

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- 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  
1626 ORETHA CASTLE HALEY BLVD NO A

City or town, state or province, country, and ZIP or foreign postal code  
NEW ORLEANS, LA 70113

**F** Name and address of principal officer  
KATHLEEN F LABORDE  
1626 ORETHA CASTLE HALEY BLVD NO A  
NEW ORLEANS, LA 70113

**D** Employer identification number  
20-4216595

**E** Telephone number  
(504) 525-2505

**G** Gross receipts \$ 13,802,319

**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>	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	95
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
<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>	3,533

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,832,210	5,582,388
<b>9</b> Program service revenue (Part VIII, line 2g)	4,909,653	6,464,826
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,717	1,658,880
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	883,979	75,190
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,640,559	13,781,284

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	5,150
<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)	2,457,733	2,621,236
<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) ▶87,048		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,594,446	4,145,895
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,052,179	6,772,281
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,588,380	7,009,003

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	67,618,357	77,791,988
<b>21</b> Total liabilities (Part X, line 26)	37,488,126	38,988,601
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	30,130,231	38,803,387

**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: 2019-11-14

KATHLEEN F LABORDE PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	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

**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 \$ 5,418,109 including grants of \$ 5,150 ) (Revenue \$ 8,168,981 )  
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 ▶ 5,418,109

**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)? If "Yes," complete Schedule A	1	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
<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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<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? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bond issues, excess benefit transactions, and other IRS requirements.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	95		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>			<b>3b</b>	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

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



Section A. Governing Body and Management

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

**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) REVEREND WILLIE GABLE JR DIRECTOR	0 50 ..... 0 50	X						0	0	0
(4) JULIE A GOULD DIRECTOR	0 50 ..... 0 25	X						0	0	0
(5) TROY VILLA DIRECTOR	0 50 ..... 0 25	X						0	0	0
(6) JOHN WEILER DIRECTOR	0 50 ..... 0 25	X						0	0	0
(7) FRAN WAGSTAFF DIRECTOR	0 50 ..... 0 25	X						0	0	0
(8) NANCY RASE DIRECTOR	0 50 ..... 0 25	X						0	0	0
(9) HELEN WERBY DIRECTOR	0 50 ..... 0 25	X						0	0	0
(10) JOHN HORHN DIRECTOR	0 50 ..... 0 25	X						0	0	0
(11) ASHTON RYAN JR DIRECTOR (RESIGNED DURING YEAR)	0 50 ..... 0 25	X						0	0	0
(12) JON DAVIES DIRECTOR (RESIGNED DURING YEAR)	0 50 ..... 0 25	X						0	0	0
(13) MTUMISHI ST JULIEN BOARD CHAIRMAN	0 50 ..... 0 25	X		X				0	0	0
(14) DOUGLAS SMITH BOARD VICE CHAIRMAN	0 50 ..... 0 25	X		X				0	0	0
(15) SEAN BRUNO BOARD TREASURER	0 50 ..... 0 25	X		X				0	0	0
(16) KATHLEEN LABORDE PRESIDENT & CEO	48 00 ..... 0 50			X				322,864	0	39,229
(17) GRETCHEN EDINBURGH SECRETARY	42 00 ..... 0 50			X				126,431	0	6,317

**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) REBECCA DONALDSON CFO	42 00 0 50			X				178,338	0	8,896
(19) TOM CHAMPION SENIOR VP OF REAL ESTATE DEVELOPMENT	42 00 0 00				X			203,836	0	31,037
(20) YVETTE COLA SENIOR VP OF OPERATIONS	42 00 0 00				X			181,470	0	9,059
(21) KEVIN KREJCI DIRECTOR OF COMMUNICATIONS	40 00 0 00					X		103,526	0	16,682
(22) TOM CRUMLEY TEAM LEADER (THRU 7/2018)	1 00 39 00					X		0	108,760	16,071
<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>								1,116,465	108,760	127,291

**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 **▶ 6**

	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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
DAC DESIGN BUILD LLC 13028 QUAIL MEADOW DR BATON ROUGE, LA 70817	CONTRACTING SERVICES	502,768
ALLRED ARCHITECTURAL GROUP 628 WASHINGTON AVE SUITE C OCEAN SPRINGS, MS 39564	ARCHITECTURAL SERVICES	307,905
REALPAGE INC PO BOX 11407 BIRMINGHAM, AL 352465575	SOFTWARE FEES & COMPLIANCE	186,083
JOEL SUPERFON DBA SOLARIS COMMUNITY CAPI 722 E OSBORN SUITE 400 PHOENIX, AZ 85014	DEVELOPMENT SERVICES	131,250
NEIGHBORHOOD RESTORATION OF BR LLC 37057 AGNES WEBB AVENUE PRAIRIEVILLE, LA 70769	CONTRACTING SERVICES	110,586

**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 **▶ 5**



Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions, ending with 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for Development Fees, Rental Income-Property Ops, Management Fees, Interest Income-Projects, Rental Income-Sublease, and All other program service revenue, ending with 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-11 for Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue, ending with 12 Total revenue.

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,150	5,150		
<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.	1,107,476	674,120	433,356	
<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.	913,015	530,622	313,794	68,599
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	60,925	33,433	24,848	2,644
<b>9</b> Other employee benefits.	238,727	135,052	95,231	8,444
<b>10</b> Payroll taxes.	301,093	174,063	120,959	6,071
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	12,693	10,990	1,703	
<b>c</b> Accounting.	83,665		83,665	
<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).	120,337	67,389	51,658	1,290
<b>12</b> Advertising and promotion.	14,228		14,228	
<b>13</b> Office expenses.	136,232	68,116	68,116	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	87,517	84,932	2,585	
<b>17</b> Travel.	91,267	68,598	22,669	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	13,071		13,071	
<b>20</b> Interest.	873,769	873,769		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	699,549	693,007	6,542	
<b>23</b> Insurance.	74,047	59,348	14,699	
<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	1,653,790	1,653,790		
<b>b</b> DEVELOPMENT PARTNER FEE	152,300	152,300		
<b>c</b> PROPERTY MANAGEMENT FEE	118,310	118,310		
<b>d</b> LOAN FEES	13,500	13,500		
<b>e</b> All other expenses	1,620	1,620		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	6,772,281	5,418,109	1,267,124	87,048
<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 . . . . .	2,585,727	<b>1</b>	1,262,969
	<b>2</b> Savings and temporary cash investments . . . . .	6,157,220	<b>2</b>	10,213,631
	<b>3</b> Pledges and grants receivable, net . . . . .	1,034,872	<b>3</b>	1,094,636
	<b>4</b> Accounts receivable, net . . . . .	84,460	<b>4</b>	368,953
	<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 . . . . .	20,917,767	<b>7</b>	24,672,491
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	161,481	<b>9</b>	229,221
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 25,760,421		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 5,659,794	18,604,584	<b>10c</b> 20,100,627
	<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 . . . . .	9,334,149	<b>13</b>	12,273,373
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	8,738,097	<b>15</b>	7,576,087
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	67,618,357	<b>16</b>	77,791,988	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,506,929	<b>17</b>	1,680,954
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,571,067	<b>19</b>	3,354,732
	<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 . . . . .	19,327,661	<b>23</b>	19,638,881
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	13,082,469	<b>24</b>	14,314,034
	<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 . . . . .	37,488,126	<b>26</b>	38,988,601
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	30,130,231	<b>27</b>	38,803,387
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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</b> Total net assets or fund balances . . . . .	30,130,231	<b>33</b>	38,803,387	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	67,618,357	<b>34</b>	77,791,988	

**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>	13,781,284
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,772,281
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,009,003
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,130,231
<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>	126,518
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,537,635
<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>	38,803,387

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-4216595

**Name:** GULF COAST HOUSING PARTNERSHIP INC

Form 990 (2018)

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

AS OF 2018, GULF COAST HOUSING PARTNERSHIP, INC PLACED IN SERVICE OR HAS IN PRODUCTION A TOTAL OF 3,789 UNITS OF AFFORDABLE HOUSING INCLUDING OWNERSHIP, RENTAL AND SUPPORTIVE HOUSING AND 21 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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,912,054	3,282,945	2,009,375	2,832,210	5,582,388	16,618,972
<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	2,912,054	3,282,945	2,009,375	2,832,210	5,582,388	16,618,972
<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)						3,930,234
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						12,688,738

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4	2,912,054	3,282,945	2,009,375	2,832,210	5,582,388	16,618,972
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,940	41,247	25,731	14,717	29,915	146,550
<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.)	-220,360	-212,381	1,304,878	883,979	75,190	1,831,306
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						18,596,828
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	22,411,331

**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 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	68.230%
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	69.600%

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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>		
<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>	Yes	No
<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 2018 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-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, 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 2018 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 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INCOME FROM PARTNERSHIPS - 2014 AMOUNT \$ -220,360 2015 AMOUNT \$ -212,381 2016 AMOUNT \$ -175,462 2017 AMOUNT \$ 50,869 2018 AMOUNT \$ 27,894 LA TAX CREDITS - 2016 AMOUNT \$ 1,480,340 2017 AMOUNT \$ 833,110 2018 AMOUNT \$ 47,296

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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 7/25/06, 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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 . . . . .		2,496,390		2,496,390
<b>b</b> Buildings . . . . .		22,801,225	5,312,511	17,488,714
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		462,806	347,283	115,523
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				20,100,627

**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	12,273,373	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	12,273,373	

**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	1,424,206
(2) PROJECTS RECEIVABLE	209,915
(3) INVESTMENTS IN PARTNERSHIPS/CORPORATIONS	1,474,883
(4) FINANCING FEES	382,820
(5) DEPOSITS & OTHER ASSETS	15,497
(6) DEVELOPER FEE RECEIVABLE	2,831,710
(7) DUE FROM RELATED PARY (GCHP-LA CHDO, INC )	1,237,056
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	7,576,087

**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 IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
GULF COAST HOUSING PARTNERSHIP INC

Employer identification number  
20-4216595

**Part I Questions Regarding Compensation**

		Yes	No		
<p><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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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)			
<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)				
<p><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</p>	<b>1b</b>				
<p><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?</p>	<b>2</b>				
<p><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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<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			
<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				
<p><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</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><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</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><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</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><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</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><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</p>	<b>7</b>	Yes			
<p><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</p>	<b>8</b>		No		
<p><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)?</p>	<b>9</b>				

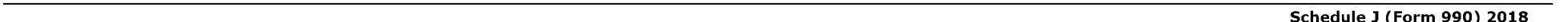


**Part III** Supplemental Information

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 4A	TOM CRUMLEY - SEVERANCE PAY - \$13,461.60

<b>Return Reference</b>	<b>Explanation</b>
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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**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 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) REGIONS BANK	JON DAVIES (BOARD MEMBER) IS COMPLIANCE EXEC & SR VICE PREISDENT	28,572	LOAN INTEREST PAYMENTS - \$1 5M CASH SECURED LINE OF CREDIT		No
(2) REGIONS BANK	JON DAVIES (BOARD MEMBER) IS COMPLIANCE EXEC & SR VICE PREISDENT	500,000	NEW LOAN - WORKING CAPITAL LINE OF CREDIT - UNSECURED		No
(3) REGIONS BANK	JON DAVIES (BOARD MEMBER) IS COMPLIANCE EXEC & SR VICE PREISDENT	5,175	FINANCING FEES ON WORKING CAPITAL LINE OF CREDIT - UNSECURED		No
(4) REGIONS BANK	JON DAVIES (BOARD MEMBER) IS COMPLIANCE EXEC & SR VICE PREISDENT	388,952	LINE OF CREDIT - CASH SECURED - OS BALANCE		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	INVESTMENT IN WHOLLY-OWNED SUBSIDIARY, FORMERLY A PARTNERSHIP 1,537,635

## 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

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 1626 ORETHA CASTLE HALEY BLVD SUITE  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 1626 ORETHA CASTLE HALEY BLVD SUITE  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.

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) 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

**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 Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d Yes</b>	
<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 Yes</b>	
<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 Yes</b>	
<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 Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q Yes</b>	
<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 Yes</b>	

**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)

<b>Return Reference</b>	<b>Explanation</b>

**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
(1) 1122 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3917511	REAL ESTATE DEVELOPMENT	LA	0	264,441	GULF COAST HOUSING PARTNERSHIP LLC
(1) 165 DAUPHIN GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1785924	REAL ESTATE DEVELOPMENT	AL	0	0	GULF COAST HOUSING PARTNERSHIP INC
(2) 1840 BARONNE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0800189	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(3) BEVERLY LAND LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0884902	REAL ESTATE DEVELOPMENT	MS	0	566,938	GULF COAST HOUSING PARTNERSHIP INC
(4) GCHP SPRINGS LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1790680	REAL ESTATE DEVELOPMENT	TX	9	0	GULF COAST HOUSING PARTNERSHIP INC
(5) GCHP STEVENSON GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3390794	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
(6) GCHP-1409 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-1862994	REAL ESTATE DEVELOPMENT	LA	1,952,441	4,724,295	GULF COAST HOUSING PARTNERSHIP INC
(7) GCHP-1610 OCH LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-0697854	REAL ESTATE DEVELOPMENT	LA	71,700	1,532,302	GULF COAST HOUSING PARTNERSHIP LLC
(8) GCHP-ANDREW LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-3059812	REAL ESTATE DEVELOPMENT	LA	0	306,388	GULF COAST HOUSING PARTNERSHIP INC
(9) GCHP-CANAL LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-3347318	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(10) GCHP-GERMAN SCHOOLHOUSE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2469795	REAL ESTATE DEVELOPMENT	LA	0	979,837	GULF COAST HOUSING PARTNERSHIP INC
(11) GCHP-GERT TOWN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 90-0873097	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(12) GCHP-JERICO LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2085436	REAL ESTATE DEVELOPMENT	LA	0	956,066	GULF COAST HOUSING PARTNERSHIP INC
(13) GCHP-LDG LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-0220152	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
(14) GCHP-MANAGEMENT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-4653436	PROPERTY MANAGEMENT	LA	856,255	0	GULF COAST HOUSING PARTNERSHIP INC
(15) GCHP-MLK DEVELOPMENT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-1298715	DEVELOPMENT SERVICES	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(16) GCHP-NDF LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-5465991	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
(17) GCHP-NORTHPARK GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3378291	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
(18) GCHP-SCOTT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-8883239	REAL ESTATE DEVELOPMENT	LA	324,745	6,866,034	GULF COAST HOUSING PARTNERSHIP LLC
(19) GCHP-SPANISH TOWN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-2544030	REAL ESTATE DEVELOPMENT	LA	0	1,379,691	GULF COAST HOUSING PARTNERSHIP 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
(21) GCHP-VENUS GARDENS LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-5268007	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP LLC
(1) GCHP-WESTWEGO LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-3879229	REAL ESTATE DEVELOPMENT	LA	232,735	3,928,673	GULF COAST HOUSING PARTNERSHIP LLC
(2) GULF COAST HOUSING PARTNERSHIP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-4879309	DEVELOPMENT SERVICES	DE	3,090,375	0	GULF COAST HOUSING PARTNERSHIP INC
(3) KING RAMPART LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-0667933	REAL ESTATE DEVELOPMENT	LA	17,910	17,920	GULF COAST HOUSING PARTNERSHIP INC
(4) OSBR LAND LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-0451144	REAL ESTATE DEVELOPMENT	LA	0	1,157,122	GULF COAST HOUSING PARTNERSHIP LLC
(5) VILLAGE AT THE BEVERLY II GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 32-0460110	REAL ESTATE DEVELOPMENT	MS	0	0	GULF COAST HOUSING PARTNERSHIP INC
(6) VILLAGE AT THE BEVERLY II LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3393077	REAL ESTATE DEVELOPMENT	MS	0	22,587	VILLAGE AT THE BEVERLY II GP LLC
(7) GCHP RBR 2002 GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(8) GCHP RBR 2002 LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4012728	REAL ESTATE DEVELOPMENT	LA	225,495	749,141	GULF COAST HOUSING PARTNERSHIP INC
(9) GCHP RBR I GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(10) GCHP RBR I LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1801458	REAL ESTATE DEVELOPMENT	LA	160,426	292,397	GULF COAST HOUSING PARTNERSHIP INC
(11) GCHP RBR II GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(12) GCHP RBR II LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0950851	REAL ESTATE DEVELOPMENT	LA	193,501	455,573	GULF COAST HOUSING PARTNERSHIP INC
(13) GCHP RBR III GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(14) GCHP RBR III LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2570599	REAL ESTATE DEVELOPMENT	LA	108,557	385,305	GULF COAST HOUSING PARTNERSHIP INC
(15) GCHP RBR IV GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(16) GCHP RBR IV LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4012592	REAL ESTATE DEVELOPMENT	LA	161,424	448,074	GULF COAST HOUSING PARTNERSHIP INC
(17) GCHP HOOPER RIDGE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2609021	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(18) GCHP GERMAN SCHOOLHOUSE GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-3948934	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(19) GCHP-FRANKLIN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-3825170	REAL ESTATE DEVELOPMENT	LA	0	24,176	GCHP FRANKLIN MM 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
(41) GCHP FRANKLIN MM LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1635353	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(1) FNBC MLK INVESTMENTS LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 45-1299148	REAL ESTATE DEVELOPMENT	LA	0	0	GCHP-1409 OCH LLC
(2) HOOPER RIDGE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2609021	REAL ESTATE DEVELOPMENT	LA	447,623	2,181,067	GCHP HOOPER RIDGE LLC
(3) GCHP-PROGRESS PARK GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-1103944	REAL ESTATE DEVELOPMENT	LA	0	0	GULF COAST HOUSING PARTNERSHIP INC
(4) GCHP-POLYBAR MASTER TENANT LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0929413	REAL ESTATE DEVELOPMENT	LA	68,229	130,444	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	
(1) 165 DAUPHIN LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-4320012	REAL ESTATE DEVELOPMENT	AL	165 DAUPHIN GP LLC	RELATED		18,642		No		Yes		1 000 %
(1) 1854 NORTH STREET LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3372327	REAL ESTATE DEVELOPMENT	LA	GCHP-1854 GP LLC	RELATED	-18	666		No		Yes		0 010 %
(2) BEAU SEJOUR APARTMENTS LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 81-4041878	REAL ESTATE DEVELOPMENT	LA	GCHP BEAU SEJOUR GP LLC	RELATED	-24	5,476		No		Yes		0 050 %
(3) ELYSIAN MANAGER LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1675876	REAL ESTATE DEVELOPMENT	LA	GCHP-ELYSIAN LLC & ELYSIAN DEVELOPMENT PARTNERS LLC	RELATED	29,228			No		Yes		50 000 %
(4) FW SPRINGS LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-4589310	REAL ESTATE DEVELOPMENT	TX	GCHP-OJALA GP	RELATED				No			No	0 010 %
(5) GABRIEL VILLA APARTMENTS LP 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 81-2799451	REAL ESTATE DEVELOPMENT	LA	GCHP GABRIEL VILLA GP LLC	RELATED	-15	4,473		No		Yes		0 050 %
(6) GCHP SACRED HEART LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 90-0950277	REAL ESTATE DEVELOPMENT	MS	GCHP-SACRED HEART MM LLC	RELATED		17,556		No		Yes		51 000 %
(7) GCHP-CLAIBORNE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3428686	REAL ESTATE DEVELOPMENT	LA	GCHP-CLAIBORNE MM LLC	RELATED	-29	3,567		No		Yes		0 080 %
(8) GCHP-ESPLANADE LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-3074910	REAL ESTATE DEVELOPMENT	LA	GCHP-ESPLANADE GP LLC	RELATED	-25	587		No		Yes		0 010 %
(9) GCHP HAMMOND LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2178212	REAL ESTATE DEVELOPMENT	LA	GCHP-HAMMOND GP	RELATED	-13	758		No		Yes		0 010 %
(10) GCHP-MID CITY LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-1383651	REAL ESTATE DEVELOPMENT	LA	GCHP-MID CITY GP LLC	RELATED	-15	591		No		Yes		0 010 %
(11) GCHP-MLK LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-2951012	REAL ESTATE DEVELOPMENT	LA	KING RAMPART LLC	RELATED	39,656	1,278		No		Yes		0 010 %
(12) GCHP-OJALA GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-4596413	REAL ESTATE DEVELOPMENT	TX	GCHP-SPRINGS LLC	RELATED	9			No		Yes		51 000 %
(13) GCHP-ONE STOP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-0358576	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	RELATED	80,066	3,427,859		No		Yes		52 000 %
(14) GCHP-POLYBAR LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1681311	REAL ESTATE DEVELOPMENT	LA	GCHP-POLYBAR OWNER LLC	RELATED	-31,771	859,705	Yes			Yes		10 000 %

(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	
(16) GCHP-JEFFERSON DAVIS LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 46-5692244	REAL ESTATE DEVELOPMENT	AL	GCHP-JEFFERSON DAVIS GP	RELATED	-9,523	99,705		No		Yes		1 010 %
(1) MCCALEB SUPPORTIVE HOUSING LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-1492300	REAL ESTATE DEVELOPMENT	LA	GCHP INC & DR MCCALEB EDUCATIONAL FUND	RELATED	-88,651	3,038,438		No		Yes		50 000 %
(2) MIDTOWN HOUSING GP LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0913921	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		51 000 %
(3) MIDTOWN HOUSING LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 81-1665532	REAL ESTATE DEVELOPMENT	MS	MIDTOWN HOUSING GP LLC	RELATED				No		Yes		51 000 %
(4) MIDTOWN LAND LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-4061635	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		51 000 %
(5) NEL COURT LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 20-1628761	REAL ESTATE DEVELOPMENT	LA	GCHP NEL COURT GP LLC	RELATED	-10	341	Yes			Yes		0 010 %
(6) NORTH PARK HOUSING LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3375954	REAL ESTATE DEVELOPMENT	MS	GCHP-NORTHPARK GP LLC	RELATED		4,830		No		Yes		0 750 %
(7) OLD MORRISON PARTNERS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-0280060	REAL ESTATE DEVELOPMENT	LA	OLD MORRISON GP LLC	RELATED	-27	610		No		Yes		0 010 %
(8) STEVENSON APARTMENTS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 47-3366473	REAL ESTATE DEVELOPMENT	MS	GCHP-STEVENSON GP LLC	RELATED		43,098		No		Yes		99 630 %
(9) THE ELYSIAN LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-2497706	REAL ESTATE DEVELOPMENT	LA	ELYSIAN MANAGER LLC	RELATED	-20	1,320		No		Yes		0 010 %
(10) VILLAGE AT THE BEVERLY LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0911817	REAL ESTATE DEVELOPMENT	MS	VILLAGE AT THE BEVERLY GP LLC	RELATED	-34	806		No		Yes		0 010 %
(11) WEST-MILLSAPS LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0712301	REAL ESTATE DEVELOPMENT	MS	WEST MILLSAPS GP LLC	RELATED	-41	459		No		Yes		0 010 %
(12) COUNTRY CLUB ESTATES LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-2511216	REAL ESTATE DEVELOPMENT	AL	COUNTRY CLUB ESTATES GP	RELATED		250,391	Yes			Yes		99 000 %
(13) COUNTRY CLUB ESTATES GP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4044901	REAL ESTATE DEVELOPMENT	AL	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		50 000 %
(14) RAYMOND ROAD PARTNERS LP  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 26-1542189	REAL ESTATE DEVELOPMENT	MS	GCHP RAYMOND ROAD GP LLC	RELATED	-12	368		No		Yes		0 010 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(31) PEARL STREET SOUTHWEST LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 32-0572131	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED		34,701		No		Yes		99.990 %
(1) PEARL STREET SOUTHWEST MM LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 36-4884920	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		75.000 %
(2) AG 2018 LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4091106	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	RELATED		536,718		No		Yes		55.000 %
(3) 1626 OCH LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-3767751	REAL ESTATE DEVELOPMENT	LA	1626 OCH GP LLC	RELATED		5,919		No			No	0.500 %
(4) 1626 OCH GP LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 82-5140270	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP LLC	RELATED				No		Yes		50.000 %
(5) GCHP ELYSIAN II LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1779349	REAL ESTATE DEVELOPMENT	LA	GCHP-ELYSIAN II GP LLC	RELATED		1,309	Yes			Yes		0.010 %
(6) GCHP SACRED HEART MM LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0912357	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	RELATED				No		Yes		51.000 %
(7) GCHP-PROGRESS PARK LLC  1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 32-0572131	REAL ESTATE DEVELOPMENT	LA	GCHP-PROGRESS PARK GP LLC	RELATED		114,636		No		Yes		99.000 %

**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
(1) GCHP-1854 GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 90-0854421	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-18	113,682	99 000 %	Yes	
(1) GCHP BEAU SEJOUR GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0953065	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-24		100 000 %	Yes	
(2) GCHP-CLAIBORNE MM LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0815216	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-23	80,898	79 000 %	Yes	
(3) GCHP-ELYSIAN II GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 36-4816109	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C		50,000	100 000 %	Yes	
(4) GCHP-ELYSIAN LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-3917386	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	29,228	841,100	100 000 %	Yes	
(5) GCHP-ESPLANADE GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 37-1756877	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP LLC	C	2,475	8,213	100 000 %	Yes	
(6) GCHP GABRIEL VILLA GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-4006015	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-15	-33	100 000 %	Yes	
(7) GCHP HAMMOND GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 38-3995569	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-13	249,863	100 000 %	Yes	
(8) GCHP-MID CITY GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 90-0883915	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-15	7,383	99 000 %	Yes	
(9) GCHP-MUSES LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-0331963	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP LLC	C	-3		100 000 %	Yes	
(10) GCHP-NEL COURT GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0962089	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-10		100 000 %	Yes	
(11) GCHP OLD MORRISON GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2581693	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-27		100 000 %	Yes	
(12) GCHP-POLYBAR OWNER LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1714025	REAL ESTATE DEVELOPMENT	LA	GULF COAST HOUSING PARTNERSHIP INC	C	-22,008		100 000 %	Yes	
(13) GCHP-RAYMOND ROAD GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 30-0958335	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-12		100 000 %	Yes	
(14) GCHP-JEFFERSON DAVIS GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 61-1737255	REAL ESTATE DEVELOPMENT	AL	GULF COAST HOUSING PARTNERSHIP INC	C	-85		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
(16) MLK-OCH CONDOMINIUM ASSOCIATION 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 27-4819492	CONDO ASSOCIATION/MANAGEMENT	LA	N/A	C					No
(1) VILLAGE AT THE BEVERLY GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 80-0912958	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-34		100 000 %	Yes	
(2) WEST MILLSAPS GP LLC 1626 ORETHA CASTLE HALEY BLVD SUITE NEW ORLEANS, LA 70113 35-2497095	REAL ESTATE DEVELOPMENT	MS	GULF COAST HOUSING PARTNERSHIP INC	C	-21		51 000 %	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<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
<b>(1)</b>	1626 OCH LLC	A	2,348	ACTUAL CASH VALUE
<b>(1)</b>	1626 OCH LLC	D	876,547	ACTUAL CASH VALUE
<b>(2)</b>	AG 2018 LLC	D	3,296,350	ACTUAL CASH VALUE
<b>(3)</b>	165 DAUPHIN LP	D	1,864,218	ACTUAL CASH VALUE
<b>(4)</b>	BEAU SEJOUR APARTMENTS LP	A	972	ACTUAL CASH VALUE
<b>(5)</b>	BEAU SEJOUR APARTMENTS LP	D	2,120,862	ACTUAL CASH VALUE
<b>(6)</b>	BEAU SEJOUR APARTMENTS LP	L	153,699	ACTUAL CASH VALUE
<b>(7)</b>	COUNTRY CLUB ESTATES LP	D	148,153	ACTUAL CASH VALUE
<b>(8)</b>	FW SPRINGS LP	A	2,179	ACTUAL CASH VALUE
<b>(9)</b>	GABRIEL VILLA APARTMENTS LP	A	7,599	ACTUAL CASH VALUE
<b>(10)</b>	GABRIEL VILLA APARTMENTS LP	D	1,947,372	ACTUAL CASH VALUE
<b>(11)</b>	GABRIEL VILLA APARTMENTS LP	L	419,882	ACTUAL CASH VALUE
<b>(12)</b>	GCHP-CLAIRBORNE LLC	A	92,309	ACTUAL CASH VALUE
<b>(13)</b>	GCHP-CLAIRBORNE LLC	D	1,037,054	ACTUAL CASH VALUE
<b>(14)</b>	GCHP ELYSIAN II LLC	A	246,025	ACTUAL CASH VALUE
<b>(15)</b>	GCHP ELYSIAN II LLC	B	50,000	ACTUAL CASH VALUE
<b>(16)</b>	GCHP ELYSIAN II LLC	D	1,863,093	ACTUAL CASH VALUE
<b>(17)</b>	GCHP-ESPLANADE LLC	D	1,407,460	ACTUAL CASH VALUE
<b>(18)</b>	GCHP-HAMMOND LLC	A	15,208	ACTUAL CASH VALUE
<b>(19)</b>	GCHP-HAMMOND LLC	D	1,353,492	ACTUAL CASH VALUE
<b>(20)</b>	GCHP-HAMMOND LLC	L	646,519	ACTUAL CASH VALUE
<b>(21)</b>	GCHP-JEFFERSON DAVIS LLC	A	3,073	ACTUAL CASH VALUE
<b>(22)</b>	GCHP-JEFFERSON DAVIS LLC	B	880,407	ACTUAL CASH VALUE
<b>(23)</b>	GCHP-JEFFERSON DAVIS LLC	D	500,000	ACTUAL CASH VALUE
<b>(24)</b>	GCHP-JEFFERSON DAVIS LLC	L	279,988	ACTUAL CASH VALUE

<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
<b>(26)</b>	GCHP-LA CHDO INC	D	1,237,056	ACTUAL CASH VALUE
<b>(1)</b>	GCHP-LA CHDO INC	S	69,498	ACTUAL CASH VALUE
<b>(2)</b>	GCHP MID CITY LLC	A	3,861	ACTUAL CASH VALUE
<b>(3)</b>	GCHP MID CITY LLC	D	441,815	ACTUAL CASH VALUE
<b>(4)</b>	GCHP MLK LLC	L	52,817	ACTUAL CASH VALUE
<b>(5)</b>	GCHP POLYBAR LLC	A	20,646	ACTUAL CASH VALUE
<b>(6)</b>	GCHP POLYBAR LLC	D	9,212,914	ACTUAL CASH VALUE
<b>(7)</b>	GCHP POLYBAR LLC	S	106,139	ACTUAL CASH VALUE
<b>(8)</b>	GCHP-TEXAS INC	C	156,270	ACTUAL CASH VALUE
<b>(9)</b>	MCCALEB SUPPORTIVE HOUSING LLC	A	9,261	ACTUAL CASH VALUE
<b>(10)</b>	MCCALEB SUPPORTIVE HOUSING LLC	D	140,334	ACTUAL CASH VALUE
<b>(11)</b>	MIDTOWN LAND LLC	G	93,696	ACTUAL CASH VALUE
<b>(12)</b>	NORTHPARK HOUSING LP	D	643,964	ACTUAL CASH VALUE
<b>(13)</b>	THE ELYSIAN LLC	D	6,452,547	ACTUAL CASH VALUE
<b>(14)</b>	THE ELYSIAN LLC	L	89,215	ACTUAL CASH VALUE
<b>(15)</b>	VILLAGE AT THE BEVERLY LLC	A	18,617	ACTUAL CASH VALUE
<b>(16)</b>	VILLAGE AT THE BEVERLY LLC	D	468,000	ACTUAL CASH VALUE
<b>(17)</b>	WEST MILLSAPS LLC	A	86,848	ACTUAL CASH VALUE
<b>(18)</b>	WEST MILLSAPS LLC	D	1,259,387	ACTUAL CASH VALUE
<b>(19)</b>	WEST MILLSAPS LLC	Q	57,549	ACTUAL CASH VALUE