

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

990-T

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending 18/12

Department of the Treasury
Internal Revenue Service

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)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: GULF COAST HOUSING PARTNERSHIP, INC.; Employer identification number: 20-4216595; Unrelated business activity code: 900099.

C Book value of all assets at end of year: 77,791,988; F Group exemption number; G Check organization type: 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1.

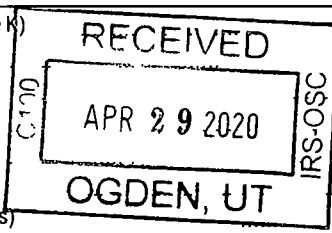
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? No.

J The books are in care of: REBECCA DONALDSON. Telephone number: 504-525-2505.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total net income is 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)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-32. Total deductions are 0.



SCANNED OCT 01 2020
AUG 17 2020
Received in
Bairling Ogden

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44. Line 44 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55. Line 51 amount is 1,215.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here section containing signature of officer, date (3-11-20), title (PRESIDENT & CEO), and a box for IRS discussion consent.

Paid Preparer Use Only section containing preparer's name (SHARON CASSIERE), signature, date (2/13/20), firm's name (POSTLETHWAITE & NETTERVILLE, APAC), and address.

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|------------|---|-----------|---|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT | 1 |
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DISALLOWED FRINGE BENEFITS - PARKING

TO FORM 990-T, PAGE 1

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|--|-----------|-----------|---|
|  | FOOTNOTES | STATEMENT | 2 |
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THE RETURN IS BEING AMENDED TO REFLECT THE REPEAL OF SECTION 512(A)(7).