တြ			16		
	17	Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) APR 2 9 2020								17		
	18	Interest (attach schedule) (see instructions)								18	<u> </u>	
	19	Taxes and licenses OGDEN 11T								19		
	20	Charleste Contributions (See instructions for infinitation rules)								20		
	21 22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return					21 22a			22b		
	23	Depletion	224			23	<u> </u>					
	24	•				24						
	25	Contributions to deferred compensation plans Employee benefit programs								25		
	26	Excess exempt expenses (Schedule I)								26		
	27	Excess readership costs (Schedule J)								27		
	28	Other deductions (attach schedule)								28		
	29	Total deductions Add lines 14 through 28								29		0.
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								30	,	0.
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								31		4
	32	Unrelated business taxable income. Subtract line 31 from line 30								32		0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2018)

Preparer Use Only

Firm's address **METAIRIE**,

Paid SHARON CASSIERE APAC

Firm's EIN ▶

P00543368 72-1202445

Form 990-T (2018)

Firm's name ▶ POSTLETHWAITE & NETTERVILLE, ONE GALLERIA BLVD.. SUITE 2100

70001

LA

(504)837-5990 Phone no.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DISALLOWED FRINGE BENEFITS - PARKING

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

THE RETURN IS BEING AMENDED TO REFLECT THE REPEAL OF SECTION 512(A)(7).